

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2018 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u>	
A	This return/report is for: <div style="display: flex; justify-content: space-between;"> <div> ☐ a multiemployer plan </div> <div> ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) </div> </div>
	☒ a single-employer plan <div style="margin-left: 150px;">☐ a DFE (specify) _____</div>
B	This return/report is: <div style="display: flex; justify-content: space-between;"> <div> ☐ the first return/report ☐ an amended return/report </div> <div> ☐ the final return/report ☐ a short plan year return/report (less than 12 months) </div> </div>
C	If the plan is a collectively-bargained plan, check here. ☐
D	Check box if filing under: <div style="display: flex; justify-content: space-between;"> <div> ☒ Form 5558 ☐ special extension (enter description) </div> <div> ☐ automatic extension </div> <div> ☐ the DFVC program </div> </div>

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>8350 BROAD STREET</u> <u>SUITE 2000</u> <u>TYSONS, VA 22102</u>						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">2b Employer Identification Number (EIN) <u>16-0442930</u></td> <td style="width: 20%;"></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>703-854-6000</u></td> <td></td> </tr> <tr> <td>2d Business code (see instructions) <u>511110</u></td> <td></td> </tr> </table>	2b Employer Identification Number (EIN) <u>16-0442930</u>		2c Plan Sponsor's telephone number <u>703-854-6000</u>		2d Business code (see instructions) <u>511110</u>	
2b Employer Identification Number (EIN) <u>16-0442930</u>							
2c Plan Sponsor's telephone number <u>703-854-6000</u>							
2d Business code (see instructions) <u>511110</u>							

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2019	LEE MATAYA
	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 (2018)
v. 171027

3a Plan administrator's name and address ☐ Same as Plan Sponsor BENEFIT PLANS COMMITTEE 8350 BROAD STREET SUITE 2000 TYSONS, VA 22102	3b Administrator's EIN <div style="text-align: right;">16-0442930</div>
	3c Administrator's telephone number <div style="text-align: right;">703-854-6600</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 6293
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) 1091
a(2) Total number of active participants at the end of the plan year	6a(2) 1066
b Retired or separated participants receiving benefits.....	6b 2279
c Other retired or separated participants entitled to future benefits	6c 2521
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 5866
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 503
f Total. Add lines 6d and 6e	6f 6369
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="text-align: right;">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
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

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 2018 Form M-1 annual report. If the plan was not required to file the 2018 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>2018</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018	
▶ 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 2018			
2	Assets:			
a	Market value.....	2a	449775104	
b	Actuarial value	2b	414352503	
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	2468	236310588	236310588
b	For terminated vested participants	2734	115216374	115216374
c	For active participants	1091	64853563	65233643
d	Total	6293	416380525	416760605
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	5.59 %	
6	Target normal cost	6	3704109	

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.

<div>SIGN HERE</div>		
Signature of actuary		10/04/2019
JASON S WILHITE		Date
Type or print name of actuary		17-07116
WILLIS TOWERS WATSON US LLC		Most recent enrollment number
Firm name		703-258-8000
800 NORTH GLEBE ROAD ARLINGTON, VA 22203		Telephone number (including area code)
Address of the firm		

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	78787
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	78787
10 Interest on line 9 using prior year's actual return of <u>20.24</u> %	0	15946
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		6191190
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>5.80</u> %		359089
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		6550279
d Portion of (c) to be added to prefunding balance		6550000
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	6644733

Part III Funding Percentages

14 Funding target attainment percentage	14	97.82%
15 Adjusted funding target attainment percentage	15	97.82%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	95.29%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

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

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

1st segment:

3.92%

2nd segment:

5.52%

3rd segment:

6.29%

☐ N/A, full yield curve used**b** Applicable month (enter code).....**21b**

4

22 Weighted average retirement age**22**

63

23 Mortality table(s) (see instructions)

Prior regulation:

☐

Prescribed - combined

☒

Prescribed - separate

☐

Substitute

Current regulation:

☐

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**

3704109

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

0

32 Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment.....

9052835

2244317

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**

5948426

Carryover balance

Prefunding balance

Total balance

35 Balances elected for use to offset funding requirement.....

0

5948426

5948426

36 Additional cash requirement (line 34 minus line 35).....**36**

0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....**37**

0

38 Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36)**38a**

0

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances**38b**

0

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

0

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

0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

<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
		2018
		This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
A Name of plan TEGNA RETIREMENT PLAN	B Three-digit plan number (PN) ▶	009
C Plan sponsor's name as shown on line 2a of Form 5500 TEGNA INC.	D Employer Identification Number (EIN) 16-0442930	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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	940363	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDELITY INVESTMENTS INSTITUTIONAL

900 SALEM STREET
OT2N1
SMITHFIELD, RI 02917

(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	637619	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	256124	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)

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	248542	Yes ☒ No ☐	Yes ☒ No ☐	0	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	243496	Yes ☐ No ☒	Yes ☐ No ☐		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	202695	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)

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	187582	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	113757	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

NEWSOUTH CAPITAL MANAGEMENT, INC.

62-1237220

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 68	NONE	71137	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)

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?
21 50 24 51 28	NONE	36421	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	32872	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	32151	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)

FRANKLIN TEMPLETON

59-6945808

(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	NONE	31596	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NIXON PEABODY LLP

16-0764720

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	17339	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	17293	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)

LOOMIS SAYLES

04-3200030

(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	15180	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BLACKROCK CORP

27-3227381

(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	12061	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STATE STREET RESEARCH & MANAGEMENT

13-3142135

(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?
18 19 51	NONE	9987	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)

OFFICETEAM

94-1648752

(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?
	NONE	8889	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
OFFICETEAM 94-1648752		INDIRECT COMPENSATION DISCLOSURE
SOUTHEASTERN 62-0951781		INDIRECT COMPENSATION DISCLOSURE

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

a Name:	ERNST & YOUNG LLP	b EIN:	34-6565596
c Position:	ACCOUNTANT		
d Address:	1775 TYSONS BOULEVARD SUITE 2000 TYSONS, VA 22102	e Telephone:	212-773-3000

Explanation: CHANGE IN AUDITOR DUE TO DESIRE FOR CONSISTENCY FOLLOWING PLAN SPONSOR'S CHANGE IN CORPORATE AUDITOR.

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 2018 This Form is Open to Public Inspection.
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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)
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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>21030539</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>6704229</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>8195955</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>19702553</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>5238129</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>3407181</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>19587535</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) 13710969
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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 MANAGEMENT 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) 5378159
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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) 13076956
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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

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) 2983350
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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) 61636647
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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) 59115399
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a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA MSCI WRLD INDX

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS

c EIN-PN 04-6625076-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26788221
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2018
		This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
A Name of plan TEGNA RETIREMENT PLAN	B Three-digit plan number (PN) ►	009
C Plan sponsor's name as shown on line 2a of Form 5500 TEGNA INC.	D Employer Identification Number (EIN) 16-0442930	

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	20	130
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	10820000	0
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	269015626	130752
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	818098	925899
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)	82495906	83329823
(5) Partnership/joint venture interests	1c(5)	2423914	1416940
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	288754654	263572472
(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)	3431330	2983350
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	45185654	39006721
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	15957967	16285871

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	718903169	407651958

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	268898366	98987
k Total liabilities (add all amounts in lines 1g through 1j)	1k	268898366	98987

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	450004803	407552971
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	275000	
(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)		275000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	15340	
(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)		15340
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	804703	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	811806	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1616509
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	14501433	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	11212598	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		3288835
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-3643183	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-3643183

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-18140706
(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)		-447980
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-6881932
c Other income.....	2c		289658
d Total income. Add all income amounts in column (b) and enter total	2d		-23628459

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	32090267	
(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)		32090267
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)	1599426	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	1021529	
(4) Other	2i(4)	2438213	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		5059168
j Total expenses. Add all expense amounts in column (b) and enter total	2j		37149435

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-60777894
l Transfers of assets:			
(1) To this plan.....	2l(1)		18326062
(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: PRICEWATERHOUSECOOPERS LLP

(2) EIN: 13-4008324

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.)	4c		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.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	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?	4f		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?	4g		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?	4h		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.)	4i	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.)	4j	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?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
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.	4n			

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 4159729. (See instructions.)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection.
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>36-1561860</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	<u>104</u>

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☒ N/A

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

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.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2018
v. 171027

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

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****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

b The corresponding number for the second preceding plan year

15a**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

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

16a**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: 56.0 % Investment-Grade Debt: 34.0 % High-Yield Debt: 5.0 % Real Estate: 1.0 % 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, 2018 and 2017
With Report of Independent Auditors**

TEGNA Retirement Plan
Table of Contents

	<u>Page</u>
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 4i - Schedule of Assets (Acquired and disposed within the year)	17
Schedule H, line 4j - Schedule of Reportable Transactions	19



Report of Independent Auditors

To the Administrator of the TEGNA Retirement Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the TEGNA Retirement Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2018, and the related statement of changes in net assets available for benefits for the year ended December 31, 2018, 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 the financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility for the 2018 Financial Statements

Our responsibility is to express an opinion on the 2018 financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. 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 on the 2018 financial statements.

Basis for Disclaimer of Opinion on the 2018 Financial Statements

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 information summarized in Note 1, which was certified by The Northern Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the 2018 financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the year ended 2018, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion on the 2018 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 on the 2018 financial statements. Accordingly, we do not express an opinion on the 2018 financial statements as a whole.



Other Matters

2017 Financial Statements

The financial statements of the Plan as of December 31, 2017 were audited by predecessor auditors. 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 the predecessor auditors not to perform and they did not perform, any auditing procedures with respect to the information summarized in Note 1, which was certified by The Northern Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the 2017 financial statements. Their report, dated October 4, 2018, indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the 2017 financial statements and (b) the form and content of the information included in the 2017 financial statements other than that derived from the information certified by the trustee, were 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.

Supplementary Information

The supplemental schedules of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) at December 31, 2018, Schedule H, Line 4i - Schedule of Assets (Acquired and Disposed of Within Year) and Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended December 31, 2018 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

Report on Form and Content in Compliance with DOL Rules and Regulations 2018

The form and content of the information included in the 2018 financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America 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.

PricewaterhouseCoopers LLP

McLean, Virginia
October 11, 2019

TEGNA Retirement Plan
Statements of Net Assets Available for Benefits

	December 31,	
	2018	2017
Assets		
Investments, at fair value	\$ 407,521,206	\$ 439,067,543
Contribution receivable	—	10,820,000
Accrued income receivable	130,752	122,388
Total assets	407,651,958	450,009,931
Liabilities		
Due to broker	98,987	5,128
Total liabilities	98,987	5,128
Net assets available for benefits	\$ 407,552,971	\$ 450,004,803

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 December 31,	
	2018	2017
<u>Additions to net assets available for benefits:</u>		
Investment income/(loss):		
Interest and dividends	\$ 1,985,225	\$ 1,510,591
Net (depreciation) appreciation in fair value of investments	(26,189,494)	73,893,049
Total investment (loss) income	(24,204,269)	75,403,640
Employer contributions	275,000	15,860,000
Other additions	300,810	194,769
Net (deductions)/additions	(23,628,459)	91,458,409
<u>Deductions from net assets available for benefits:</u>		
Benefits paid to participants	32,090,267	30,854,272
Administrative expenses	5,059,168	7,075,903
Total deductions	37,149,435	37,930,175
(Decrease)/increase in net assets prior to merger	(60,777,894)	53,528,234
Plan merger	18,326,062	—
Total (decrease)/increase in net assets	(42,451,832)	53,528,234
Net assets available for benefits:		
Beginning of year	450,004,803	396,476,569
End of year	<u>\$ 407,552,971</u>	<u>\$ 450,004,803</u>

The accompanying notes are an integral part of the financial statements

TEGNA Retirement Plan
Notes to the Financial Statements

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. On June 1, 2018, The Retirement Plan II for Employees of Midwest Television, Inc. in San Diego, California (Midwest Plan) was merged into the Plan. The participants of the Midwest Plan were current and former employees of Midwest Television, Inc., a wholly owned subsidiary acquired by the Company on February 15, 2018. The Midwest Plan was frozen June 1, 1999.

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.

Financial Information Certified by the Trustee

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, 2018 and 2017, and net (depreciation) 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

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 \$0.7 million.

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, these 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.

All other participants who accrued a benefit under other provisions of the Predecessor Plan or under other plans that have since merged into the Plan also have their benefits frozen. For these participants, benefits are generally paid as either a life annuity, contingent annuity, or other acceptable optional form as specified by the terms of the applicable plan. The benefits for participants who have merged into the plan do not have a plan specified cost-of-living adjustment.

TEGNA Retirement Plan
Notes to Financial Statements (continued)

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 2018 and 2017.

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

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting except for benefit payments which are recorded when paid.

Use of Estimates

The financial statements have been prepared in accordance with U.S. generally accepted accounting principles (GAAP). Doing so, requires management to make estimates and assumptions that affect the amounts reported in the financial statements, 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/(depreciation) 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.

TEGNA Retirement Plan
Notes to Financial Statements (continued)

Pending purchases and sales of securities as recorded by the Plan relate to security trades executed prior to the statement of net assets available for benefits 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 basis. The Plan's management believes that such cash basis amounts would not be materially different on an accrual basis.

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) interest discount rate of 6.75% at December 31, 2018 and 7.00% at December 31, 2017, (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) at December 31, 2018 and 2017, projected after 2006 using the same model, assumptions and parameters as the fully generational MP-2018 projection scale with long-term improvement from the Social Security Administration's projections for December 31, 2018 and MP-2017 projection scale with long-term improvement from the Social Security Administration's projections for December 31, 2017.

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.

At December 31, 2018 and 2017 the actuarial present value of accumulated plan benefits is summarized as follows:

	Dec. 31, 2018	Dec. 31, 2017
Vested benefits:		
Active employees	\$ 60,115,501	\$ 57,675,594
Participants entitled to deferred benefits	100,337,534	102,175,583
Participants receiving benefits	235,895,524	216,813,144
Total vested accumulated benefits	396,348,559	376,664,321
Non-vested benefits	597,717	383,720
Total	\$ 396,946,276	\$ 377,048,041

TEGNA Retirement Plan
Notes to Financial Statements (continued)

The significant factors affecting the change in the actuarial present value of accumulated plan benefits for the year ended December 31, 2018 and 2017 were as follows:

	Dec. 31, 2018	Dec. 31, 2017
Actuarial present value of accumulated plan benefits as of beginning of the year	\$ 377,048,041	\$ 386,286,804
Increase (decrease) attributable to:		
Actuarial (gains) and benefits accumulated	(20,550)	(2,256,959)
Benefits paid	(32,090,267)	(30,854,272)
Increase due to decrease in the discount period	25,271,091	25,961,087
Assumption changes	7,458,300	(2,088,619)
Midwest Pension Plan merger	19,279,661	—
Actuarial present value of accumulated plan benefits as of the end of the year	<u>\$ 396,946,276</u>	<u>\$ 377,048,041</u>

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. The plan administrator believes that the Plan is designed and being operated in compliance with the applicable requirements of the Code, and, therefore, believes the Plan, as amended, is qualified and the related trust is tax-exempt.

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 that would result in a tax liability or tax asset. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is not subject to income tax examinations for years prior to 2015.

5. Related-Party Transactions

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, 2018 and 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).

TEGNA Retirement Plan
Notes to Financial Statements (continued)

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

- Level 1 - Quoted market prices in active markets for identical assets or liabilities 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, 2018, compared to 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 a practical expedient 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. Four 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 redeemable within 2 business days of a 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 as a practical expedient 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. These funds are redeemable with a 30 day notice, subject to a withdrawal charge equal to 0.45% of the amount redeemed. Future funding commitments to our partnership investments totaled \$0.7 million as of December 31, 2018 and 2017.

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, 2018 and 2017.

TEGNA Retirement Plan
Notes to Financial Statements (continued)

The Net Asset Value (NAV) is used as a practical expedient to estimate fair value and is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than we reported NAV.

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, 2018 and 2017 (in thousands of dollars):

Fair value measurement as of December 31, 2018

	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ 926	\$ —	\$ —	\$ 926
Corporate stock	83,489	—	—	83,489
Interest in registered investment companies	39,007	—	—	39,007
Total	\$ 123,422	\$ —	\$ —	\$ 123,422
Investments valued using NAV as a practical expedient:				
Common collective funds - equities				\$ 104,993
Common collective funds - fixed income				158,580
Hedge funds				16,063
Partnership/joint venture interests				4,463
Total investments at fair value				<u>\$ 407,521</u>

Fair value measurement as of December 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 NAV 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 investments at fair value				<u>\$ 439,068</u>

There were no transfers between levels during the periods presented.

7. Subsequent Events

Management evaluated subsequent events for the Plan through October 11, 2019, the date the financial statements were available to be issued. No material events have occurred since December 31, 2018 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, 2018

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Northern Trust Short Term Investment Fund	Total cash and cash equivalents	\$ 926,029	\$ 926,029
	Aaon Inc	Corporate stock	\$ 242,108	\$ 232,728
	Adobe Systems Inc	Corporate stock	124,894	791,840
	Adr Alibaba Group Holdings Ltd	Corporate stock	1,446,410	2,133,495
	ADR Ctrip Com Intl Ltd	Corporate stock	606,823	546,666
	ADR Netease Inc	Corporate stock	666,370	572,184
	ADR NIO Inc	Corporate stock	203,175	206,719
	ADR Tal Ed Group	Corporate stock	800,636	583,972
	Aerojet Rocketdyne Holdings Inc	Corporate stock	281,694	695,793
	AIA Group Ltd NPV	Corporate stock	931,375	1,482,754
	Alimentation Couch	Corporate stock	528,600	532,023
	Allegiant Travel Company	Corporate stock	122,526	95,209
	Alphabet Inc	Corporate stock	836,059	2,166,396
	Amazon.com Inc	Corporate stock	260,773	2,784,652
	Amerisafe Inc	Corporate stock	79,484	230,445
	Amphenol Corp	Corporate stock	192,391	704,874
	Ares Capital Corporation	Corporate stock	176,525	234,401
	ASML Holding	Corporate stock	796,297	847,944
	Atara Biotherapeutics Inc	Corporate stock	46,059	45,614
	Atlas Copco	Corporate stock	120,760	251,222
	Atlassian Corporation PLC	Corporate stock	229,595	753,038
	Automatic Data Processing Inc	Corporate stock	230,746	563,816
	Baidu Inc	Corporate stock	493,108	937,643
	Barnes Group Inc	Corporate stock	412,295	342,203
	Bellicum Pharmaceuticals Inc	Corporate stock	22,590	8,795
	Belmond Ltd	Corporate stock	337,199	778,308
	Bluebird Bio Inc	Corporate stock	500,084	389,558
	Cantel Medical Corp	Corporate stock	384,140	293,929
	Cardtronics Plc	Corporate stock	376,348	244,660
	Cars Com Inc	Corporate stock	182,844	185,438
	Cerner Corp	Corporate stock	699,729	597,816
	Chemocentryx Inc	Corporate stock	79,725	85,022
	Chuys Holdings Inc	Corporate stock	148,480	88,523
	Cisco Systems Inc	Corporate stock	482,308	844,935
	CLP Holdings Ltd	Corporate stock	216,591	310,850
	CNOOC Ltd	Corporate stock	614,770	672,278
	Cognex Corp	Corporate stock	337,024	239,754
	Cognizant Tech Solutions Corp	Corporate stock	594,867	590,364
	Colgate-Palmolive Co	Corporate stock	396,045	470,208
	Compass Group	Corporate stock	552,842	632,365
	Copart Inc	Corporate stock	88,044	287,731
	Corecivic Inc	Corporate stock	174,522	160,203

TEGNA Retirement Plan
EIN: 16-0442930 Plan #: 009
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2018

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	CSL Ltd	Corporate stock	\$ 261,497	\$ 680,180
	Cyber-Ark Software Ltd	Corporate stock	94,380	156,139
	Cytokinetics Inc	Corporate stock	53,123	43,071
	Delivery Hero	Corporate stock	722,176	484,987
	Denso Corp	Corporate stock	331,299	383,537
	Dexcom Inc	Corporate stock	460,593	602,594
	Docusign Inc	Corporate stock	252,358	249,819
	Dorman Products Inc	Corporate stock	175,674	354,679
	Eagle Bancorp Inc	Corporate stock	277,928	253,146
	Edwards Lifesciences Corp	Corporate stock	576,501	775,040
	Ensign Group Inc	Corporate stock	133,292	231,188
	Envestnet Inc	Corporate stock	189,756	215,452
	EOG Resources Inc	Corporate stock	551,635	706,401
	Esperion Therapeutics Inc	Corporate stock	49,322	75,946
	Essilorluxottica	Corporate stock	420,850	590,017
	Euronet Worldwide Inc	Corporate stock	381,021	456,001
	Evoqua Water Technologies Corp	Corporate stock	599,872	337,920
	Exact Sciences Corp	Corporate stock	43,487	175,039
	Experian Ord	Corporate stock	294,035	339,184
	Facebook Inc	Corporate stock	536,047	1,579,635
	FANUC Corp	Corporate stock	512,024	531,787
	Fastenal Co	Corporate stock	503,966	679,770
	Firstcash Inc	Corporate stock	155,803	320,149
	Five Below Inc	Corporate stock	152,744	272,785
	Five9 Inc	Corporate stock	186,105	208,107
	Flexion Therapeutics Inc	Corporate stock	45,597	25,187
	Floor & Decor Hldgs Inc	Corporate stock	143,855	129,578
	Gilead Sciences Inc	Corporate stock	466,384	306,495
	Globant SA	Corporate stock	156,283	222,689
	Goosehead Ins Inc	Corporate stock	112,878	91,147
	Haynes Intl Inc	Corporate stock	191,693	100,188
	Healthcare Services Group Inc	Corporate stock	318,242	247,107
	Healthequity Inc	Corporate stock	80,083	180,918
	Heico Corp	Corporate stock	132,810	409,815
	Hermes Intl	Corporate stock	214,530	602,414
	Hong Kong & China Gas	Corporate stock	304,105	469,185
	Howard Hughes Corp	Corporate stock	295,004	389,016
	Hubspot Inc	Corporate stock	116,971	203,431
	Icon Plc	Corporate stock	164,106	399,000
	Illumina Inc	Corporate stock	844,997	2,902,123
	Inditex	Corporate stock	1,085,238	1,403,735
	Inovio Pharmaceuticals Inc	Corporate stock	129,983	73,668
	Insulet Corp	Corporate stock	164,607	164,986

TEGNA Retirement Plan
EIN: 16-0442930 Plan #: 009
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2018

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Interxion Holding	Corporate stock	\$ 171,153	\$ 158,256
	Intra-Cellular Therapies Inc	Corporate stock	113,169	65,231
	Intuitive Surgical Inc	Corporate stock	449,413	1,778,230
	Ionis Pharmaceuticals Inc	Corporate stock	463,301	528,382
	Johnson & Johnson	Corporate stock	423,426	683,965
	Kemper Corp	Corporate stock	412,920	372,923
	Kering	Corporate stock	438,923	1,510,842
	Keyence Corp	Corporate stock	314,414	811,995
	Knight-Swift Transportation Holdings Inc	Corporate stock	273,708	168,596
	Kone Corporation	Corporate stock	314,186	296,696
	LGI Homes Inc	Corporate stock	192,937	128,560
	Linde Plc	Corporate stock	364,970	499,328
	L'Oreal	Corporate stock	566,286	1,027,648
	LVMH Moet Hennessy Louis Vuitton, SE	Corporate stock	483,912	725,802
	Macrogenics Inc	Corporate stock	75,040	45,631
	Marriott Vacations Worldwide Corp	Corporate stock	339,254	248,195
	Mastercard Inc	Corporate stock	100,806	811,195
	Medpace Holdings Inc	Corporate stock	127,918	121,845
	Meituan Dianping	Corporate stock	823,811	529,311
	Microsoft Corp	Corporate stock	427,958	1,107,113
	Monolithic Power Systems Inc	Corporate stock	178,390	287,486
	Monro Inc	Corporate stock	211,962	309,444
	MSC Industrial Direct Inc	Corporate stock	225,229	399,599
	MTS Systems Corp	Corporate stock	140,135	169,148
	Multi-Color Corp	Corporate stock	339,021	227,383
	Natonal Vision Holdings Inc	Corporate stock	173,871	126,061
	Neogen Corp	Corporate stock	256,185	238,944
	Nestle	Corporate stock	316,206	463,031
	Netflix Inc	Corporate stock	353,582	1,311,534
	Nike Inc	Corporate stock	252,399	756,228
	Novartis AG	Corporate stock	698,154	682,601
	Novo-Nordisk	Corporate stock	287,463	559,479
	Nvidia Corp	Corporate stock	368,561	754,008
	Ollies Bargain Outlet Hldgs Inc	Corporate stock	149,191	274,952
	Oracle Corp	Corporate stock	402,726	591,465
	Paylocity Holding Corp	Corporate stock	196,672	273,233
	Petiq Inc	Corporate stock	78,090	82,215
	Pinnacle Financial Partners Inc	Corporate stock	151,232	116,080
	Proofpoint Inc	Corporate stock	205,382	187,818
	Qurate Retail Inc	Corporate stock	277,754	219,327
	Rapid7 Inc	Corporate stock	106,093	187,334
	RBC Bearings Inc	Corporate stock	308,160	362,229
	Reckitt Benck Group	Corporate stock	356,323	457,881

TEGNA Retirement Plan
EIN: 16-0442930 Plan #: 009
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (continued)
December 31, 2018

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	Roche Holdings	Corporate stock	\$ 733,735	\$ 706,151
	Rocket Internet	Corporate stock	412,151	246,444
	Rush Enterprises Inc	Corporate stock	213,767	338,249
	Salesforce Com Inc	Corporate stock	247,186	831,408
	Sangamo Therapeutics Inc	Corporate stock	73,458	95,605
	Schlumberger Ltd	Corporate stock	851,015	479,864
	SGS SA	Corporate stock	225,357	313,857
	Shake Shack Inc	Corporate stock	177,229	136,714
	Shin-Etsu Chemical	Corporate stock	398,993	482,370
	SiteOne Landscape Supply Inc	Corporate stock	210,694	156,414
	SMC Corp	Corporate stock	376,423	363,560
	Spotify Technology	Corporate stock	768,537	579,758
	Starbucks Corp	Corporate stock	615,722	740,600
	Stryker Corp	Corporate stock	577,576	924,825
	Sun Hydraulics Corp	Corporate stock	246,141	147,795
	Taiwan Semiconductor Mfg Co Ltd	Corporate stock	585,703	793,565
	Tencent Hldgs Limited	Corporate stock	424,513	2,590,815
	Tesla, Inc.	Corporate stock	1,222,530	2,239,744
	Thermon Group Holdings Inc	Corporate stock	141,176	171,974
	TJX Companies Inc	Corporate stock	383,801	975,332
	Travelport Worldwide Ltd	Corporate stock	405,026	504,057
	Texas Capital Banc Shares Inc	Corporate stock	111,340	86,444
	Ultimate Software Group Inc	Corporate stock	92,800	205,446
	Under Armor Inc	Corporate stock	672,776	354,778
	Unifirst Corp Mass	Corporate stock	115,560	319,761
	Varonis Systems Inc	Corporate stock	135,795	103,314
	Viasat Inc	Corporate stock	405,467	394,376
	Walt Disney Co	Corporate stock	648,010	717,111
	Waters Corp	Corporate stock	707,164	673,481
	Wayfair Inc	Corporate stock	67,653	98,007
	Weight Watchers International Inc	Corporate stock	421,916	341,746
	Wesco International Inc	Corporate stock	160,190	196,260
	Workday Inc	Corporate stock	440,268	928,060
	Zebra Technologies Corp	Corporate stock	192,438	718,027
	Zendesk Inc	Corporate stock	125,807	236,665
	Total corporate stock		\$ 55,397,912	\$ 83,489,425

TEGNA Retirement Plan
EIN: 16-0442930 Plan #: 009
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (continued)
December 31, 2018

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	MFO Dodge & Cox FDS Global STK FD	Registered Investment Co.'s	\$ 35,615,443	\$ 28,633,579
	MFO T Rowe Price INSTL EM MKT EQ FDS INC	Registered Investment Co.'s	7,616,947	6,594,003
	MFC Vanguard INTL Equity Index FDS FTSE Emerging MKTS ETF	Registered Investment Co.'s	4,502,442	3,779,139
		Total Registered Investment Co.'s	<u>\$ 47,734,832</u>	<u>\$ 39,006,721</u>
	CF Blackrock MSCI ACWI Equity Index Non-Lendable Fund	Common Collective Trust - Equities	\$ 58,822,318	\$ 59,115,399
	Fidelity Institutional Asset Management - Select International Small Cap Pool	Common Collective Trust - Equities	15,898,808	13,710,969
	CF SSGA MSCI WRLD INDX	Common Collective Trust - Equities	29,989,573	26,788,221
	Genesis Group Trust Employee Benefits Plan - Category B	Common Collective Trust - Equities	3,990,275	5,378,159
		Total CCT - Equities	<u>\$ 108,700,974</u>	<u>\$ 104,992,748</u>
	CF Blackrock Strips	Common Collective Trust - Fixed Income	\$ 64,486,979	\$ 61,636,647
	CF Franklin Templeton Global Multisector Plus Trust	Common Collective Trust - Fixed Income	5,938,187	6,704,229
	CF Loomis Sayles Strategic Alpha Trust CL B 723 Fund	Common Collective Trust - Fixed Income	7,485,118	8,195,955
	Fidelity Institutional Asset Management - Emerging Markets Debt	Common Collective Trust - Fixed Income	5,472,585	5,238,129
	Fidelity Institutional Asset Management - High Yield Pool	Common Collective Trust - Fixed Income	3,485,010	3,407,181
	Fidelity Institutional Asset Management - Long Corporate A or Better	Common Collective Trust - Fixed Income	20,959,919	19,587,535
	CF Doubleline Long Duration	Common Collective Trust - Fixed Income	21,000,000	21,030,539
	CF Western Asset Long Duration Credit CIF R2	Common Collective Trust - Fixed Income	21,000,000	19,702,553
*	Northern Trust Collective Government Short Term Investment Fund	Common Collective Trust - Fixed Income	13,076,956	13,076,956
		Total CCT - Fixed income	<u>\$ 162,904,754</u>	<u>\$ 158,579,724</u>
	Blackstone Partners Investment Fund Non-Taxable	Hedge funds	\$ 10,492,226	\$ 16,062,961
	Blackstone Real Estate Partners VI TE 2 LP	Partnership interests	\$ 3,013,873	\$ 1,479,648
	Mondrian Focused Emerging Markets Equity Fund	Partnership interests	3,191,980	2,983,350
		Total partnership interests	<u>\$ 6,205,853</u>	<u>\$ 4,462,998</u>
		Total investments	<u><u>\$ 392,362,580</u></u>	<u><u>\$ 407,521,206</u></u>

The above information was certified accurate and complete by Northern Trust Company, Trustee.

* Party-in-interest

TEGNA Retirement Plan
EIN: 16-0442930 Plan #: 009
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (Acquired and Disposed of Within Year)
Year Ended December 31, 2018

(a) Identity of issue, borrower, lessor, or similar party	(b) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(c) Cost of acquisitions	(d) Proceeds of dispositions
Callidus Software Inc Cash Merger 04-05-2018	1,413	(40,772)	
Callidus Software Inc Cash Merger 04-05-2018	(10,261)		367,207
Qurate 2P1NAQ2 04-10-2018	(1)	—	13
Allegiant Travel Co Com	568	(95,643)	
Allegiant Travel Co Com	(465)		56,585
Atlas COPCO AB Ser'A'NPV (Red SHS 11/06/18)	(10,581)	—	9,676
Blackstone Real Estate Partners VI TE 2 LP	53,440	(53,440)	
Blackstone Real Estate Partners VI TE 2 LP	(311,594)		311,594
Chefs' Warehouse Holdings IN	1,082	(23,911)	
Chefs' Warehouse Holdings IN	(6,852)		198,149
Chuys Holdings Inc Com	1,259	(34,046)	
Chuys Holdings Inc Com	(493)		12,263
Copart Inc Com	359	(16,412)	
Copart Inc Com	(2,057)		109,321
Cyber-Ark Software Ltd Com ILS0.01	382	(16,540)	
Cyber-Ark Software Ltd Com ILS0.01	(435)		30,718
Ensign Group Inc Com STK	3,131	(75,160)	
Ensign Group Inc Com STK	(4,341)		187,355
Investnet Inc Com STK	1,876	(99,449)	
Investnet Inc Com STK	(347)		17,947
Epiroc AB Ser'A'NPV	(10,581)	—	105,183
Esperion Therapeutics Inc New Com	321	(25,090)	
Esperion Therapeutics Inc New Com	(526)		38,874
Euronet Worldwide Inc Com	5,604	(479,399)	
Euronet Worldwide Inc Com	(1,150)		125,970
Exact Sciences Corp Com	370	(16,832)	
Exact Sciences Corp Com	(893)		57,771
Fiesta Restaurant Group Inc Com	1,235	(22,550)	
Fiesta Restaurant Group Inc Com	(6,736)		134,630
Five Below Inc Com	1,874	(143,540)	
Five Below Inc Com	(3,300)		344,551
Forthnet Inc Com	474	(21,857)	
Forthnet Inc Com	(3,664)		201,369
Heatequity Inc Com	375	(17,644)	
Heatequity Inc Com	(1,385)		105,521
Heico Corp New CL A	716	(49,133)	
Heico Corp New CL A	(438)		31,811
Hubspot Inc Com	813	(82,138)	
Hubspot Inc Com	(822)		108,461

TEGNA Retirement Plan
EIN: 16-0442930 Plan #: 009

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (Acquired and Disposed of Within Year) (continued)
Year Ended December 31, 2018

(a) Identity of issue, borrower, lessor, or similar party	(b) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(c) Cost of acquisitions	(d) Proceeds of dispositions
Icon PLC Com	488	(54,698)	
Icon PLC Com	(308)		42,391
Kemper Corp Del Com	1,000	(65,242)	
Kemper Corp Del Com	—		21
Marriott Vacations Worldwide Corp Com	1,490	(98,846)	
Marriott Vacations Worldwide Corp Com	—		35
Monro Inc Com	1,074	(69,459)	
Monro Inc Com	(580)		42,569
Ollies Bargain Outlet HLDGS Inc Com	1,072	(72,270)	
Ollies Bargain Outlet HLDGS Inc Com	(2,487)		206,742
Paylocity HLDG Corp Com	3,399	(163,610)	
Paylocity HLDG Corp Com	(2,081)		143,031
Petiq Inc Com CL A	5,964	(132,951)	
Petiq Inc Com CL A	(2,461)		92,613
Pinnacle Finl Partners Inc Com	230	(15,317)	
Pinnacle Finl Partners Inc Com	(589)		38,594
Pluralsight Inc CL A	(1,889)	(28,335)	
Pluralsight Inc CL A	1,889		44,182
Proofpoint Inc Com	1,041	(11,890)	
Proofpoint Inc Com	(240)		28,472
Puma SE NPV	(268)	—	151,587
Rapid7 Inc Com	918	(23,115)	
Rapid7 Inc Com	(1,048)		28,591
RBC Bearings Inc Com	662	(85,650)	
RBC Bearings Inc Com	(80)		12,024
Spirit Airls Inc Com	389	(16,427)	
Spirit Airls Inc Com	(3,135)		118,523
Truecar Inc Com	1,016	(10,939)	
Truecar Inc Com	(6,994)		65,941
TX Cap Bancshares Inc Com	227	(21,961)	
TX Cap Bancshares Inc Com	(569)		55,745
Ultimate Software Group Inc Com	209	(49,021)	
Ultimate Software Group Inc Com	(864)		225,608
Wayfair Inc CL A	723	(64,279)	
Wayfair Inc CL A	(1,525)		163,147
Wesco Intl Inc Com	320	(21,838)	
Wesco Intl Inc Com	(4,233)		252,043
Zendesk Inc Com	1,992	(82,122)	
Zendesk Inc Com	(3,099)		181,557

The above information was certified accurate and complete by Northern Trust Company, Trustee.

TEGNA Retirement Plan
EIN # 16-0442930 Plan # 009
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
For the year ended December 31, 2018

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expenses incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Category (i) - Single transactions exceeding 5% of fair value of Plan assets at the beginning of the year. Five percent of \$450,009,931 is \$22,500,497.								
SSGA NSCI World Index	474,505 (P)	\$ 26,390,248	\$ 26,390,248	\$ —	\$ —	\$ —	\$ —	—
Blackrock MSCI ACWI Equity Index Non-Lendable Fund	-1,741,736 (S)	26,826,419	30,000,000	—	—	—	—	3,173,581
*NTGI Coltv Govt STIF	30,000,000 (P)	30,000,000	30,000,000	—	—	—	—	—
*NTGI Coltv Govt STIF	-30,000,000 (S)	30,000,000	30,000,000	—	—	—	—	—

Category (iii) - Transactions or series of transactions by issue during the Plan year ended December 31, 2018, exceeding 5% of fair value of Plan assets at the beginning of the year. Five percent of \$450,009,931 is \$22,500,497.

Blackrock MSCI ACWI Equity Index Non-Lendable Fund	3 dispositions	\$ 26,849,871	\$ 30,026,322	\$ —	\$ —	\$ —	\$ —	3,176,451
SSGA MSCI World Index	2 acquisitions	30,000,000	—	—	—	—	—	—
SSGA MSCI World Index	3 dispositions	10,427	9,987	—	—	—	—	(440)
*NTGI Coltv Govt STIF	385 acquisitions	87,745,438	—	—	—	—	—	—
*NTGI Coltv Govt STIF	265 dispositions	94,108,924	94,108,924	—	—	—	—	—

There were no Category (ii) or (iv) reportable transactions during the year ended December 31, 2018.

* Party-in-interest

The above information was derived from data certified accurate and complete by Northern Trust Company, trustee.

Plan Name	TEGNA Retirement Plan
Plan Sponsor EIN	16-0442930
ERISA Plan #	009
Plan Year Ending	12/31/2018

The required attachment marked with an “X” in the Attachment column is included within the “Signed Schedule MB or Schedule SB” attachment to Schedule SB location which consists of the entire Schedule SB and its attachments.

Form / Schedule	Line#	Description	Attachment Title (if different from Description)	Attachment
5500 Sch. SB	None	Statement by Enrolled Actuary		X
5500 Sch. SB	Line 27	Actuarial Information Based on Pre-PPA Funding Rules		
5500 Sch. SB	Line E	Information for Each Individual Employer		
5500 Sch. SB	Line 4	Additional Information for Plans in At-Risk Status		
5500 Sch. SB	Line 7	Explanation of Discrepancy in Prior Year Funding Standard Carryover Balance or Prefunding		
5500 Sch. SB	Line 8	Late Election to Apply Balances to Quarterly Installments		
5500 Sch. SB	Line 9	Explanation of Credit Balance Discrepancy		
5500 Sch. SB	Line 18	Contributions Made to the Plan for the Plan Year		
5500 Sch. SB	Line 19	Discounted Employer Contributions		
5500 Sch. SB	Line 20c	Liquidity Requirement Certification		
5500 Sch. SB	Line 22	Description of Weighted Average Retirement Age		X
5500 Sch. SB	Line 23	Information on Use of Multiple Mortality Tables		
5500 Sch. SB	Line 23	Information on Use of Substitute Mortality Tables		
5500 Sch. SB	Part V	Statement of Actuarial Assumptions/Methods		X
5500 Sch. SB	Part V	Summary of Plan Provisions		X
5500 Sch. SB	Line 24	Change in Actuarial Assumptions		
5500 Sch. SB	Line 25	Change in Method		
5500 Sch. SB	Line 26	Schedule of Active Participant Data		X
5500 Sch. SB	Line 27	Balances Subject to Binding Agreement with PBGC		
5500 Sch. SB	Line 27	Alternative 17-Year Funding Schedule of Airlines		
5500 Sch. SB	Line 32	Schedule of Amortization Bases		X
5500 Sch. SB		Other Attachment [Enter Description]		

Plan Name	TEGNA Retirement Plan
Plan Sponsor EIN	16-0442930
ERISA Plan #	009
Plan Year Ending	12/31/2018

The required attachment marked with an “X” in the Attachment column is included within the “Signed Schedule MB or Schedule SB” attachment to Schedule SB location which consists of the entire Schedule SB and its attachments.

Form / Schedule	Line#	Description	Attachment Title (if different from Description)	Attachment
5500 Sch. SB	None	Statement by Enrolled Actuary		X
5500 Sch. SB	Line 27	Actuarial Information Based on Pre-PPA Funding Rules		
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5500 Sch. SB	Line 20c	Liquidity Requirement Certification		
5500 Sch. SB	Line 22	Description of Weighted Average Retirement Age		X
5500 Sch. SB	Line 23	Information on Use of Multiple Mortality Tables		
5500 Sch. SB	Line 23	Information on Use of Substitute Mortality Tables		
5500 Sch. SB	Part V	Statement of Actuarial Assumptions/Methods		X
5500 Sch. SB	Part V	Summary of Plan Provisions		X
5500 Sch. SB	Line 24	Change in Actuarial Assumptions		
5500 Sch. SB	Line 25	Change in Method		
5500 Sch. SB	Line 26	Schedule of Active Participant Data		X
5500 Sch. SB	Line 27	Balances Subject to Binding Agreement with PBGC		
5500 Sch. SB	Line 27	Alternative 17-Year Funding Schedule of Airlines		
5500 Sch. SB	Line 32	Schedule of Amortization Bases		X
5500 Sch. SB		Other Attachment [Enter Description]		

Plan Name	TEGNA Retirement Plan
Plan Sponsor EIN	16-0442930
ERISA Plan #	009
Plan Year Ending	12/31/2018

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

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2018**This Form is Open to Public
Inspection**For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan TEGNA RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 009
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TEGNA INC.	D Employer Identification Number (EIN) 16-0442930
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2018</u>			
2 Assets:			
a Market value.....	2a	449,775,104	
b Actuarial value.....	2b	414,352,503	
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.....	2,468	236,310,588	236,310,588
b For terminated vested participants.....	2,734	115,216,374	115,216,374
c For active participants.....	1,091	64,853,563	65,233,643
d Total.....	6,293	416,380,525	416,760,605
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	5.59%	
6 Target normal cost.....	6	3,704,109	

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

**SIGN
HERE**

Signature of actuary

Jason S Wilhite

Type or print name of actuary

Willis Towers Watson

Firm name

800 North Glebe Road

Arlington VA 22203

Address of the firm

10/4/2018

Date

1707116

Most recent enrollment number

703-258-8000

Telephone number (including area code)

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐**For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.****Schedule SB (Form 5500) 2018
v. 171027**

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	78,787
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	78,787
10 Interest on line 9 using prior year's actual return of <u>20.24%</u>	0	15,946
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		6,191,190
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>5.80%</u>		359,089
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.....		6,550,279
d Portion of (c) to be added to prefunding balance.....		6,550,000
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	6,644,733

Part III Funding Percentages

14 Funding target attainment percentage.....	14	97.82%
15 Adjusted funding target attainment percentage.....	15	97.82%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	95.29%
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
		0			
		Totals ▶	18(b)	0	18(c) 0

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

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

20 Quarterly contributions and liquidity shortfalls:

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 3.92 %	2nd segment: 5.52 %	3rd segment: 6.29 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions)	Prior regulation:	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute
	Current regulation:	☐ 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	3,704,109	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	9,052,835	2,244,317	
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	5,948,426	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	5,948,426	5,948,426
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use PRA 2010 funding relief for this plan:	
a Schedule elected	☐ 2 plus 7 years ☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

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, 2018
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.

The Retirement Plan II for Employees of Midwest Television, Inc. in San Diego, California (Midwest Pension Plan) merged into the TEGNA Retirement Plan on June 1, 2018, which was the first day of the Midwest Pension Plan plan year. The impact of this merger is reflected in the TEGNA Retirement Plan's 2018 minimum required contribution.

Plan Name:	TEGNA Retirement Plan
EIN / PN:	16-0442930/009
Plan Sponsor:	TEGNA Inc.
Valuation Date	January 1, 2018

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2018

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 Retirement Plan
EIN / PN:	16-0442930/009
Plan Sponsor:	TEGNA Inc.
Valuation Date	January 1, 2018

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

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	3.92%	1.75%
■ Second segment rate	5.52%	3.76%
■ Third segment rate	6.29%	4.66%
■ Effective interest rate	5.59%	3.90%

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.

Inclusion Date

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

Plan Name:	TEGNA Retirement Plan
EIN / PN:	16-0442930/009
Plan Sponsor:	TEGNA Inc.
Valuation Date	January 1, 2018

SCHEDULE SB ATTACHMENTS

Mortality

For all participants: separate rates for non-annuitants (based on RP-2000 "Employees" table without collar or amount adjustments, projected to 2033 using Scale AA) and annuitants (based on RP-2000 "Healthy Annuitants" table without collar or amount adjustments, projected to 2025 using Scale AA).

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, 2018

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%

Representative Termination Rates not due to disability, retirement or mortality

Plan Name: TEGNA Retirement Plan
EIN / PN: 16-0442930/009
Plan Sponsor: TEGNA Inc.
Valuation Date: January 1, 2018

SCHEDULE SB ATTACHMENTS

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										
Years of Service										
Attained Age	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%

Plan Name: TEGNA Retirement Plan
 EIN / PN: 16-0442930/009
 Plan Sponsor: TEGNA Inc.
 Valuation Date: January 1, 2018

SCHEDULE SB ATTACHMENTS

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 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.

Plan Name:	TEGNA Retirement Plan
EIN / PN:	16-0442930/009
Plan Sponsor:	TEGNA Inc.
Valuation Date	January 1, 2018

SCHEDULE SB ATTACHMENTS

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 7.00% in 2016, 2017, and 2018, 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 2017 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.

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, excluding receivable contributions, 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 2018 is \$3,637,340.

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, 2018 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.

Plan Name:	TEGNA Retirement Plan
EIN / PN:	16-0442930/009
Plan Sponsor:	TEGNA Inc.
Valuation Date	January 1, 2018

SCHEDULE SB ATTACHMENTS

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 or 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.

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 are as prescribed by IRC §430(h). Note that the plan sponsor has decided, as allowed by regulation §1.430(h)(3)-1, to delay until the 2019 plan year updating the required mortality table to reflect the RP-2014 study and subsequent Society of Actuaries studies.
Disabled Mortality (Plan Funding)	Assumptions used for funding purposes are as prescribed by IRC §430(h). Note that the plan sponsor has decided, as allowed by regulation §1.430(h)(3)-1, to delay until the 2019 plan year updating

Plan Name:	TEGNA Retirement Plan
EIN / PN:	16-0442930/009
Plan Sponsor:	TEGNA Inc.
Valuation Date	January 1, 2018

SCHEDULE SB ATTACHMENTS

the required mortality table to reflect the RP-2014 study and subsequent Society of Actuaries studies.

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, 2018

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 the general population statistics on the marital status of individuals of retirement age.

■ Spouse age

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

aSource 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

Plan Name: TEGNA Retirement Plan
EIN / PN: 16-0442930/009
Plan Sponsor: TEGNA Inc.
Valuation Date: January 1, 2018

SCHEDULE SB ATTACHMENTS

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, 2018

SCHEDULE SB ATTACHMENTS

Changes in Assumptions and Methods

Change in assumptions 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 used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvement, as required by RC 430.

Change in methods since prior valuation

A change in funding method occurred due to the merger of the Midwest Pension Plan into the TRP on June 1, 2018. Since both plans satisfied the criteria set forth in Revenue Procedure 2017-56 (including Section 5.03 for a change in funding method in connection with certain mergers with transition periods not exceeding 12 months), this change in funding method received automatic IRS approval.

Plan Name: TEGNA Retirement Plan
EIN / PN: 16-0442930/009
Plan Sponsor: TEGNA Inc.
Valuation Date: January 1, 2018

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 amended effective April 26, 2018.

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.

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.

Plan Name:	TEGNA Retirement Plan
EIN / PN:	16-0442930/009
Plan Sponsor:	TEGNA Inc.
Valuation Date	January 1, 2018

SCHEDULE SB ATTACHMENTS

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 Retirement Plan
EIN / PN:	16-0442930/009
Plan Sponsor:	TEGNA Inc.
Valuation Date	January 1, 2018

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 Retirement Plan
EIN / PN: 16-0442930/009
Plan Sponsor: TEGNA Inc.
Valuation Date: January 1, 2018

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.

Plan Name:	TEGNA Retirement Plan
EIN / PN:	16-0442930/009
Plan Sponsor:	TEGNA Inc.
Valuation Date	January 1, 2018

SCHEDULE SB ATTACHMENTS

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

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

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

Death Benefits for Retired Participants

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

Cost of Living Adjustment

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

Normal Form of Payment

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

Optional Forms of Payment

Actuarially Equivalent optional forms of payment include:

- Single Life Annuity
- 50%, 66.67%, 75%, or 100% contingent annuitant options
- 10 Year Certain and Continuous Annuity

Plan Name:	TEGNA Retirement Plan
EIN / PN:	16-0442930/009
Plan Sponsor:	TEGNA Inc.
Valuation Date	January 1, 2018

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.

Plan Name:	TEGNA Retirement Plan
EIN / PN:	16-0442930/009
Plan Sponsor:	TEGNA Inc.
Valuation Date	January 1, 2018

SCHEDULE SB ATTACHMENTS

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.

Plan Name: TEGNA Retirement Plan
EIN / PN: 16-0442930/009
Plan Sponsor: TEGNA Inc.
Valuation Date: January 1, 2018

SCHEDULE SB ATTACHMENTS

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

Plan Name:	TEGNA Retirement Plan
EIN / PN:	16-0442930/009
Plan Sponsor:	TEGNA Inc.
Valuation Date	January 1, 2018

SCHEDULE SB ATTACHMENTS

Vested termination	Termination for reasons other than death, disability or retirement
Disability	Permanent and total disability prior to age 65
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

Forms of payment	<p>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.</p> <p>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.</p>
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Plan Name:	TEGNA Retirement Plan
EIN / PN:	16-0442930/009
Plan Sponsor:	TEGNA Inc.
Valuation Date	January 1, 2018

SCHEDULE SB ATTACHMENTS

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.

Future Plan Changes – All Groups

The Midwest Pension Plan merged into the TEGNA Retirement Plan on June 1, 2018. The minimum required contribution for the Interim Period of June 2, 2018 through December 31, 2018 was reflected as part of TEGNA Retirement Plan's January 1, 2018 minimum required contribution.

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

Changes in Benefits Valued Since Prior Year – All Groups

None.

Plan Name:	TEGNA Retirement Plan
EIN / PN:	16-0442930/009
Plan Sponsor:	TEGNA Inc.
Valuation Date	January 1, 2018

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26 Schedule of Active Participant Data as of January 1, 2018

	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	
	Attained		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.	
Age	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	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	1		9		0		0		0		0		0		0		0		0	
35 - 39	2		46		15		0		0		0		0		0		0		0	
40 - 44	4		43		49		20		8		5		0		0		0		0	
45 - 49	7		23		47		48		30		25		5		1		0		0	
50 - 54	8		16		34		49		35		42		25		10		1		0	
55 - 59	13		20		27		59		22		59		38		18		13		1	
60 - 64	4		9		9		28		9		29		23		23		12		4	
65 - 69	3		7		7		7		3		8		4		6		4		4	
70 & Over	0		2		3		3		1		0		1		0		0		0	

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 Retirement Plan
 EIN / PN: 16-0442930/009
 Plan Sponsor: TEGNA Inc.
 Valuation Date: January 1, 2018

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26

Schedule of Active Participant Data for Cash Balance Plans as of January 1, 2018

	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	
Attained		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.
Age	No.	Bal.	No.	Bal.	No.	Bal.	No.	Bal.	No.	Bal.	No.	Bal.	No.	Bal.	No.	Bal.	No.	Bal.	No.	Bal.
Under 25																				
25 - 29																				
30 - 34	1		9		0		0		0		0		0		0		0		0	
35 - 39	2		46	1,519	15		0		0		0		0		0		0		0	
40 - 44	4		43	2,112	49	19,876	20	36,761	8		5		0		0		0		0	
45 - 49	7		23	2,084	47	26,130	48	39,955	30	17,585	25	0	5		1		0		0	
50 - 54	8		16		34	27,713	49	44,982	35	61,457	42	0	25	5,597	10		1		0	
55 - 59	13		20	6,242	27	32,475	59	51,882	22	60,232	59	0	38	34,460	18		13		1	
60 - 64	4		9		9		28	56,442	9		29	0	23	84,861	23	37,128	12		4	
65 - 69	3		7		7		7		3		8		4		6		4		4	
70 & Over	0		2		3		3		1		0		1		0		0		0	

Plan Name: TEGNA Retirement Plan
 EIN / PN: 16-0442930/009
 Plan Sponsor: TEGNA Inc.
 Valuation Date: January 1, 2018

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32 Schedule of Amortization Bases as of January 1, 2018

TEGNA Retirement Plan Schedule of Amortization Bases

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2018	(8,240,657)	7.00000	(8,240,657)	(1,345,286)
2. Shortfall	01/01/2017	12,571,670	6.00000	11,150,257	2,064,419
3. Shortfall	01/01/2016	8,018,842	5.00000	6,143,235	1,324,901
Total				9,052,835	2,044,034
Adjustment for Midwest Pension Plan June 2, 2018 through December 31, 2018 Interim Period prorated amortization instalment due to merger				-	200,283
Total				9,052,835	2,244,317

Midwest Plan Schedule of Amortization Bases

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	06/01/2018		7.00000	873,064	142,528
2. Shortfall	06/01/2017		6.00000	990,222	183,335
3. Shortfall	06/01/2016		5.00000	910,630	196,394
4. Shortfall	06/01/2015		4.00000	270,266	71,512
5. Shortfall	06/01/2014		3.00000	234,105	81,054
6. Shortfall	06/01/2013		2.00000	160,844	81,968
7. Shortfall	06/01/2012		1.00000	(411,838)	(411,838)
Total				3,027,293	344,953

Plan Name: TEGNA Retirement Plan
 EIN / PN: 16-0442930/009
 Plan Sponsor: TEGNA Inc.
 Valuation Date: January 1, 2018

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
(continued)

The minimum required contribution (including shortfall amortization amount) for the 2018 plan year has been calculated reflecting the merger of the Midwest Pension Plan into the TRP as of June 1, 2018. The schedule shown above for the Midwest Pension Plan shows the annual net shortfall amortization installment. This amount was prorated using a ratio of 7/12 for the seven month period between June 1, 2018 and December 31, 2018. This amount was further allocated between the June 1, 2018, one-day Midwest plan year and the post-merger "Interim Period" based on the number of days in each period during the seven months from June 1, 2018 through December 31, 2018. Therefore, 1/214 of the results have been allocated to the June 1, 2018 plan year and 213/214 of the results have been allocated to the post-merger Interim Period. The Interim Period contribution requirement (including shortfall amortization) was added to the TRP's 2018 plan year contribution requirement.

Plan Name:	TEGNA Retirement Plan
EIN / PN:	16-0442930/009
Plan Sponsor:	TEGNA Inc.
Valuation Date	January 1, 2018

Plan Name	TEGNA Retirement Plan
Plan Sponsor EIN	16-0442930
ERISA Plan #	009
Plan Year Ending	12/31/2018

The required attachment marked with an “X” in the Attachment column is included within the “Signed Schedule MB or Schedule SB” attachment to Schedule SB location which consists of the entire Schedule SB and its attachments.

Form / Schedule	Line#	Description	Attachment Title (if different from Description)	Attachment
5500 Sch. SB	None	Statement by Enrolled Actuary		X
5500 Sch. SB	Line 27	Actuarial Information Based on Pre-PPA Funding Rules		
5500 Sch. SB	Line E	Information for Each Individual Employer		
5500 Sch. SB	Line 4	Additional Information for Plans in At-Risk Status		
5500 Sch. SB	Line 7	Explanation of Discrepancy in Prior Year Funding Standard Carryover Balance or Prefunding		
5500 Sch. SB	Line 8	Late Election to Apply Balances to Quarterly Installments		
5500 Sch. SB	Line 9	Explanation of Credit Balance Discrepancy		
5500 Sch. SB	Line 18	Contributions Made to the Plan for the Plan Year		
5500 Sch. SB	Line 19	Discounted Employer Contributions		
5500 Sch. SB	Line 20c	Liquidity Requirement Certification		
5500 Sch. SB	Line 22	Description of Weighted Average Retirement Age		X
5500 Sch. SB	Line 23	Information on Use of Multiple Mortality Tables		
5500 Sch. SB	Line 23	Information on Use of Substitute Mortality Tables		
5500 Sch. SB	Part V	Statement of Actuarial Assumptions/Methods		X
5500 Sch. SB	Part V	Summary of Plan Provisions		X
5500 Sch. SB	Line 24	Change in Actuarial Assumptions		
5500 Sch. SB	Line 25	Change in Method		
5500 Sch. SB	Line 26	Schedule of Active Participant Data		X
5500 Sch. SB	Line 27	Balances Subject to Binding Agreement with PBGC		
5500 Sch. SB	Line 27	Alternative 17-Year Funding Schedule of Airlines		
5500 Sch. SB	Line 32	Schedule of Amortization Bases		X
5500 Sch. SB		Other Attachment [Enter Description]		

Plan Name	TEGNA Retirement Plan
Plan Sponsor EIN	16-0442930
ERISA Plan #	009
Plan Year Ending	12/31/2018

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5500 Sch. SB	Line 22	Description of Weighted Average Retirement Age		X
5500 Sch. SB	Line 23	Information on Use of Multiple Mortality Tables		
5500 Sch. SB	Line 23	Information on Use of Substitute Mortality Tables		
5500 Sch. SB	Part V	Statement of Actuarial Assumptions/Methods		X
5500 Sch. SB	Part V	Summary of Plan Provisions		X
5500 Sch. SB	Line 24	Change in Actuarial Assumptions		
5500 Sch. SB	Line 25	Change in Method		
5500 Sch. SB	Line 26	Schedule of Active Participant Data		X
5500 Sch. SB	Line 27	Balances Subject to Binding Agreement with PBGC		
5500 Sch. SB	Line 27	Alternative 17-Year Funding Schedule of Airlines		
5500 Sch. SB	Line 32	Schedule of Amortization Bases		X
5500 Sch. SB		Other Attachment [Enter Description]		

Plan Name	TEGNA Retirement Plan
Plan Sponsor EIN	16-0442930
ERISA Plan #	009
Plan Year Ending	12/31/2018

The required attachment marked with an “X” in the Attachment column is included within the “Signed Schedule MB or Schedule SB” attachment to Schedule SB location which consists of the entire Schedule SB and its attachments.

Form / Schedule	Line#	Description	Attachment Title (if different from Description)	Attachment
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5500 Sch. SB		Other Attachment [Enter Description]		

Plan Name	TEGNA Retirement Plan
Plan Sponsor EIN	16-0442930
ERISA Plan #	009
Plan Year Ending	12/31/2018

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	

Information on Assets and Liabilities Transferred to or Merged with This Plan

Plan Name: TEGNA Retirement Plan

EIN: 16-0442930

Plan Number: 009

Plan Year Ending: 12/31/2018

Schedule R, line 17

Legacy plans	EIN	Total Value of Assets	Total value of Liabilities
TEGNA Retirement Plan	16-0442930	414,352,503	416,760,605
Retirement Plan II For Employees Of Midwest Television, Inc. in San Diego, California	16-0442930	18,366,916	21,362,389

Plan Name: TEGNA Retirement Plan
EIN: 16-0442930
Plan Number: 009
Plan Year Ending: 12/31/2018
Schedule R, Line 18

[illegible]

Plan Name	TEGNA Retirement Plan
Plan Sponsor EIN	16-0442930
ERISA Plan #	009
Plan Year Ending	12/31/2018

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