

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2017</div> This Form is Open to Public Inspection
---	---	---

Part I	Annual Report Identification Information
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</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.) ☒ 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>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>009</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>06/29/2015</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>009</u>	1c Effective date of plan <u>06/29/2015</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>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>16-0442930</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>703-873-6600</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>511110</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>16-0442930</u>	2c Plan Sponsor's telephone number <u>703-873-6600</u>	2d Business code (see instructions) <u>511110</u>	
2b Employer Identification Number (EIN) <u>16-0442930</u>					
2c Plan Sponsor's telephone number <u>703-873-6600</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	Filed with authorized/valid electronic signature.	10/10/2018	CYNTHIA RYAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2017)
v. 170203

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 <div style="text-align: right; color: blue;">16-0442930</div>
	3c Administrator's telephone number <div style="text-align: right; color: blue;">703-873-6600</div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 6509
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) 1263
a(2) Total number of active participants at the end of the plan year	6a(2) 1091
b Retired or separated participants receiving benefits	6b 2105
c Other retired or separated participants entitled to future benefits	6c 2658
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 5854
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 439
f Total. Add lines 6d and 6e	6f 6293
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 who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: <div style="color: blue;">1A 1C 3H</div>	
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)

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 2017 Form M-1 annual report. If the plan was not required to file the 2017 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>2017</div> <div>This Form is Open to Public Inspection</div>
--	---	--

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017	
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 01 Day 01 Year 2017			
2	Assets:			
a	Market value	2a	395366793	
b	Actuarial value	2b	398722505	
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	2302	223362660	223362660
b	For terminated vested participants	2944	122728482	122728482
c	For active participants	1263	71745656	72243549
d	Total	6509	417836798	418334691
4	If the plan is in at-risk status, check the box and complete lines (a) and (b): ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.80 %	
6	Target normal cost	6	5320002	

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		
JASON S WILHITE	Signature of actuary	09/20/2018
WILLIS TOWERS WATSON	Type or print name of actuary	Date
800 NORTH GLEBE ROAD ARLINGTON, VA 22203	Firm name	17-07116
	Address of the firm	Most recent enrollment number
		703-258-8000
		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	73270
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	73270
10 Interest on line 9 using prior year's actual return of <u>7.53</u> %	0	5517
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		80788
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.99</u> %		4839
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		85627
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	78787

Part III Funding Percentages

14 Funding target attainment percentage	14	95.29%
15 Adjusted funding target attainment percentage	15	95.29%
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	98.07%
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
04/13/2017	1680000	0	09/14/2018	2180000	0
07/14/2017	1680000	0			
10/13/2017	1680000	0			
01/12/2018	1680000	0			
04/13/2018	4650000	0			
07/13/2018	2310000	0			
Totals ▶			18(b)	15860000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	14900512

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: 4.16 %	2nd segment: 5.72 %	3rd segment: 6.48 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age.....				22 64
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	5320002	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment.....	19690973		3389320
b Waiver amortization installment	0		0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	8709322	
	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	8709322	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	14900512	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	6191190	
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	

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2017
		This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
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)
--------	---

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
NEWSOUTH CAPITAL MANAGEMENT, INC
62-1237220

(b) Enter name and EIN or address of person who provided you disclosures 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
FIDELITY INSTITUTIONAL ASSET MGT
04-3532603

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
LOOMIS SAYLES
04-3200030

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

SOUTHEASTERN ASSET MANAGEMENT

62-0951781

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

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

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

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

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

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

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

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

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

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	1157130	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-3532603

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50	NONE	742017	Yes ☒ No ☐	Yes ☒ No ☐	0	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	262669	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)

ROCATON INVESTMENT ADVISORS, LLC

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?
29 50	NONE	202500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	NONE	171979	Yes ☐ No ☒	Yes ☐ No ☐		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 52 68	NONE	170884	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)

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 52 68	NONE	89707	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

FIDELITY INSTITUTIONAL OPERATIONS

04-3304255

(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	84982	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	70357	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)

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	63448	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

ERNST AND YOUNG, LLP

34-6565596

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	60000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GENESIS INVESTMENT MANAGMENT, LLP

98-0425770

(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	51115	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)

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	31007	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	NONE	29762	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GLOBAL PRINTING, INC. DBA MORE VANG

54-1099321

(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?
36 50	NONE	19967	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)

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	17317	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WESTERN ASSET MANAGEMENT COMPANY

95-2705767

(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	16544	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BLACKROCK

94-3112180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	14373	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan <u>TEGNA RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>009</u>
C Plan or DFE 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	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DOUBLELINE LONG DURATION</u>				
b Name of sponsor of entity listed in (a): <u>DOUBLELINE FUNDS</u>				
c EIN-PN <u>90-6169542-012</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>21110427</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FRANKLIN TEMPLETON GLOBAL MULTISECT</u>				
b Name of sponsor of entity listed in (a): <u>FRANKLIN TEMPLETON</u>				
c EIN-PN <u>80-0733663-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6711441</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LOOMIS SAYLES STRATEGIC ALPHA TRUST</u>				
b Name of sponsor of entity listed in (a): <u>LOOMIS SAYLES</u>				
c EIN-PN <u>27-6848787-012</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8147425</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WESTERN LONG DURATION CREDIT</u>				
b Name of sponsor of entity listed in (a): <u>WESTERN ASSETS</u>				
c EIN-PN <u>74-2008758-155</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>21222455</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM EMERGING MKTS DEBT</u>				
b Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTION ASSET MGMT TRUST CO.</u>				
c EIN-PN <u>20-4659714-022</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5516104</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM HIGH YIELD POOL</u>				
b Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTION ASSET MGMT TRUST CO.</u>				
c EIN-PN <u>20-4659714-013</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3511239</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM LNG CORP A OR BETTER</u>				
b Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTION ASSET MGMT TRUST CO.</u>				
c EIN-PN <u>20-4659714-103</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>21095126</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM SISC POOL		
b Name of sponsor of entity listed in (a): FIDELITY INSTITUTION ASSET MGMT TRUST CO.		
c EIN-PN 20-4659714-021	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16749318
a Name of MTIA, CCT, PSA, or 103-12 IE: GENESIS EMERGING MARKETS FUND		
b Name of sponsor of entity listed in (a): GENESIS INVESTMENT MGT LLP		
c EIN-PN 22-3163872-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6405710
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) 19440443
a Name of MTIA, CCT, PSA, or 103-12 IE: MONDRIAN FOCUSED EMERGING MKT FUND		
b Name of sponsor of entity listed in (a): MONDRIAN FOCUSED EMERGING MKT FUND		
c EIN-PN 56-2475915-028	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3431330
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK STRIPS		
b Name of sponsor of entity listed in (a): BLACKROCK		
c EIN-PN 27-3227381-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 64222006
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK MSCI ACWI EQUITY INDEX		
b Name of sponsor of entity listed in (a): BLACKROCK		
c EIN-PN 45-1743707-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 94622960
a Name of MTIA, CCT, PSA, or 103-12 IE: PYRAMIS SMALL MID CAP CORE		
b Name of sponsor of entity listed in (a): PYRAMIS GLOBAL ADVISOR TRUST COMPANY		
c EIN-PN 20-4659714-029	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: PYRAMIS INTL GR FUND		
b Name of sponsor of entity listed in (a): PYRAMIS GLOBAL ADVISOR TRUST COMPANY		
c EIN-PN 20-4659714-017	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: PYRAMIS FID US EQ INDX CL		
b Name of sponsor of entity listed in (a): PYRAMIS GLOBAL ADVISOR TRUST COMPANY		
c EIN-PN 04-3022712-011	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: PYRAMIS SEL EM MKT EQ PL		
b Name of sponsor of entity listed in (a): PYRAMIS GLOBAL ADVISOR TRUST COMPANY		
c EIN-PN 20-4659714-100	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

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) 0

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) 0

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) 0

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) 0

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) 0

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) 0

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) 0

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 E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: 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) 0

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

Part II Information on Participating Plans (to be completed by DFEs)

(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 2017 This Form is Open to Public Inspection
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>		
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 Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a	0	20
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	7500000	10820000
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)	188522	269015626
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2056063	818098
	(2) U.S. Government securities.....	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)	0	0
	(B) Common	1c(4)(B)	60526798	82495906
	(5) Partnership/joint venture interests	1c(5)	7133516	2423914
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)	0	0
	(9) Value of interest in common/collective trusts.....	1c(9)	289357043	288754654
	(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)	8019735	3431330
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	6803192	45185654
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)	14957148	15957967

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(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	396542017	718903169

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	65448	268898366
k Total liabilities (add all amounts in lines 1g through 1j)	1k	65448	268898366

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	396476569	450004803
---	-----------	-----------	-----------

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)	15860000	
(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)		15860000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	18705	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		18705
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	701884	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	560529	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1262413
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	22051896	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	16963487	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		5088409
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	18280247	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		18280247

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		49279529
(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)		1133374
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		1116646
c Other income	2c		-580914
d Total income. Add all income amounts in column (b) and enter total.....	2d		91458409

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	30854272	
(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)		30854272
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)	1768181	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	675417	
(4) Other	2i(4)	4632305	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		7075903
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		37930175

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		53528234
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ 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:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	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		15000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4089708. (See instructions.)

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2017</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
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	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 36-1561860		
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		3 146
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2017 v. 170203		

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

- 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: 61.0% Investment-Grade Debt: 28.0% High-Yield Debt: 4.0% Real Estate: 3.0% Other: 4.0%

- 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):

Financial Statements and Supplemental Schedules

**TEGNA Retirement Plan
Years Ended December 31, 2017 and 2016
With Report of Independent Auditors**

TEGNA Retirement Plan
Financial Statements and Supplemental Schedules
December 31, 2017

Table of Contents

	Page
Report of Independent Auditors	1
Financial Statements	
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5
Supplemental Schedules	
Schedule H, line 4i - Schedule of Assets (Held At End of Year)	12
Schedule H, line 4j - Schedule of Reportable Transactions	17



Ernst & Young LLP
1775 Tysons Blvd
Tysons, VA 22102

Tel: +1 703 747 1000
Fax: +1 703 747 0100
ey.com

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 statements of net assets available for benefits as of December 31, 2017 and 2016, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management'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, 2017 and 2016, and for the years then ended, 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, 2017, and reportable transactions for the year ended December 31, 2017, 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 4, 2018

TEGNA Retirement Plan
Statements of Net Assets Available for Benefits

	December 31,	
	2017	2016
Assets		
Investments, at fair value	\$ 439,067,543	\$ 388,886,832
Contribution receivable	10,820,000	7,500,000
Accrued income receivable	122,388	133,503
Total assets	450,009,931	396,520,335
Liabilities		
Due to broker	5,128	43,766
Total liabilities	5,128	43,766
Net assets available for benefits	\$ 450,004,803	\$ 396,476,569

The accompanying notes are an integral part of the financial statements

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

	Year ended, Dec. 31,	
	2017	2016
<u>Additions to net assets available for benefits:</u>		
Investment income:		
Interest and dividends	\$ 1,510,591	\$ 1,092,634
Net appreciation in fair value of investments	73,893,049	28,152,795
Total investment gain	75,403,640	29,245,429
Employer contributions	15,860,000	7,500,000
Other additions	194,769	177,339
Total additions	91,458,409	36,922,768
<u>Deductions from net assets available for benefits:</u>		
Benefits paid to participants	30,854,272	33,340,909
Administrative expenses	7,075,903	7,298,345
Total deductions	37,930,175	40,639,254
Change in net assets	53,528,234	(3,716,486)
Net assets available for benefits:		
Beginning of plan	396,476,569	400,193,055
End of year	\$ 450,004,803	\$ 396,476,569

The accompanying notes are an integral part of the financial statements

TEGNA Retirement Plan
Notes to the Financial Statements
December 31, 2017

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 who were previously participants of the Gannett Retirement Plan (the Predecessor Plan). Effective June 29, 2015, the Plan was closed to new entrants. On December 31, 2015, the G.B. Dealey Retirement Pension Plan (Belo Plan) was merged into the Plan. The participants of the Belo Plan were current and former employees of Belo Corp., a wholly owned subsidiary acquired by the Company on December 23, 2013. The Belo Plan was frozen on March 21, 2007. 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).

The Company's 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, 2017 and 2016, and net appreciation in fair value of investments, interest and dividends for the years then ended was obtained or derived from information provided to the plan administrator and certified as complete and accurate by the Trustee of the Plan.

Plan Amendments

On December 15, 2016, the Plan was amended. For vested participants that receive an annual cost-of-living increase for their vested plan benefits, new IRS regulation required this plan feature to be subject to special rules, including a three-year vesting requirement (other than the five-year vesting requirement that otherwise would have applied). As such, the plan was amended to update to a three-year vesting requirement. The amendment did not materially affect plan administration or liabilities.

Effective June 1, 2018, the Retirement Plan II for employees of the Midwest Television, Inc. was merged into the Plan. See Note 7 for further discussion.

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 as specified by the terms of the Plan.

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 2017 and 2016.

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,

TEGNA Retirement Plan
Notes to Financial Statements (continued)
December 31, 2017

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 statements of changes in net assets available for benefits as administrative expenses. The Plan records the administrative expenses on a cash

TEGNA Retirement Plan
Notes to Financial Statements (continued)
December 31, 2017

basis. The Plan's management believes that such cash basis amounts would not be materially different on an accrual basis.

New Accounting Pronouncements

In February 2017, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2017-06, *Employee Benefit Plan Master Trust Reporting*. This guidance requires a plan to present its interest in a master trust and the change in that interest in separate line items in the statement of net assets available for benefits and in the statement of changes in net assets available for benefits, respectively. It also requires a plan to disclose the master trust's investment and other assets and liabilities as well as the dollar amount of its interest in these balances. The guidance is effective for the Plan for plan year 2019 with retrospective application to all periods presented. Early application is permitted. Management has elected to early adopt ASU 2017-06 in plan year 2017. The Plan is the sole participant in the TEGNA Master Trust. Therefore, the Plan reports all investments as plan assets pursuant to the new guidance.

In July 2018, FASB issued ASU 2018-09, *Codification Improvements*. One element of the new guidance clarifies that Plans that have investments in common collective trusts with readily determinable fair value should be disclosed in the fair value level hierarchy pursuant to ASC 820 *Fair Value Measurements and Disclosures*. Investments in common collective trusts that do not have readily determinable fair value, may qualify for the practical expedient to measure the investments at net asset value in accordance ASC 820. This guidance is effective for the Plan for plan year 2020. We are evaluating the impact of the guidance on the Plan's financial statements.

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 plan benefit information include: (a) discount rate of 7.00% at December 31, 2017 and 2016 (b) retirement rates ranging from 4% at age 55 to 100% at age 70 and (c) RP-2014 mortality rates as of 2006 (with no "collar" adjustment), projected after 2006 using the same model, assumptions and parameters as the fully-generational MP-2016 projection scale, except both scales assume a 0.75% long term rate of improvement for ages up to 85, scaling down to 0% at ages 115 and older.

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, 2017

At December 31, 2017 and 2016 the actuarial present value of accumulated plan benefits is summarized as follows:

	Dec. 31, 2017	Dec. 31, 2016
Vested benefits:		
Active employees	\$ 57,675,594	\$ 65,067,251
Participants entitled to deferred benefits	102,175,583	111,537,085
Participants receiving benefits	216,813,144	209,189,482
Total vested accumulated benefits	376,664,321	385,793,818
Non-vested benefits	383,720	492,986
Total	\$ 377,048,041	\$ 386,286,804

The significant factors affecting the change in the actuarial present value of accumulated plan benefits for the year ended December 31, 2017 and 2016 were as follows:

	Dec. 31, 2017	Dec. 31, 2016
Actuarial present value of accumulated plan benefits as of beginning of the year	\$ 386,286,804	\$ 394,794,081
Increase (decrease) attributable to:		
Actuarial (gains)/losses and benefits accumulated	(2,256,959)	2,161,601
Benefits paid	(30,854,272)	(33,340,909)
Increase due to decrease in the discount period	25,961,087	26,469,502
Assumption Changes	(2,088,619)	(3,797,471)
Actuarial present value of accumulated plan benefits as of the end of the year	\$ 377,048,041	\$ 386,286,804

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. Subsequent to this determination by the IRS, the Plan was amended. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The plan administrator has indicated 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 tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. Plan management has analyzed the tax positions taken by the Plan, and has concluded that there are no uncertain positions taken or expected to be taken. 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

As the Plan sponsor, TEGNA Inc. is a related party. The Plan held no common stock of the Plan sponsor as of December 31, 2017 and 2016 and the Plan earned no income from common stock of the Plan sponsor for the years then ended. 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. No direct fees were paid by the Plan to the Trustee for investment management services related to these investments for the years ended December 31, 2017 and 2016.

TEGNA Retirement Plan
Notes to Financial Statements (continued)
December 31, 2017

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 are described below:

- Level 1 - Quoted market 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 assets 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 - Unobservable inputs developed using our own estimates and assumptions, which reflect those that a market participant would use.

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 techniques and inputs used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2017.

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.

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.

Nine 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. Three 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: Classified as Level 1 based on publicly available pricing sources. The investment strategy 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. Certain distributions are received from this fund as the underlying assets are liquidated. The other partnership's strategy is to generate returns through investment in developing equity markets. This fund

TEGNA Retirement Plan
Notes to Financial Statements (continued)
December 31, 2017

is redeemable with a 30 day notice, subject to a withdrawal charge equal to 0.55% of the amount redeemed. Future funding commitments to our partnership investments totaled \$0.7 million as of December 31, 2017 and \$0.8 million as of December 31, 2016.

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, 2017 and 2016.

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, 2017 and 2016 (in thousands of dollars):

Fair value measurement as of Dec. 31, 2017

	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ 818	\$ —	\$ —	\$ 818
Corporate stock	82,698	—	—	82,698
Interest in registered investment companies	45,186	—	—	45,186
Total	\$ 128,702	\$ —	\$ —	\$ 128,702
Investments valued using net asset value as a practical expedient:				
Common collective funds - equities				\$ 117,778
Common collective funds - fixed income				170,977
Hedge funds				15,756
Partnership/joint venture interests				5,855
Total				\$ 310,366
Total investments at fair value				\$ 439,068

Fair value measurement as of Dec. 31, 2016

	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ 2,116	\$ —	\$ —	\$ 2,116
Corporate stock	60,730	—	—	60,730
Interest in registered investment companies	6,803	—	—	6,803
Total	\$ 69,649	\$ —	\$ —	\$ 69,649
Investments valued using net asset value as a practical expedient:				
Common collective funds - equities				\$ 167,648
Common collective funds - fixed income				127,043
Hedge funds				14,754
Partnership/joint venture interests				9,793
Total				\$ 319,238
Total investments at fair value				\$ 388,887

The fair value of interest in registered investment companies was disclosed as valued using the net asset value within the December 31, 2016 financial statements. The Company has reclassified these investments as a level 1 fair value measurement as they have been determined to have readily determinable fair values. As such, we have reclassified

TEGNA Retirement Plan
Notes to Financial Statements (continued)
December 31, 2017

the December 31, 2016 amount of approximately \$6.8 million from an investment using net asset value to level 1 in the above disclosure. There were no other transfers between levels during the periods presented.

7. Subsequent Events

On February 15, 2018, the Company acquired a business in San Diego that has TV and radio stations, collectively known as KFMB. In connection with the acquisition of KFMB, the Company assumed the preexisting Retirement Plan II for Employees of Midwest Television, Inc. (the Midwest Pension Plan). All plan participants' benefits were frozen prior to the acquisition date.

In May 2018, an amendment was signed where effective June 1, 2018, the Midwest Pension Plan merged into the TEGNA Retirement Plan. For periods on and after June 1, 2018, the Plan shall assume responsibility for paying benefits accrued under the Midwest Pension Plan. As of June 1, 2018, the Midwest Pension Plan had a total net pension obligation of approximately \$0.8 million (comprised of approximately \$19.3 million of obligations and approximately \$18.5 million of plan assets).

Management evaluated subsequent events for the Plan through October 4, 2018, the date the financial statements were available to be issued. No other material events have occurred since December 31, 2017 that required recognition or disclosure in these financial statements.

Supplemental Schedules

TEGNA Retirement Plan
EIN # 16-0442930 Plan # 009
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2017

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	\$ 818,118	\$ 818,118
Corporate stock	Aaon Inc	168,485	172,674
Corporate stock	Adobe Systems Inc	185,557	911,248
Corporate stock	Adr Alibaba Group Holdings Ltd	1,142,509	2,367,464
Corporate stock	ADR Baidu Inc	608,878	1,709,733
Corporate stock	ADR Ctrip Com Intl Ltd	327,266	630,189
Corporate stock	ADR Netease Inc	666,370	838,865
Corporate stock	Aerojet Rocketdyne Holdings Inc	281,694	616,200
Corporate stock	AIA Group Ltd NPV	960,870	1,573,893
Corporate stock	Alimentation Couch	323,578	345,500
Corporate stock	Allegiant Travel Company	86,856	131,073
Corporate stock	Alphabet Inc	850,313	2,224,300
Corporate stock	Amazon Com Inc	374,844	3,116,638
Corporate stock	Amerisafe Inc	79,484	250,404
Corporate stock	Amphenol Corp	192,391	763,860
Corporate stock	Ares Capital Corporation	86,903	144,074
Corporate stock	ASML Holding	796,297	942,593
Corporate stock	Atlas Copco	159,984	457,745
Corporate stock	Atlassian Corporation PLC	229,595	385,236
Corporate stock	Automatic Data Processing Inc	230,746	503,917
Corporate stock	Balchem Corp	162,888	185,622
Corporate stock	Barnes Group Inc	202,556	198,035
Corporate stock	Belmond Ltd	337,199	380,914
Corporate stock	Bluebird Bio Inc	500,084	699,399
Corporate stock	Brookdale Sr Living Inc	422,430	239,493
Corporate stock	Callidus Software Inc	150,979	253,495
Corporate stock	CantelMedical Corp	210,771	233,206
Corporate stock	Cardtronics Plc	376,348	174,273
Corporate stock	Cerner Corp	631,969	687,378
Corporate stock	Chefs' Warehouse Holdings Inc.	114,408	118,285
Corporate stock	Chemocentryx Inc	50,578	30,387
Corporate stock	China Mobile Ltd	609,845	577,853
Corporate stock	Chuys Holdings Inc	129,103	118,483
Corporate stock	Cimpress N.V	69,891	132,587
Corporate stock	Cisco Systems Inc	482,308	746,850
Corporate stock	CLP Holdings Ltd	216,591	281,251
Corporate stock	CNOOC Ltd	614,770	624,346
Corporate stock	Cognizant Tech Solutions Corp	594,867	660,486
Corporate stock	Colgate-Palmolive Co	396,045	596,055
Corporate stock	Compass Group PLC	552,842	651,311

TEGNA Retirement Plan
EIN: 16-0442930 Plan #: 009
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2017

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	Copart Inc	101,707	333,427
Corporate stock	Corecivic Inc	174,522	202,163
Corporate stock	CSL Ltd	344,185	759,036
Corporate stock	Cyber-Ark Software Ltd	97,334	89,361
Corporate stock	Cytokinetics Inc	40,720	41,312
Corporate stock	Denso Corp	331,299	516,305
Corporate stock	Dexcom Inc	460,593	288,672
Corporate stock	Dorman Products Inc	175,674	240,892
Corporate stock	Eagle Bancorp Inc	207,076	233,511
Corporate stock	Edwards Lifesciences Corp	496,224	502,687
Corporate stock	Ensign Group Inc	155,216	159,174
Corporate stock	Envestnet Inc	105,340	142,122
Corporate stock	EOG Resources Inc	455,134	776,952
Corporate stock	Esperion Therapeutics Inc	38,514	122,199
Corporate stock	Essilor Intl	420,850	645,023
Corporate stock	Exact Sciences Corp	39,356	173,224
Corporate stock	Experian Ord	294,035	309,391
Corporate stock	Facebook Inc	632,980	2,510,849
Corporate stock	FANUC Corp	512,024	840,746
Corporate stock	Fastenal Co	313,354	519,555
Corporate stock	Fiesta Restaurant Group Inc	156,137	104,519
Corporate stock	Firstcash Inc	242,067	463,719
Corporate stock	Five Below Inc	155,976	271,381
Corporate stock	Flexion Therapeutics Inc	33,208	43,520
Corporate stock	Fluidigm Corp	50,699	16,851
Corporate stock	Fortinet Inc	93,425	139,371
Corporate stock	Gilead Sciences Inc	466,384	351,036
Corporate stock	Globant SA	70,033	98,216
Corporate stock	Haynes Intl Inc	191,693	121,630
Corporate stock	Healthcare Services Group Inc	280,134	278,625
Corporate stock	Healthequity Inc	99,008	188,646
Corporate stock	Helco Corp	94,859	311,536
Corporate stock	Hennes & Mauritz	257,475	169,558
Corporate stock	Hermes Intl	195,534	564,257
Corporate stock	HFF Inc	126,935	172,623
Corporate stock	Hong Kong & China Gas	304,105	403,984
Corporate stock	Howard Hughes Corp	143,966	362,305
Corporate stock	HSN Inc	110,660	274,784
Corporate stock	Hubspot Inc	88,225	143,827
Corporate stock	Icon Plc	125,776	326,132

TEGNA Retirement Plan
EIN: 16-0442930 Plan #: 009
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2017

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	ILG Inc	263,104	504,808
Corporate stock	Illumina Inc	927,785	2,321,238
Corporate stock	Inditex.com	869,868	1,703,474
Corporate stock	Infinity Property & Casualty Corp	104,145	396,970
Corporate stock	Inovio Pharmaceuticals Inc	67,591	27,638
Corporate stock	Interxion Holding	98,190	102,361
Corporate stock	Intra-Cellular Therapies Inc	83,275	63,017
Corporate stock	Intuitive Surgical Inc	581,515	1,762,660
Corporate stock	Ionis Pharmaceuticals Inc	325,394	331,628
Corporate stock	Johnson & Johnson	423,426	740,516
Corporate stock	Juno Therapeutics Inc	348,625	429,720
Corporate stock	Kering	460,330	1,548,823
Corporate stock	Keyence Corp	314,414	896,511
Corporate stock	Knight Transportation Inc	406,267	436,413
Corporate stock	Kone Coporation	314,186	335,160
Corporate stock	L'Oreal	566,286	992,289
Corporate stock	Luxoft Holding Inc	166,526	145,210
Corporate stock	LVMH Moet Hennessy Louis Vuitton, SE	483,912	724,609
Corporate stock	Macrogenics Inc	57,952	57,019
Corporate stock	Mastercard Inc	150,037	968,704
Corporate stock	Microsoft Corp	427,958	932,386
Corporate stock	Monolithic Power Systems Inc	105,580	205,619
Corporate stock	Monro Inc	169,816	228,199
Corporate stock	MSC Industrial Direct Co., Inc	225,229	502,149
Corporate stock	MTS Systems Corp	140,135	226,346
Corporate stock	Natonal Vision Holdings Inc	132,894	138,886
Corporate stock	Neogen Corp	113,182	116,656
Corporate stock	Nestle	316,206	491,879
Corporate stock	Netflix Inc	353,582	940,604
Corporate stock	Nike Inc	252,399	638,010
Corporate stock	Novartis International AG	698,154	677,041
Corporate stock	Novo-Nordisk	287,463	661,404
Corporate stock	Nvidia Corp	436,427	1,294,128
Corporate stock	Ollies Bargain Outlet Hldgs Inc	144,357	295,484
Corporate stock	Oracle Corp	402,726	619,368
Corporate stock	Paylocity Holding Corp	123,250	151,855
Corporate stock	Pinnacle Financial Partners Inc	171,291	190,745
Corporate stock	Praxair Inc	364,970	494,976
Corporate stock	Proofpoint Inc	113,255	127,886
Corporate stock	Rapid7 Inc	101,008	114,610

TEGNA Retirement Plan
EIN: 16-0442930 Plan #: 009
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (continued)
December 31, 2017

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	RBC Bearings Inc	231,433	275,678
Corporate stock	Reckitt Benck Group	356,323	559,615
Corporate stock	Roche Holdings	733,735	723,438
Corporate stock	Rocket Internet	412,151	270,995
Corporate stock	Rush Enterprises Inc	140,089	386,664
Corporate stock	Salesforce Com Inc	174,110	562,061
Corporate stock	Sangamo Therapeutics Inc	56,856	125,181
Corporate stock	Schlumberger Ltd	720,662	727,812
Corporate stock	Seattle Genetics Inc	318,466	467,323
Corporate stock	SGS SA	225,357	365,049
Corporate stock	Shin-Etsu Chemical Co., LTD	398,994	630,182
Corporate stock	SiteOne Landscape Supply Inc	166,576	172,192
Corporate stock	Spirit Airlines Inc	116,870	123,158
Corporate stock	Starbucks Corp	615,722	660,445
Corporate stock	Stryker Corp	577,576	913,556
Corporate stock	Sun Hydraulics Corp	121,985	146,846
Corporate stock	Switch Inc	46,244	40,746
Corporate stock	Taiwan Semiconductor Mfg Co Ltd	585,703	852,475
Corporate stock	Tencent Hlds Limited	236,535	3,131,746
Corporate stock	Tesla Inc	1,222,530	2,095,386
Corporate stock	Thermon Group Holdings Inc	121,910	177,170
Corporate stock	TJX Companies Inc	383,801	833,414
Corporate stock	Travelport Worldwide Ltd	305,409	328,972
Corporate stock	Truecar Inc	116,459	66,954
Corporate stock	Texas Capital Banc Shares Inc	126,822	180,823
Corporate stock	Ultimate Software Group Inc	139,344	326,036
Corporate stock	Under Armor Inc	672,776	289,726
Corporate stock	Unifirst Corp Mass	115,560	368,552
Corporate stock	Viasat Inc	343,537	435,253
Corporate stock	Walt Disney Co	648,010	703,115
Corporate stock	Waste Connections Inc	182,327	288,797
Corporate stock	Wayfair Inc	68,127	151,710
Corporate stock	Wesco International Inc	434,608	545,745
Corporate stock	Workday Inc	440,268	591,313
Corporate stock	Zebra Technologies Corp	238,307	579,723
Corporate stock	Zendesk Inc	124,998	174,784
Total corporate stock		47,274,418	82,698,070

TEGNA Retirement Plan
EIN: 16-0442930 Plan #: 009
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (continued)
December 31, 2017

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
Registered Investment Co.'s	MFO Dodge & Cox FDS Global	33,063,571	32,779,373
Registered Investment Co.'s	MFO T Rowe Price	7,541,825	7,852,468
Registered Investment Co.'s	MFC Vanguard FTSE Emerging Markets	4,502,442	4,553,813
Total Registered Investment Co.'s		45,107,838	45,185,654
Common Collective Trust - Equities	Blackrock Msci Acwi Equity Index Non-Lendable Fund	85,672,189	94,622,960
Common Collective Trust - Equities	Fidelity Institutional Asset Management - Select International Small Cap Fund	16,000,000	16,749,318
Common Collective Trust - Equities	Genesis Emerging Markets Commingled Fund	4,026,364	6,405,710
Total CCT - Equities		105,698,553	117,777,988
Common Collective Trust - Fixed Income	Blackrock U.S. Debt Index Non-Lendable Fund	64,500,000	64,222,006
Common Collective Trust - Fixed Income	Franklin Templeton Global Multisector Plus Trust	5,966,302	6,711,441
Common Collective Trust - Fixed Income	Loomis Sayles Strategic Alpha Trust Cl B 723 Fund	7,513,986	8,147,425
Common Collective Trust - Fixed Income	Fidelity Institutional Asset Management - Emerging Markets Debt Fund	5,500,000	5,516,104
Common Collective Trust - Fixed Income	Fidelity Institutional Asset Management - High Yield Bond Fund	3,500,000	3,511,239
Common Collective Trust - Fixed Income	Fidelity Institutional Asset Management - Long Corporate A Pool Fund	21,000,000	21,095,126
Common Collective Trust - Fixed Income	Blackrock U.S. STRIPS 20+ Year Bond Index Non-Lending Fund	21,000,000	21,110,427
Common Collective Trust - Fixed Income	Western Asset US Core Plus Llc	21,000,000	21,222,455
Common Collective Trust - Fixed Income	NTGI COLTV Govt STIF Registered *	19,440,443	19,440,443
Total CCT - Fixed income		169,420,731	170,976,666
Hedge funds	Blackstone Partners Investment Fund Non-Taxable	10,492,227	15,755,803
Partnership interests	Blackstone Real Estate Partners Vi Te 2 LP	3,272,027	2,423,914
Partnership interests	Mondrian Focused Emerging Markets Equity Fund	3,191,980	3,431,330
Total partnership interests		6,464,007	5,855,244
Total investments		\$ 385,275,892	\$ 439,067,543

* Party-in-interest

TEGNA Retirement Plan
EIN # 16-0442930 Plan # 009
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
December 31, 2017

Description	Purchases(P) / Sales (S)	Purchase Value	Selling Value	Gain (loss)
Category (i) - Single transactions exceeding 5% of fair value of Plan assets at the beginning of the year. Five percent of \$396,476,569 is \$19,823,828.				
Blackrock MSCI ACWI Equity Index Non-Lendable Fund	16,5740 (P)	\$ 75,500,000	\$ 75,500,000	\$ —
Blackrock Strips	10.0240 (P)	62,000,000	62,000,000	—
Doubleline Long Duration	10.5200 (P)	20,000,000	20,000,000	—
Pyramis Long Corp A Pool Fund	24.1600 (S)	23,340,978	31,757,771	8,416,793
Pyramis Long Duration Fund	23.5400 (S)	31,569,910	38,108,930	6,539,020
Pyramis Spartan 500 Index Pool Fund	109.4500 (S)	49,417,976	82,713,959	33,295,983
Western Long Duration Credit	11.7400 (P)	20,000,000	20,000,000	—
FIAM Long Corp A	24.1600 (P)	20,000,000	20,000,000	—
NTGI Coltv Govt STIF *	1.0000 (P)	140,212,187	140,212,187	—
NTGI Coltv Govt STIF *	1.0000 (S)	133,632,616	133,632,616	—
MFO Dodge & Cox FDS Global Stock	14.0000 (P)	30,000,000	30,000,000	—
Category (iii) - Transactions or series of transactions by issue during the Plan year ended December 31, 2017, exceeding 5% of fair value of Plan assets at the beginning of the year. Five percent of \$396,476,569 is \$19,823,828.				
Blackrock MSCI ACWI Equity Index Non-Lendable Fund	1 (P)	75,500,000	75,500,000	—
Blackrock Strips	2 (P)	64,500,000	64,500,000	—
Doubleline Long Duration	2 (P)	21,000,000	21,000,000	—
Pyramis International Growth Fund	3 (P)	1,094,109	1,094,109	—
Pyramis International Growth Fund	5 (S)	13,497,779	18,402,928	4,905,149
Pyramis Long Corp A Pool Fund	3 (P)	4,662,910	4,662,910	—
Pyramis Long Corp A Pool Fund	9 (S)	31,851,928	43,375,415	11,523,487
Pyramis Long Duration Fund	3 (P)	8,877,757	8,877,757	—
Pyramis Long Duration Fund	8 (S)	37,439,238	45,085,886	7,646,648
Pyramis Select Emerging Market Equity PL Fund	2 (P)	2,534,622	2,534,622	—
Pyramis Select Emerging Market Equity PL Fund	5 (S)	18,347,102	24,308,063	5,960,961
Pyramis Select International Equity Fund	4 (P)	4,518,374	4,518,374	—
Pyramis Select International Equity Fund	5 (S)	17,507,090	21,947,348	4,440,258
Pyramis Spartan 500 Index Pool Fund	2 (S)	52,407,924	87,354,918	34,946,994
Western Long Duration Credit	2 (P)	21,000,000	21,000,000	—
FIAM Long Corp A	2 (P)	21,000,000	21,000,000	—
MFO Dodge & Cox FDS Global Stock	5 (P)	33,063,571	33,063,571	—
NTGI Coltv Govt STIF *	312 (P)	250,627,819	250,627,819	—
NTGI Coltv Govt STIF *	236 (S)	242,880,001	242,880,001	—

There were no Category (ii) or (iv) reportable transactions during the year ended December 31, 2017.

* Party-in-interest

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26 Schedule of Active Participant Data as of January 1, 2017

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		0		0		0		0		0		0		0		0		0	
30 - 34	2		19		3		0		0		0		0		0		0		0	
35 - 39	1		59		25		1		1		1		0		0		0		0	
40 - 44	7		46		60		28		18		6		1		0		0		0	
45 - 49	8		23		47		51		36		32		6		1		0		0	
50 - 54	13		22		37		66		37		53		34		12		1		0	
55 - 59	7		23		28		48		34		67		34		30		11		1	
60 - 64	4		12		13		32		11		32		18		21		20		4	
65 - 69	2		5		4		7		2		7		6		4		5		2	
70 & Over	0		2		4		2		1		0		0		2		0		1	

Note: Counts above reflect all active associates, including those whose benefits are frozen. However, compensation is excluded for those with frozen benefits. All groupings contain less than 20 participants accruing benefits.

Plan Name: TEGNA
 EIN / PN: 16-0442930/009
 Plan Sponsor: TEGNA Retirement Plan
 Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26

Schedule of Active Participant Data for Cash Balance Plans as of January 1, 2017

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. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.
Under 25																				
25 – 29																				
30 – 34	2		19		3		0		0		0		0		0		0		0	
35 - 39	1		59	1,571	25	16,647	1		0		0		0		0		0		0	
40 - 44	7		46	2,135	60	20,979	28	37,859	0		0		0		0		0		0	
45 - 49	8		23	2,002	47	24,877	51	41,837	8		3		0		0		0		0	
50 - 54	12		22	4,369	37	31,795	66	46,166	28	72,316	19		1		0		0		0	
55 - 59	6		22	5,728	26	34,568	48	60,437	25	94,409	43	140,476	16		1		1		0	
60 - 64	4		12		12		32	63,200	5		24	120,895	11		4		1		1	
65 - 69	1		5		4		7		1		5		3		1		1		0	
70 & Over	0		2		4		2		1		0		0		1		0		0	

Plan Name: TEGNA
 EIN / PN: 16-0442930/009
 Plan Sponsor: TEGNA Retirement Plan
 Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Plan Sponsor

TEGNA Inc.

EIN/P/N

16-0442930/009

Economic Assumptions

Interest rate basis

- Applicable month September (four-month lookback)
- Interest rate basis 3-Segment Rates

Interest rates for plan funding purposes: Reflecting Corridors Not Reflecting Corridors

- First segment rate 4.16% 1.52%
- Second segment rate 5.72% 3.80%
- Third segment rate 6.48% 4.79%
- Effective interest rate 5.80% 3.96%

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.

Lump Sum Conversion Rate

For the PPA funding valuation, lump sums are converted using the 3-segment rates.

Plan Name: TEGNA Retirement Plan
EIN / PN: 16-0442930/009
Plan Sponsor: TEGNA Inc.
Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

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

Legacy TRP:

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

Plan Name: TEGNA Retirement Plan
EIN / PN: 16-0442930/009
Plan Sponsor: TEGNA Inc.
Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

Legacy Belo:

Attained Age	Males & Females
55	0.050
56	0.050
57	0.060
58	0.060
59	0.070
60	0.070
61	0.080
62	0.350
63	0.300
64	0.250
65	0.200
66	0.200
67	0.100
68	0.100
69	0.600
70	1.000

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

Disability Rates

Legacy TRP:

Assumed to be included within termination and retirement rates.

Legacy Belo:

Representative rates at which participants are assumed to become disabled by age and gender are shown below:

Attained Age	Males	Females
25	0.038%	0.047%
30	0.048%	0.080%
35	0.069%	0.136%
40	0.117%	0.211%
45	0.202%	0.323%
50	0.358%	0.533%
55	0.722%	0.952%
60	1.256%	1.159%
65	1.753%	1.358%

Plan Name: TEGNA Retirement Plan
 EIN / PN: 16-0442930/009
 Plan Sponsor: TEGNA Inc.
 Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

Representative Termination Rates not due to disability, retirement or mortality

Legacy TRP:

Attained Age	Males & Females
20	0.120
25	0.120
30	0.100
35	0.090
40	0.090
45	0.069
50	0.055
55	0.050

Legacy Belo:

Percentage leaving during the year										
Attained Age	Years of Service									
	0-2		2-3		3-4		4-5		5+	
	M	F	M	F	M	F	M	F	M	F
20	28.4%	33.4%	24.6%	31.8%	24.6%	31.8%	24.6%	31.8%	10.0%	17.1%
25	26.8%	31.8%	22.2%	28.6%	22.2%	24.2%	22.2%	20.2%	9.8%	15.7%
30	24.8%	29.8%	19.2%	25.2%	19.2%	21.2%	19.2%	17.8%	9.4%	13.9%
35	22.8%	26.6%	16.8%	22.2%	16.8%	18.8%	16.8%	15.8%	8.8%	12.1%
40	19.6%	22.6%	14.2%	19.8%	14.2%	16.8%	14.2%	13.8%	7.8%	10.4%
45	15.6%	18.6%	11.2%	17.2%	11.2%	14.8%	11.2%	11.8%	6.3%	8.4%
50	11.0%	15.8%	8.8%	14.8%	8.8%	12.8%	8.8%	10.4%	4.0%	6.3%

Form of Payment and Benefit Commencement Age

Legacy TRP: Participants retiring under the pension equity formula are assumed to take their benefit as a lump sum. Participants retiring from active status at ages over 55 and terminated vested participants who are greater than age 64 are assumed to elect an immediate lump sum. For participants withdrawing from active status at ages less than 55, it is assumed that 60% elect to receive a lump sum immediately and 40% at the age of 64. For terminated vested participants who withdrew from active status less than one year before the valuation date, it is assumed that 60% elect to receive a lump sum immediately and 40% at the age of 64. For terminated vested participants who withdrew from active status at least one year prior to the census date, it is assumed that 10% elect to receive a lump sum immediately and 90% at the age of 64.

Participants frozen under a grandfathered benefit and participants still accruing under a formula other than the pension equity formula are assumed to take their benefit as a Single Life Annuity upon retirement. Participants retiring from active status at ages greater than 55 are assumed to elect an immediate annuity at retirement. Participants withdrawing from active status at ages less than 55 are assumed to elect an age 65 annuity.

Legacy Belo: Participants retiring from active status are assumed to commence payments immediately and those retiring from terminated vested status are assumed to commence payments at age 62 (or current age if they are older than 62). As applicable by marital status, 25% of participants are assumed to elect a 10-Year Certain and Continuous Annuity, 25% of participants are assumed to elect a 50% Joint and Survivor Annuity, 25% of participants are assumed to elect a 100% Joint and Survivor Annuity, and 25% of participants are

Plan Name: TEGNA Retirement Plan
 EIN / PN: 16-0442930/009
 Plan Sponsor: TEGNA Inc.
 Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

assumed to elect a Single Life Annuity. Future disabilities are assumed to retire with the 10-Year Certain and Continuous Annuity.

Proportion Married

For Legacy TRP, the valuation assumes that 80% of males and 50% of females are married, where more detailed data is not available. For the Legacy Belo, the valuation assumes that 85% of males and 55% of females are married, where more detailed data is not available. The assumed percentage married is based on general population statistics on the marital status of individuals of retirement age.

Spouse Age Difference

Females are assumed to be three years younger than male spouses. The assumed age difference for spouses is based on general population statistics of the age difference for married individuals of retirement age.

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% in 2015 and 7.00% in 2016 and 2017, 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 2016 plan year.)

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

When determining the investment gain (loss) for the second year prior, only the gains/losses from the G.B. Dealey Retirement Pension Plan for the 2015 plan year were considered, since the legacy TEGNA Retirement Plan had an investment loss in the 2015 short plan year and formal guidance has not been released for calculating the Actuarial Value of Assets for a spun-off plan in situations like this. This approach results in a conservative Actuarial Value of Assets to avoid the possibility of TEGNA failing to satisfy minimum contribution requirements following the potential future release of formal guidance.

Administrative Expenses

The estimated administrative expenses, excluding PBGC variable premiums, included in the plan's target normal cost is estimated as 0.5% of the plan's fair value of assets as of the valuation date. The PBGC variable premium for the plan year is then added to this amount to estimate the total administrative expense for the year. The estimated administrative expenses for 2017 is \$5,305,995.

Plan Name:	TEGNA Retirement Plan
EIN / PN:	16-0442930/009
Plan Sponsor:	TEGNA Inc.
Valuation Date:	January 1, 2017

SCHEDULE SB ATTACHMENTS

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

Willis Towers Watson received census data files as of January 1, 2017 from the WTW Administration team. In certain cases, we used stored information that had been provided for purposes of prior years' actuarial valuations, where TEGNA indicated that the stored information was the most accurate information available. The data files were reviewed and approved by TEGNA.

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 Appendix B of this report 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
EIN / PN: 16-0442930/009
Plan Sponsor: TEGNA Inc.
Valuation Date: January 1, 2017

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.
Rates of COLA increase	The assumption reflects both current conditions and forecasts by economists.
Administrative expenses	Administrative expenses expected to be paid from the trust during the plan year are estimated based on historical plan experience and consideration of any changes that would be expected to produce different results for the current year (e.g. PBGC variable premiums)

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality (Plan Funding)	Assumptions used for funding purposes were selected by the plan sponsor from among choices prescribed by IRC §430(h).
Disabled Mortality (Plan Funding)	Assumptions used for funding purposes were selected by the plan sponsor from among choices 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 legacy TRP assumptions are based on a study conducted in 2008. The current legacy Belo assumptions were developed by the plan's prior actuary.
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 legacy TRP assumptions are based on a study conducted in 2008. The current legacy Belo assumptions were developed by the plan's prior actuary.

Plan Name: TEGNA Retirement Plan
EIN / PN: 16-0442930/009
Plan Sponsor: TEGNA Inc.
Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

Form of Payment and Benefit Commencement Age

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

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 2015 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 current Legacy Belo assumptions were developed by the plan's prior actuary.

Marital Assumptions

■ Percent married

The assumed percentage married is based on general population statistics on the marital status of individuals of retirement age. The legacy TRP and legacy Belo percent married assumptions were determined prior to TEGNA's acquisition of Belo, and TEGNA has not chosen to align the legacy Belo assumption with the legacy TRP assumption because the assumption is not significant in the valuation.

■ Spouse age

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

Source of Prescribed Methods

Funding methods

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

Plan Name: TEGNA Retirement Plan
EIN / PN: 16-0442930/009
Plan Sponsor: TEGNA Inc.
Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation

The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.

The mortality table was updated as prescribed.

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: January 1, 2017

Plan Name	TEGNA Retirement Plan
Plan Sponsor EIN	16-0442930
ERISA Plan #	009
Plan Year Ending	12/31/2017

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

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

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
---	--	---

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

► **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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">B Three-digit plan number (PN) ►</td> <td style="width: 30%; text-align: center;">009</td> </tr> </table>	B Three-digit plan number (PN) ►	009
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>01</u>	Day <u>01</u>	Year <u>2017</u>	
2	Assets:				
	a Market value	2a	395,366,793		
	b Actuarial value	2b	398,722,505		
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	2,302	223,362,660	223,362,660	
	b For terminated vested participants	2,944	122,728,482	122,728,482	
	c For active participants	1,263	71,745,656	72,243,549	
	d Total	6,509	417,836,798	418,334,691	
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐				
	a Funding target disregarding prescribed at-risk assumptions	4a			
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b			
5	Effective interest rate	5	5.80%		
6	Target normal cost	6	5,320,002		

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	<div style="text-align: center;"> Signature of actuary </div> <div style="text-align: center;"> Jason S Wilhite Type or print name of actuary </div> <div style="text-align: center;"> Willis Towers Watson Firm name </div> <div style="text-align: center;"> 800 North Glebe Road Arlington VA 22203 Address of the firm </div>	<div style="text-align: center;"> <div style="font-size: 1.5em; margin-bottom: 5px;">9/20/2018</div> Date 1707116 Most recent enrollment number 703-258-8000 Telephone number (including area code) </div>
------------------	---	--

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

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

Schedule SB (Form 5500) 2017

(b) Prefunding balance

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: 4.16 %	2nd segment: 5.72 %	3rd segment: 6.48 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 64
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	5,320,002										
b Excess assets, if applicable, but not greater than line 31a	31b	0										
32 Amortization installments:	<table border="1"> <thead> <tr> <th></th> <th>Outstanding Balance</th> <th>Installment</th> </tr> </thead> <tbody> <tr> <td>a Net shortfall amortization installment</td> <td>19,690,973</td> <td>3,389,320</td> </tr> <tr> <td>b Waiver amortization installment</td> <td>0</td> <td>0</td> </tr> </tbody> </table>				Outstanding Balance	Installment	a Net shortfall amortization installment	19,690,973	3,389,320	b Waiver amortization installment	0	0
	Outstanding Balance	Installment										
a Net shortfall amortization installment	19,690,973	3,389,320										
b Waiver amortization installment	0	0										
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33											
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	8,709,322										
		Carryover balance	Prefunding balance									
35 Balances elected for use to offset funding requirement		0	0									
36 Additional cash requirement (line 34 minus line 35)	36	8,709,322										
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	14,900,512										
38 Present value of excess contributions for current year (see instructions)												
a Total (excess, if any, of line 37 over line 36)	38a	6,191,190										
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 – Statement by Enrolled Actuary

Plan Sponsor	TEGNA Inc.
EIN/PN	16-0442930/009
Plan Name	TEGNA Retirement Plan
Valuation Date	January 1, 2017
Enrolled Actuary	Jason Wilhite
Enrollment Number	17-07116

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

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

Plan Name:	TEGNA Retirement Plan
EIN / PN:	16-0442930/009
Plan Sponsor:	TEGNA Inc.
Valuation Date:	January 1, 2017

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2017

See 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
EIN / PN: 16-0442930/009
Plan Sponsor: TEGNA Retirement Plan
Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Sponsor

TEGNA Inc.

EIN / PN

16-0442930/009

Latest Amendment

The Plan was established on June 29, 2015 and last restated effective January 1, 2016.

Plan Year

The twelve-month period ending December 31.

Summary of principal plan provisions – Legacy TRP

Note: This Appendix 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 to almost all current legacy TRP employees covered by the TEGNA Retirement Plan. Other detail for smaller legacy TRP groups of participants may be found in the plan document and Summary Plan Descriptions.

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.

Plan Name:	TEGNA
EIN / PN:	16-0442930/009
Plan Sponsor:	TEGNA Retirement Plan
Valuation Date	January 1, 2017

SCHEDULE SB ATTACHMENTS

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.
- (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.

Plan Name: TEGNA
EIN / PN: 16-0442930/009
Plan Sponsor: TEGNA Retirement Plan
Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

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.

Plan Name: TEGNA
EIN / PN: 16-0442930/009
Plan Sponsor: TEGNA Retirement Plan
Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

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.

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.

Plan Name: TEGNA
EIN / PN: 16-0442930/009
Plan Sponsor: TEGNA Retirement Plan
Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

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.

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

Future Plan Changes

No future plan changes were recognized in determining minimum and maximum contributions.

Changes in Benefits Valued Since Prior Year

None.

Plan Name: TEGNA
EIN / PN: 16-0442930/009
Plan Sponsor: TEGNA Retirement Plan
Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

Summary of principal plan provisions – Legacy Belo

Eligibility

In general, before the plan was closed to new participants (non-Guild employees hired by July 1, 2000 and Guild employees hired by August 1, 2004), employees became plan participants on the January 1 or July 1 coinciding with or next following age 21 with one year of pension service. Certain legacy populations were subject to different participation rules.

Definitions

Vesting service

Same as pension service (below) except that vesting service is calculated from date of hire for KIRO, Owensboro, KMOV-TV, KENS-TV, and Providence Journal Guild. Non-Guild employees were granted full vesting on July 1, 2000 and Guild employees were granted full vesting on August 1, 2004.

Pension service

In general, pension service consists of any service credited through December 31, 1975, plus service for each of the 1976-1977 plan years where the employee completed 1,000 hours of service, plus elapsed-time service beginning January 1, 1978 through the date that accruals were frozen. Accruals were frozen for all participants by March 31, 2007, with accruals for certain participants frozen earlier. Pension service includes the first 12 months of authorized absence before the freeze date.

For certain acquired business units, pension service began accruing on a particular date or may include service credited under a prior plan, as described in the plan document.

Certain participants were granted five additional years of pension service in calculating their accrued benefits. In order to receive these additional years of credit, the participant must have been accruing a retirement or disability benefit under the plan on March 31, 2007; terminated prior to that date as part of the information technology outsourcing; terminated between September 29, 2006 and March 31, 2007 due to death, retirement at age 55 or later, or an involuntary reduction in force; terminated by September 16, 2006 as part of the Dallas Morning News voluntary severance program for newsroom employees; or in qualifying military service on March 31, 2007.

Pensionable pay

Base, overtime, shift differential, premium pay, bonuses (including lump sum termination bonuses), and commissions. Compensation includes any deferrals under a section 401(k) or section 125 plan.

Average earnings

Average of the highest five consecutive years of pensionable pay within the ten years preceding termination, or average over

Plan Name: TEGNA
EIN / PN: 16-0442930/009
Plan Sponsor: TEGNA Retirement Plan
Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

the entire period of employment if that period is less than five years. Earnings during and after the freeze year are not part of the average.

Social Security benefit	The projected primary Social Security benefit under the law in effect at termination of employment assuming continuation of then-current earnings to the participant's Social Security Normal Retirement Age.
Normal retirement date (NRD)	First of month coinciding with or next following the attainment of age 65.
Monthly pension benefit	<p>1.1% of average earnings multiplied by years of pension service at NRD, plus .35% of average earnings in excess of Covered Compensation multiplied by years of pension service at NRD up to 35 such years, multiplied by the fraction of actual pension service over pension service at NRD not to exceed 1.</p> <p>For prior Guild Non-Union Providence Journal participants, the benefit cannot be less than the accrued benefit under the Providence Journal Plan plus the benefit under this plan earned since December 31, 1997. For prior Guild Union Employees, the benefit cannot be less than the accrued benefit under Appendix D of the plan document as of July 31, 2004.</p>
Monthly preretirement death benefit	Death of active employee or terminated vested participant: 50% of the benefit that would have been payable if the participant had terminated employment on the date of death (if active), survived until age 55, and then commenced a 50% joint and survivor annuity. For the spouse of a participant who was eligible for early retirement on December 31, 1994, the death benefit cannot be less than the monthly preretirement spouse benefit earned as of December 31, 1994.

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Retirement at age 55 or later, before NRD
Postponed retirement	Retirement after NRD
Vested termination	Termination for reasons other than death, disability or retirement
Disability	Permanent and total disability prior to age 65

Plan Name: TEGNA
EIN / PN: 16-0442930/009
Plan Sponsor: TEGNA Retirement Plan
Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

Preretirement death benefit	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse
------------------------------------	--

Benefits Paid Upon the Following Events

Normal retirement	Benefit determined as of NRD
Early retirement	Benefit payable at age 65 reduced 1/180th for each month prior to age 65 until five years prior to the participant's Social Security Normal Retirement Age. It is further reduced by 1/360th for each additional month benefits commence prior to Normal Retirement Date up to a total of 120 months.
Postponed retirement	Benefit determined as of the actual retirement date
Deferred vested termination	Benefit determined as of the termination date, reduced similarly to early retirement benefits for benefit commencement prior to NRD
Disablement	Benefit payable at normal retirement assuming constant pay after disability until the benefit freeze date
Preretirement death	See above for determination of benefit amount. If the participant was eligible for early retirement, the benefit is payable immediately. Otherwise, the benefit is payable when the participant would have been eligible for early retirement.

Other Plan Provisions

Plan Name:	TEGNA
EIN / PN:	16-0442930/009
Plan Sponsor:	TEGNA Retirement Plan
Valuation Date	January 1, 2017

SCHEDULE SB ATTACHMENTS

Forms of payment	Normal form: For single participants, a ten year certain and continuous annuity. For married participants, a joint and 50% survivor annuity with spouse as beneficiary. Optional forms: Ten year certain and continuous annuity, life annuity, or 50%, 75%, or 100% joint and survivor annuity. Lump sum is available if the present value is \$5,000 or less.
Plan participants' contributions	None
Maximum limits on benefits and pay	Limitations under the Internal Revenue Code.
Cost of Living Adjustment	In-payment participants on January 1, 1995 (excluding those from the Providence Journal plan) were granted a one-time 5% increase to their monthly benefit on that date. Survivor annuities for eligible participants dying after January 1, 1998 are calculated based on the monthly benefit increased by this adjustment.

Plan Name: TEGNA
EIN / PN: 16-0442930/009
Plan Sponsor: TEGNA Retirement Plan
Valuation Date: January 1, 2017

SCHEDULE SB ATTACHMENTS

Future Plan Changes

No future plan changes were recognized in determining minimum and maximum contributions.

Changes in Benefits Valued Since Prior Year

None.

Plan Name: TEGNA
EIN / PN: 16-0442930/009
Plan Sponsor: TEGNA Retirement Plan
Valuation Date: January 1, 2017

Plan Name	TEGNA Retirement Plan
Plan Sponsor EIN	16-0442930
ERISA Plan #	009
Plan Year Ending	12/31/2017

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2017

Type of Base		Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1	Shortfall	01/01/2017	12,571,670	7	12,571,670	2,064,419
2	Shortfall	01/01/2016	8,018,842	6	7,119,303	1,324,901
Total					19,690,973	3,389,320

Plan Name: TEGNA
EIN / PN: 16-0442930/009
Plan Sponsor: TEGNA Retirement Plan
Valuation Date: January 1, 2017