

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2020</div> This Form is Open to Public Inspection
---	---	--

Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>TRIBUNE COMPANY HOURLY PENSION 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>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>12/01/1945</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>12/01/1945</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>12/01/1945</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>TRIBUNE MEDIA COMPANY</u> <u>303 E WACKER DRIVE</u> <u>SUITE 1700</u> <u>CHICAGO, IL 60601</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>36-1880355</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>312-222-4765</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>551112</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>36-1880355</u>	2c Plan Sponsor's telephone number <u>312-222-4765</u>	2d Business code (see instructions) <u>551112</u>	
2b Employer Identification Number (EIN) <u>36-1880355</u>					
2c Plan Sponsor's telephone number <u>312-222-4765</u>					
2d Business code (see instructions) <u>551112</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.	10/15/2021	D. RANDALL BRADFORD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2020)
v. 200204

3a Plan administrator's name and address ☐ Same as Plan Sponsor NEXSTAR BROADCASTING, INC. 545 E JOHN CARPENTER FREEWAY SUITE 700 IRVING, TX 75062		3b Administrator's EIN 23-3063152 3c Administrator's telephone number 972-383-8800																				
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN																				
5 Total number of participants at the beginning of the plan year		5 412																				
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2" style="height: 20px;"></td></tr> <tr><td style="width: 15%;">6a(1)</td><td style="text-align: right;">188</td></tr> <tr><td>6a(2)</td><td style="text-align: right;">187</td></tr> <tr><td>6b</td><td style="text-align: right;">129</td></tr> <tr><td>6c</td><td style="text-align: right;">41</td></tr> <tr><td>6d</td><td style="text-align: right;">357</td></tr> <tr><td>6e</td><td style="text-align: right;">28</td></tr> <tr><td>6f</td><td style="text-align: right;">385</td></tr> <tr><td>6g</td><td></td></tr> <tr><td>6h</td><td style="text-align: right;">2</td></tr> </table>			6a(1)	188	6a(2)	187	6b	129	6c	41	6d	357	6e	28	6f	385	6g		6h	2
6a(1)	188																					
6a(2)	187																					
6b	129																					
6c	41																					
6d	357																					
6e	28																					
6f	385																					
6g																						
6h	2																					
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7																				
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:																						
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor																					
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)																						
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> 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 2020 Form M-1 annual report. If the plan was not required to file the 2020 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>2020</div> <div>This Form is Open to Public Inspection</div>
--	---	--

For calendar plan year 2020 or fiscal plan year beginning	01/01/2020	and ending	12/31/2020
▶ Round off amounts to nearest dollar.			
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.			

A Name of plan TRIBUNE COMPANY HOURLY PENSION PLAN		B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TRIBUNE MEDIA COMPANY		D Employer Identification Number (EIN) 36-1880355	
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 2020			
2 Assets:			
a Market value		2a	28806910
b Actuarial value		2b	27311502
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.....	158	9719936	9719936
b For terminated vested participants.....	63	2640858	2640858
c For active participants	191	13065967	13481564
d Total.....	412	25426761	25842358
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	5.78 %	
6 Target normal cost.....	6	853261	

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>		10/07/2021
Signature of actuary		Date
STEVEN P. HOXMEIER		20-07239
Type or print name of actuary		Most recent enrollment number
AON CONSULTING, INC.		847-442-3310
Firm name		Telephone number (including area code)
4 OVERLOOK POINT LINCOLNSHIRE, IL 60069		
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)	598636	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	585217	0
9 Amount remaining (line 7 minus line 8)	13419	0
10 Interest on line 9 using prior year's actual return of <u>23.01</u> %	3088	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		714649
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>5.59</u> %		7235
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		134658
c Total available at beginning of current plan year to add to prefunding balance		856542
d Portion of (c) to be added to prefunding balance		856542
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)	16507	856542

Part III Funding Percentages

14 Funding target attainment percentage	14	102.30 %
15 Adjusted funding target attainment percentage	15	101.61 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	99.21 %
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:
4.75 %2nd segment:
5.50 %3rd segment:
6.27 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

4

22 Weighted average retirement age**22**

64

23 Mortality table(s) (see instructions)☐

Prescribed - combined

☒

Prescribed - separate

☐

Substitute

Part VI Miscellaneous Items**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6) **31a** 853261**b** Excess assets, if applicable, but not greater than line 31a **31b** 596095**32** Amortization installments:**a** Net shortfall amortization installment Outstanding Balance 0 Installment 0**b** Waiver amortization installment 0 0**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) **34** 257166**35** Balances elected for use to offset funding requirement Carryover balance 16507 Prefunding balance 308471 Total balance 324978**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 D (Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div>		<div>DFE/Participating Plan 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>		<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020					
A Name of plan TRIBUNE COMPANY HOURLY PENSION PLAN				B Three-digit plan number (PN) ▶ 002	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 TRIBUNE MEDIA COMPANY				D Employer Identification Number (EIN) 36-1880355	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: MASTER TRUST FOR PENSION PLANS					
b Name of sponsor of entity listed in (a): TRIBUNE MEDIA COMPANY					
c EIN-PN 36-1880355-201		d Entity code M	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32513046		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)		

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>		
A Name of plan <u>TRIBUNE COMPANY HOURLY PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TRIBUNE MEDIA COMPANY</u>	D Employer Identification Number (EIN) <u>36-1880355</u>	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1341000	0
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	27406632	32513046
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	106353	101177
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	28853985	32614223

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	28853985	32614223
---	-----------	----------	----------

Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(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)		0
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		5379200
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		5379200

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1618962	
(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)		1618962
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)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1618962

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3760238
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: 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.)

	Yes	No	Amount
4a		X	

	Yes	No	Amount
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.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
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?	X		20000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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.)	X		
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 Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year <u>4328225</u> .			

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection.</div>
---	--	---

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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

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

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

<div>1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....</div>	<div>1</div>	<div>0</div>
<div>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):</div> <div>EIN(s): 13-3689044</div> <div>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</div>		
<div>3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year</div>	<div>3</div>	<div>20</div>

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.)
---------	--

<div>4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?</div> <div>If the plan is a defined benefit plan, go to line 8.</div>	<div>☐ Yes</div>	<div>☐ No</div>	<div>☒ N/A</div>
<div>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 _____</div> <div>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</div>			
<div>6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)</div>	<div>6a</div>		
<div>b Enter the amount contributed by the employer to the plan for this plan year</div>	<div>6b</div>		
<div>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).....</div>	<div>6c</div>		
<div>If you completed line 6c, skip lines 8 and 9.</div>			
<div>7 Will the minimum funding amount reported on line 6c be met by the funding deadline?</div>	<div>☐ Yes</div>	<div>☐ No</div>	<div>☐ N/A</div>
<div>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?</div>	<div>☐ Yes</div>	<div>☐ No</div>	<div>☒ N/A</div>

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

<div>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.....</div>	<div>☐ Increase</div>	<div>☐ Decrease</div>	<div>☐ Both</div>	<div>☒ No</div>
--	--	--	--	---

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.
---------	--

<div>10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?</div>	<div>☐ Yes</div>	<div>☐ No</div>
<div>11 a Does the ESOP hold any preferred stock?</div>	<div>☐ Yes</div>	<div>☐ No</div>
<div>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.)</div>	<div>☐ Yes</div>	<div>☐ No</div>
<div>12 Does the ESOP hold any stock that is not readily tradable on an established securities market?</div>	<div>☐ Yes</div>	<div>☐ No</div>

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

Schedule R (Form 5500) 2020
v. 200204

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

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

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

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

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: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
☐ Yes.
☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
☐ No. Other. Provide explanation _____

ACCOUNTANT'S OPINION AND FINANCIAL STATEMENTS

Schedule H, Line 3

PLAN NAME: TRIBUNE COMPANY HOURLY PENSION PLAN

EIN: 36-1880355

PLAN NUMBER: 002

Tribune Media Company – Tribune Company Hourly Pension
Plan, Financial Statements, 12/31/2020.

Tribune Company Hourly Pension Plan

**Financial Statements and Supplemental Schedule
December 31, 2020 and 2019**

Tribune Company Hourly Pension Plan

Index

	Page(s)
Report of Independent Auditors	1–2
Financial Statements	
Statements of Net Assets Available for Benefits December 31, 2020 and 2019.....	3
Statements of Changes in Net Assets Available for Benefits Year Ended December 31, 2020 and 2019.....	4
Notes to Financial Statements December 31, 2020 and 2019.....	5–19
Supplemental Schedule	
Schedule H, Line 4i: Schedule of Assets (Held at End of Year) December 31, 2020	20
Note: All other schedules of additional financial information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended ("ERISA") have been omitted because they are not applicable.	



Report of Independent Auditors

To the Administrator of the Tribune Company Hourly Pension Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Tribune Company Hourly Pension Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of 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

Our responsibility is to express an opinion on the 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.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 11, which was certified by The Northern Trust Company, the trustee of the Plan, and State Street Bank and Trust Company, the custodian of the Vanguard Federal Money Market fund, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee and custodian hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the trustee and custodian as of December 31, 2020 and 2019 and for the years then ended, that the information provided to the plan administrator by the trustee and custodian are complete and accurate.

Disclaimer of Opinion

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



Other Matter

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2020 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is 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 this supplemental schedule.

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

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee and custodian, 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

Dallas, Texas
October 14, 2021

Tribune Company Hourly Pension Plan
Statements of Net Assets Available for Benefits
December 31, 2020 and 2019

	<u>2020</u>	<u>2019</u>
Assets		
Investments at fair value		
Plan interest in Tribune Company Master Trust		
for Pension Plans	\$ 32,567,082	\$ 27,435,135
Registered investment company	101,177	106,353
Employer contribution receivable	-	1,341,000
Total assets	<u>32,668,259</u>	<u>28,882,488</u>
Liabilities		
Accrued expenses	<u>54,036</u>	<u>28,503</u>
Total liabilities	<u>54,036</u>	<u>28,503</u>
Net assets available for benefits	<u>\$ 32,614,223</u>	<u>\$ 28,853,985</u>

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

Tribune Company Hourly Pension Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2020 and 2019

	2020	2019
Additions		
Investment income from Plan interest in Tribune Company Master Trust for Pension Plans	\$ 5,755,784	\$ 5,256,360
Employer contributions	-	1,341,000
Total additions	<u>5,755,784</u>	<u>6,597,360</u>
Deductions		
Benefits paid to participants	1,618,962	984,324
Administrative fees and expenses	<u>376,584</u>	<u>461,547</u>
Total deductions	<u>1,995,546</u>	<u>1,445,871</u>
Net increase in net assets available for benefits	3,760,238	5,151,489
Net assets available for benefits		
Beginning of year	<u>28,853,985</u>	<u>23,702,496</u>
End of year	<u>\$ 32,614,223</u>	<u>\$ 28,853,985</u>

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

Tribune Company Hourly Pension Plan

Notes to Financial Statements

December 31, 2020 and 2019

1. Description of the Plan

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

General

The Plan is a noncontributory defined benefit plan providing retirement benefits for union employees of the Company and certain subsidiaries covered by certain collective bargaining agreements and certain hourly employees not covered by a separate collective bargaining agreement.

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

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

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

In September 2020, the Company offered certain terminated vested participants a voluntary, limited time offer to receive their pension benefit in a single lump sum payment or to start a monthly payment, payable as of December 1, 2020. To be eligible for this offer, one must have terminated employment prior to July 1, 2020, remain terminated through December 1, 2020 and have a lump sum value of \$50,000 or less. If one commenced benefits, died or was rehired prior to December 1, 2020, the offer was no longer valid. The participants eligible to take this limited time offer submitted their elections on or before October 31, 2020. There were 20 participants that elected the lump sum offer during 2020 and lump sum payments of \$562,511 are included in Benefits paid to participants in the accompanying Statement of Changes in Net Assets Available for Benefits.

On March 27, 2020, the Coronavirus Aid Relief, and Economic Security Act (“CARES” Act) was passed by Congress. The CARES Act, among other things, includes several relief provisions available to tax qualified retirement benefit plans and their participants. Portions of the CARES Act make changes to existing law including relating to the amount and circumstances permitting

Tribune Company Hourly Pension Plan

Notes to Financial Statements

December 31, 2020 and 2019

penalty-free distributions. The administrator of the Plan determined no changes to the Plan document were necessary as a result.

The Plan is subject to the provisions of ERISA and was administered by the Tribune Media Company Employee Benefits Committee (the “Tribune Committee”) consisting of Company employees who were appointed by the Board of Directors or by the Chairman of the Tribune Committee. Upon the consummation of the Nexstar Merger, the Tribune Committee was dissolved and, effective September 19, 2019, a committee selected by Nexstar assumed responsibilities for governance of the Plan.

Chapter 11 Reorganization

On December 8, 2008, Tribune Company and 110 of its direct and indirect wholly owned subsidiaries (collectively, the “Debtors”), filed voluntary petitions for relief under chapter 11 (“Chapter 11”) of title 11 of the United States Bankruptcy Code in the United States Bankruptcy Court for the District of Delaware (the “Bankruptcy Court”). On December 31, 2012, a plan of reorganization for the Debtors became effective and the Debtors emerged from Chapter 11. Pursuant to the Debtors plan of reorganization, the Plan has been assumed by the applicable reorganized Debtor.

Pension Benefits

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

2. Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are presented on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (“U.S. GAAP”).

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, disclosure of contingent assets and liabilities and the actuarial present value of

Tribune Company Hourly Pension Plan

Notes to Financial Statements

December 31, 2020 and 2019

accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Investment Valuation

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

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

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

The fair values of the underlying investments in the Master Trust, shown in Note 6, are based upon published market quotations or fair value as determined by the Trustee. Fair values of investments in the Master Trust not having an established market are developed by reference to quoted market values and other financial data pertaining to investments of a similar nature, quality, and yield, as determined by the Trustee. Refer to Note 7 for fair value measurements.

Income Recognition

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

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Actuarial Present Value of Accumulated Plan Benefits

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

The actuarial present value of accumulated plan benefits under the Plan was calculated by the Plan's actuary and is that amount which results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in these valuations were:

- Discount rate – 3.28% and 4.20% per annum at December 31, 2019 and 2018, respectively.
- Mortality - Based on the Pri-2012 Mortality Table with Generational Projections using scale MP-2020 and the Pri-2012 Mortality Table with Generational Projections using scale MP-2019

Tribune Company Hourly Pension Plan

Notes to Financial Statements

December 31, 2020 and 2019

published by the Society of Actuaries' Retirement Plans Experience Committee for December 31, 2019 and 2018, respectively.

- Retirement age - Varying between ages 60 and 65 for both December 31, 2019 and 2018.

These actuarial assumptions are based on presumptions that the Plan will continue. Should the Plan terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2020 and 2019. Had the valuations been performed as of December 31, there would be no material difference.

Benefit Payments

Benefit payments are recorded when paid. Benefit claims that have been processed and approved for payment prior to December 31 but not yet distributed as of that date are shown as a liability on the Form 5500. At December 31, 2020 and 2019, there were no benefit claims that were processed and approved for payment that had not been distributed.

Administrative Fees and Expenses

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

Derivative Instruments

On behalf of the Plan, certain investment managers are authorized to use derivative financial instruments in accordance with established guidelines of the investment funds. These investment managers may enter into asset, credit default, cross-currency, interest rate, total return, variance and other forms of swap and/or option agreements to manage the exposures of the Plan to credit, currency, interest rate, commodity, equity and inflation risks. Changes in the fair value of derivative financial instruments are recorded in the Statements of Changes in Net Assets Available for Benefits; therefore, no gains or losses are deferred. At December 31, 2020, there were no derivative financial instruments held by the Plan. At December 31, 2019, the fair value of derivative financial instruments held by the Plan was not material. See Note 8 for additional information.

Recent Accounting Pronouncement

In August, 2018, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") 2018-13, *Fair Value Measurement (Topic 820): Disclosure Framework – Changes to the Disclosure Requirements for Fair Value Measurement*, which includes additions, modifications and eliminations to existing disclosure requirements for fair value measurement. The prospective application of this guidance is effective for annual periods beginning in 2020. Plan management determined the adoption of this standard did not have a material effect on the Plan's financial statements.

3. Funding Policy

Company contributions are actuarially determined to provide the necessary assets to pay benefits to Plan participants. Such contributions meet the minimum funding requirements of ERISA. The Company may, at its discretion, contribute amounts to the Plan in excess of the minimum funding requirements. The Company has complied with the minimum funding requirements of ERISA in 2020 and 2019.

Tribune Company Hourly Pension Plan

Notes to Financial Statements

December 31, 2020 and 2019

4. Plan Termination

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

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

5. Accumulated Plan Benefits

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

Actuarial present value of accumulated plan benefits at December 31, 2019

Vested benefits

Participants currently receiving payments	\$ 11,339,098
Other participants	23,401,507
Total vested benefits	34,740,605

Nonvested benefits

	602,288
Total actuarial present value of accumulated plan benefits	\$ 35,342,893

Actuarial present value of accumulated plan benefits at December 31, 2018 \$ 29,993,708

Increase (decrease) during the year attributable to

Benefits accumulated and other changes	1,198,189
Interest due to the change in discount period	1,239,278
Benefits paid	(984,324)
Actuarial assumption changes	3,896,042
Net increase	5,349,185

Actuarial present value of accumulated plan benefits at December 31, 2019 \$ 35,342,893

6. Interest in Tribune Company Master Trust for Pension Plans (Prepared from Information Certified by the Trustee)

The Master Trust was established for the investment of assets of the Plan and several other Company-sponsored retirement plans. Each participating retirement plan has an undivided interest in the Master Trust. At December 31, 2020 and 2019, the Plan's interest in the net assets of the Master Trust was approximately 2%. The assets of the Master Trust are held by the Trustee. Investment income and administrative expenses relating to the Master Trust are allocated to the individual plans based upon average balances invested by each plan.

Tribune Company Hourly Pension Plan
Notes to Financial Statements
December 31, 2020 and 2019

The following is a summary of the fair values of nonspecifically identified investments held by the Master Trust at December 31, 2020 and 2019:

	2020	
	Master Trust Balances	Plan's Interest in Master Trust Balances
Investments at fair value		
Common/collective commingled trusts	\$ 1,712,888,984	\$ 31,802,865
	<u>1,712,888,984</u>	<u>31,802,865</u>
Investments at estimated fair value		
Real estate investment funds	41,160,432	764,217
	<u>41,160,432</u>	<u>764,217</u>
Total nonspecifically identified investments in Master Trust	<u>\$ 1,754,049,416</u>	<u>\$ 32,567,082</u>

	2019	
	Master Trust Balances	Plan's Interest in Master Trust Balances
Investments at fair value		
Registered investment companies	\$ 596,060,735	\$ 10,157,424
Common/collective commingled trusts	306,163,719	5,217,312
Fixed Income	617,366,154	10,520,488
International equity limited liability company	46,141,875	786,300
	<u>1,565,732,483</u>	<u>26,681,525</u>
Investments at estimated fair value		
Real estate investment funds	44,223,005	753,601
Venture capital limited partnerships	543	9
	<u>44,223,548</u>	<u>753,610</u>
Total nonspecifically identified investments in Master Trust	<u>\$ 1,609,956,031</u>	<u>\$ 27,435,135</u>

Investment income (loss) for the Master Trust associated with nonspecifically identified investments for the years ended December 31, 2020 and 2019 is as follows:

Tribune Company Hourly Pension Plan
Notes to Financial Statements
December 31, 2020 and 2019

	2020	2019
Investment income (loss)		
Net appreciation (depreciation) in fair value investments		
Investments at fair value as determined by quoted market prices		
Registered investment companies	\$ (58,419,951)	\$ 123,456,091
Common/collective commingled trusts	277,710,254	60,073,894
Fixed income	55,961,402	87,608,326
International equity limited liability company	(7,803,894)	7,094,346
	<u>267,447,811</u>	<u>278,232,657</u>
Investments at estimated fair value		
Real estate investment funds	1,068,598	2,381,213
Venture capital limited partnerships	(543)	(76,245)
Private equity limited partnerships	-	(21,496)
	<u>1,068,055</u>	<u>2,283,472</u>
Total net appreciation in fair value of investments	268,515,866	280,516,129
Interest and dividends	22,393,236	36,772,624
Total investment income in Master Trust related to nonspecifically identified investments	<u>\$ 290,909,102</u>	<u>\$ 317,288,753</u>

7. Fair Value Measurements

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

- Level 1 Quoted prices in active markets for identical assets or liabilities.
- Level 2 Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.
- Level 3 Unobservable inputs that are supported by little or no market activity that are significant to the fair value of the assets or liabilities.

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

Following is a description of the valuation methodologies used for investments measured at fair value.

Tribune Company Hourly Pension Plan

Notes to Financial Statements

December 31, 2020 and 2019

Registered Investment Companies

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

Common/Collective Commingled Trusts

Investments in common/collective commingled trusts are valued at NAV of units held. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying assets of each of the respective common/collective trusts. The underlying assets are valued based on the NAV as provided by the investment account manager or based on pricing from observable market information in a nonactive market. At December 31, 2019, this also included the US small cap collective trust which held investments in registered investment companies that are valued based on the quoted sale price of the day. Securities for which no market quotations are readily available (including restricted securities), or for which market quotations have become unreliable, are valued using other significant observable inputs.

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

International Equity Limited Liability Company

The International Equity Limited Liability Company is valued at NAV of units held. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. The International Equity Limited Liability Company seeks to provide long-term capital growth primarily by investing, under normal circumstances, in equity securities of issuers tied to emerging market countries that have the potential to provide long-term capital growth. Securities are valued based on exchange listed prices. The values of investments for which quotations are not readily available are valued using estimated fair values as determined under policies adopted by the investment fund manager.

Fixed Income

Corporate bonds, commercial mortgage-backed and asset-backed securities are generally valued using evaluated prices that reflect observable market information, such as actual trade information of similar securities, adjusted for observable differences and are classified in Level 2 of the fair value hierarchy. Government securities consist of investments in treasury securities, municipal bonds, debt securities issued by the government, index-linked government bonds and government mortgage-backed securities. Government bonds not traded on an active market are valued at a price which is based on a compilation of primarily observable market information or a broker quote in a nonactive market, and are classified in Level 2 of the fair value hierarchy.

Real Estate Investment Funds

The fair value of our real estate investment funds is based on the NAV of our ownership interest in the funds. The NAV is used as a practical expedient to estimate fair value. The NAV is based on information received from the investment managers and is primarily determined by using the methods most appropriate for the type of investment, including, but not limited to, the following: forecasts of net cash flows based on analyses of revenue and expenses and anticipated net proceeds from the liquidation of the underlying investments, discounted at prevailing risk-adjusted

Tribune Company Hourly Pension Plan

Notes to Financial Statements

December 31, 2020 and 2019

market rates of interest; comparisons of key performance indicators of relevant industry indices; recent negotiations of comparable investments; and/or independent appraisals by lenders or other third parties, when available. Real estate includes investments in three different real estate funds.

Venture Capital and Private Equity Limited Partnerships

Venture capital and private equity limited partnerships are valued at NAV of units held. The NAV is used as a practical expedient to estimate fair value. The NAV is determined by the investment managers on a periodic basis using models that use market, income, and cost valuation methods. The valuation inputs are not highly observable, and these interests are not actively traded on an open market. Private equity and venture capital investments include eight different partnership funds. These investments cannot be redeemed during the contractual life of the funds. Instead, distributions are received through the liquidation of the underlying assets of the funds.

The table below reports by level, within the fair value hierarchy, the Master Trust investment assets at fair value as of December 31, 2020 and 2019. As required by ASC Topic 820, the assets are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

Assets at Fair Value as of December 31, 2020				
	Level 1	Level 2	Level 3	Total
Tribune Company Master Trust for pension plans				
Common/collective commingled trusts	\$ -	\$ 16,577,007	\$ -	\$ 16,577,007
Total Master Trust investment assets at fair value	\$ -	\$ 16,577,007	\$ -	16,577,007
Master Trust assets measured at NAV as a practical expedient ⁽¹⁾				1,737,472,409
Total Master Trust investment assets				<u>\$ 1,754,049,416</u>
Specifically identified assets related to the Plan				
Registered investment company	\$ 101,177	\$ -	\$ -	\$ 101,177
Total specifically identified assets	<u>\$ 101,177</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 101,177</u>

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

Tribune Company Hourly Pension Plan

Notes to Financial Statements

December 31, 2020 and 2019

Assets at Fair Value as of December 31, 2019				
	Level 1	Level 2	Level 3	Total
Tribune Company Master Trust for pension plans				
Registered investment companies	\$ 596,060,735	\$ -	\$ -	\$ 596,060,735
Common/collective commingled trusts	-	6,980,544	-	6,980,544
Fixed income				
U.S. government securities	-	345,369,331	-	345,369,331
Corporate bonds	-	368,145,372	-	368,145,372
Mortgage-backed and asset-backed securities	-	62,918,166	-	62,918,166
Other ⁽¹⁾	-	(159,066,716)	-	(159,066,716)
Total Master Trust investment assets at fair value	\$ 596,060,735	\$ 624,346,697	\$ -	1,220,407,432
Master Trust assets measured at NAV as a practical expedient ⁽²⁾				389,548,599
Total Master Trust investment assets				\$ 1,609,956,031
Specifically identified assets related to the Plan				
Registered investment company	\$ 106,353	\$ -	\$ -	\$ 106,353
Total specifically identified assets	\$ 106,353	\$ -	\$ -	\$ 106,353

- (1) Other includes pending net security purchases of \$210,828,338.
- (2) Certain common/collective commingled trusts, the international equity limited liability company, real estate, private equity and venture capital limited partnerships that are measured at fair value using the NAV per share practical expedient have not been categorized in the fair value hierarchy. The fair value amounts in the table above are intended to permit reconciliation of the fair value hierarchy to the total value of plan assets.

The following table summarizes investments measured at fair value based on NAVs per share as of December 31, 2020 and 2019.

	Fair Value at December 31, 2020	Fair Value at December 31, 2019	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Domestic large cap equities common/collective trust	\$ 386,657,145	\$ -	\$ -	Daily	5 day notice
Domestic small/mid cap equities common/collective trust	22,057,280	-	-	Daily	5 day notice
Domestic small cap core equities common/collective trust	64,883,375	-	-	Daily	5 day notice
International developed equities common/collective trust	167,006,494	-	-	Daily	5 day notice
International small cap equities common/collective trust	22,356,437	-	-	Daily	5 day notice
Emerging market equities common/collective trust	128,684,009	-	-	Daily	5 day notice
Global low volatility equities common/collective trust	115,569,405	-	-	Daily	5 day notice
Fixed income long duration common/collective trusts	268,692,645	-	-	Daily	5 day notice
Fixed income long corporate common/collective trusts	374,151,208	-	-	Daily	5 day notice
Fixed income U.S. Treasury Strips common/collective trust	21,762,387	-	-	Daily	5 day notice
Fixed income high yield common/collective trust	67,509,385	-	-	Daily	5 day notice
Emerging market debt common/collective trust	16,758,440	-	-	Daily	5 day notice
US Realty Fund common/collective trust	40,223,767	-	-	Daily	5 day notice
International value common/collective trust	-	113,551,097	-	Monthly	1 week prior to month-end
International growth common/collective trust	-	110,715,018	-	Daily	None required
US small cap collective trust	-	74,917,061	-	Daily	5 day notice
International equity limited liability company	-	46,141,875	-	Daily	5 day notice
Real estate investment fund	41,160,432	44,223,005	-	Quarterly	45 day notice period
Venture capital limited partnerships	-	543	-	Not allowed	-
	<u>\$ 1,737,472,409</u>	<u>\$ 389,548,599</u>	<u>\$ -</u>		

8. Derivative Instruments

For investment management purposes, the Plan may hold investments in financial instruments with off-balance sheet risk involving contractual or optional commitments for future settlement. These

Tribune Company Hourly Pension Plan

Notes to Financial Statements

December 31, 2020 and 2019

instruments increase or decrease exposure to market volatility and partially offset exposure to changes in exchange rates and interest rates related to certain of its fixed income investments.

Swap Agreements

Certain investment managers may invest in swap agreements on behalf of the Plan. Swap agreements are bilaterally negotiated agreements between the Plan and a counterparty to exchange or swap investment cash flows, assets, foreign currencies or market-linked returns at specified, future intervals. Swap agreements are privately negotiated in the over the counter market ("OTC swaps") or may be executed in a multilateral or other trade facility platform, such as a registered exchange ("centrally cleared swaps"). On behalf of the Plan, certain investment managers may enter into asset, credit default, cross-currency, interest rate, total return, variance and other forms of swap agreements to manage its exposure to credit, currency, interest rate, commodity, equity and inflation risk. Swaps are marked to market daily based upon values from third-party vendors, which may include a registered exchange, or quotations from market makers to the extent available. Changes in market value, if any, are reflected as a component of Investment Income from Plan Interest in Tribune Company Master Trust for Pension Plans on the Statements of Changes in Net Assets Available for Benefits. Net periodic payments received or paid by the Plan are included as part of Investment Income from Plan Interest in Tribune Company Master Trust for Pension Plans on the Statements of Changes in Net Assets Available for Benefits. Entering into these agreements involves, to varying degrees, elements of interest, credit market and documentation risk. Such risks involve the possibility that there will be no liquid market for these agreements, that the counterparty to the agreements may default on its obligation to perform or disagree as to the meaning of contractual terms in the agreements and that there may be unfavorable changes to interest rates.

Interest Rate Swap Agreements

The Plan is subject to interest rate risk exposure in the normal course of pursuing its investment objectives. Because the Plan holds fixed rate bonds, the value of these bonds may decrease if interest rates rise. To help hedge against this risk and to maintain its ability to generate income at prevailing market rates, the investment managers may enter into interest rate swap agreements on behalf of the Plan. Interest rate swap agreements involve the exchange by the Plan with another party for their respective commitment to pay or receive interest on the notional amount of principal.

Option Contracts

Option contracts include options on equities, bonds, currencies, swaps (swaptions), and futures. Options give the owner the right, but not the obligation, to buy or sell an asset at a specified price (strike price) on or until a future date. Investment managers may purchase or write (sell) call and put options. Premiums received from writing options that expire worthless are treated as realized gains. An option writer (seller) bears the market risk of an unfavorable change in the price of the underlying instrument. Purchasing call options increases the Plan's exposure to the underlying instrument, while purchasing put options decreases the Plan's exposure to the underlying instrument. Premiums paid for purchased options that expire worthless are realized losses. The risk associated with purchasing options is limited to the premium paid. The options may be traded on an exchange or over the counter.

Tribune Company Hourly Pension Plan

Notes to Financial Statements

December 31, 2020 and 2019

The Plan is subject to various netting arrangements with select counterparties (“Master Agreements”). Master Agreements govern the terms of certain transactions, and reduce the counterparty risk associated with relevant transactions by specifying credit protection mechanisms and providing standardization that improves legal certainty. Since different types of transactions have different mechanics and are sometimes traded out of different legal entities of a particular counterparty organization, each type of transaction may be covered by a different Master Agreement, resulting in the need for multiple agreements with a single counterparty. As the Master Agreements are specific to unique operations of different asset types, they allow the Plan to close out and net its total exposure to a counterparty in the event of a default with respect to all the transactions governed under a single agreement with a counterparty. Master Agreements can also help limit counterparty risk by specifying collateral posting arrangements at pre-arranged exposure levels. Under the Master Agreements, collateral is routinely transferred if the total net exposure to certain transactions (net of existing collateral already in place) governed under the relevant Master Agreement with a counterparty in a given account exceeds a specified threshold, which typically ranges from zero to \$250,000 depending on the counterparty and the type of Master Agreement. United States Treasury Bills and U.S. dollar cash are generally the preferred forms of collateral, although other forms of AAA rated paper or sovereign securities may be used.

International Swaps and Derivatives Association, Inc. Master Agreements and Credit Support Annexes (“ISDA Master Agreements”) govern OTC financial derivative transactions entered into by the Plan and select counterparties. ISDA Master Agreements maintain provisions for general obligations, representations, agreement, collateral and events of default or termination. Events of termination include conditions that may entitle counterparties to elect to terminate early and cause settlement of all outstanding transactions under the applicable ISDA Master Agreement. Any election to terminate early could be material to the financial statements. In limited circumstances, the ISDA Master Agreement may contain additional provisions that add counterparty protection beyond coverage of existing daily exposure if the counterparty has a decline in credit quality below a predefined level.

There were no derivative instruments included in the Master Trust as of December 31, 2020. The following table presents the fair value of significant derivative instruments by contract type as included in the Master Trust as of December 31, 2019:

	Notional/ Contractual Amount	Assets	Liabilities
Option contracts	\$ (17,081,379)	\$ 333,393	\$ 239,621
Swap agreements	22,472,672	2,861,498	3,736,202
	<u>\$ 5,391,293</u>	<u>\$ 3,194,891</u>	<u>\$ 3,975,823</u>

Tribune Company Hourly Pension Plan

Notes to Financial Statements

December 31, 2020 and 2019

For the year ended December 31, 2020, the investment gain (loss) on derivatives was not material. The following table presents the investment gain (loss) on derivatives, by contract type, as included in the Master Trust for the year ended December 31, 2019:

	2019
Option contracts	\$ 245,364
Swap agreements	(2,816,460)
	<u>\$ (2,571,096)</u>

9. Income Tax Status

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

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan and concluded that as of December 31, 2020 and 2019, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2017.

10. Risks and Uncertainties

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

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

The Master Trust invests in securities with contractual cash flows such as asset-backed securities and commercial mortgage-backed securities, including securities backed by subprime mortgage loans. The value, liquidity and related income of these securities is sensitive to changes in economic conditions, including real estate value, delinquencies and/or defaults and may be adversely affected by shifts in the market's perception of the issuers and changes in interest rates.

Tribune Company Hourly Pension Plan

Notes to Financial Statements

December 31, 2020 and 2019

The global outbreak of the coronavirus (COVID-19), which was declared a pandemic by the World Health Organization in March 2020, has led to significant volatility in financial markets. As a result, the Plan's investments experienced significant fluctuations in fair value during the year ended December 31, 2020. However, the ultimate impact of COVID-19 on the Plan's net assets available for benefits, which may be material, is difficult to assess or predict and will depend on future developments, including the duration of the pandemic and the pace of economic recovery.

11. Information Certified by the Trustee/Custodian

As of December 31, 2020 and 2019 and for the years then ended, the Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

The Trustee has certified that the following data included in the financial statements and notes to the financial statements is complete and accurate:

- Plan interest in Tribune Company Master Trust for Pension Plans as shown in the Statements of Net Assets Available for Benefits as of December 31, 2020 and 2019;
- Investment income (loss) from Plan interest in Tribune Company Master Trust for Pension Plans, as shown in the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2020 and 2019.

State Street Bank and Trust Company (the "Custodian") has certified that the following data included in the financial statements and notes to the financial statements is complete and accurate:

- Vanguard Federal Money Market fund, presented as Registered investment company in the Statements of Net Assets Available for Benefits as of December 31, 2020 and 2019.

The Trustee and the Custodian have certified that the investments detailed on Schedule H, Line 4i: Schedule of Assets (Held at End of Year), as of December 31, 2020 is complete and accurate. The investment and related investment activity information included in Notes 6 and 8 have been derived from information certified by the Trustee. The investment and related investment activity information included in Note 7 has been derived from information certified by the Trustee and the Custodian. The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

12. Party-in-Interest Transactions

Certain Plan investments are shares of funds managed by the Trustee, and therefore transactions between these entities qualify as party-in-interest transactions. Fees paid by the Plan for investment management and custodial services amounted to approximately \$2,064 and \$3,202 for the years ended December 31, 2020 and 2019, respectively.

TRS is considered a party-in-interest to the Plan. Fees paid by the Plan for recordkeeping services amounted to \$25,655 and \$41,337 for the years ended December 31, 2020 and 2019, respectively.

Fidelity Institutional Asset Management Trust Company is an investment manager and an investment adviser to the Plan and is considered a party-in-interest to the Plan. Fees paid by the Plan for investment advising services amount to \$41,729 and \$0 for the years ended December 31, 2020 and 2019, respectively.

Tribune Company Hourly Pension Plan

Notes to Financial Statements

December 31, 2020 and 2019

13. Subsequent Events

On March 11, 2021, the American Rescue Plan Act of 2021 ("ARPA") was signed into law. The ARPA includes changes to the employer funding requirements for single-employer pension plans and is designed to reduce the amounts of required contributions as a relief. The ARPA also includes multi-employer pension plan funding relief but had no significant impact to us. The two key aspects of the ARPA funding relief for single-employer plans are (i) the extended amortization and "fresh start" of funding shortfalls and (ii) the extended funding interest rate stabilization. The Plan has no funding shortfalls to amortize but utilized the extended funding interest rate stabilization on its pension benefit plans. This relief increased the Plan's funding target attainment to above 100%. As such, the Company is currently not required to make contributions to its qualified pension benefit plans in 2021.

The Plan has evaluated subsequent events through October 14, 2021, the date the financial statements were available to be issued.

Supplemental Schedule

Tribune Company Hourly Pension Plan
Schedule H, Line 4i: Schedule of Assets (Held at End of Year)
December 31, 2020

(a)	(b) Identify of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	The Northern Trust Company Vanguard Federal Money Market	Investment in Master Trust Registered Investment company	\$ 26,905,532 101,177 \$ 27,006,709	\$ 32,567,082 101,177 \$ 32,668,259

* Indicated party-in-interest to the Plan

The information in this schedule has been certified as to its completeness and accuracy by
The Northern Trust Company and State Street Bank and Trust Company

Schedule SB Attachment (Form 5500)—2020 Plan Year
Tribune Company Hourly Pension Plan
EIN: 36-1880355 PN: 002

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2020

Attained Age	Number of Participants									
	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29		3								
30-34		5	8	1						
35-39		3	1	11	1					
40-44		2	1	6	6	4				
45-49		4	2	4	5	17	2			
50-54		3	7	1	5	8	6			
55-59		1	1	1	2	13	11	8		
60-64			4	1	1	4	6	1	1	3
65-69			2			3	2	2	4	3
70+						1				

N-191

Schedule SB Attachment (Form 5500)—2020 Plan Year
Tribune Company Hourly Pension Plan
EIN: 36-1880355 PN: 002

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2019), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	4.75%
2nd Segment Rate	5.50%
3rd Segment Rate	6.27%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2019), without regard to interest rate stabilization
1st Segment Rate	2.79%
2nd Segment Rate	3.92%
3rd Segment Rate	4.38%
Optional Payment Form Election Percentage	60% Single Life Annuity 14% Joint and 50% Survivor Annuity 6% Joint and 66 2/3% Survivor Annuity 2% Joint and 75% Survivor Annuity 11% Joint and 100% Survivor Annuity 2% 5-Year Certain and Continuous Annuity 5% 10-Year Certain and Continuous Annuity
Optional Payment Form Conversion Interest Rate (for Supplements H and I)	2.28%
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 63
Mortality Rates	
Healthy and Disabled	2020 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(a)(3) and IRS Notice 2019-26
Withdrawal Rates	See Table 2
Disability Rates	See Table 3

Schedule SB Attachment (Form 5500)—2020 Plan Year
Tribune Company Hourly Pension Plan
EIN: 36-1880355 PN: 002

Decrement Timing	Middle of year decrements with 100% retirement occurring at beginning of the year
Surviving Spouse Benefit	It is assumed that 85% of males and 85% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$230,000
Valuation of Plan Assets	<p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>
Expected Return on Assets	
2018 Plan Year	6.40%, limited to 6.29%
2019 Plan Year	6.20%, limited to 6.11%
2020 Plan Year	6.25%
Trust Expenses Included in Target Normal Cost	\$290,000. Based on the prior year's actual plan administrative expenses (excluding PBGC Variable Rate Premium), plus the estimated PBGC Variable Rate Premium for the current year, rounded to the nearest \$10,000.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2020

Schedule SB Attachment (Form 5500)—2020 Plan Year
Tribune Company Hourly Pension Plan
EIN: 36-1880355 PN: 002

Table 1

Retirement Rates

<u>Age</u>	<u>Rate</u>
60	3.00%
61	10.00%
62	10.00%
63	10.00%
64	10.00%
65+	100.00%

Schedule SB Attachment (Form 5500)—2020 Plan Year
Tribune Company Hourly Pension Plan
EIN: 36-1880355 PN: 002

Table 2

Withdrawal Rates

Age	Years of Service					
	0	1	2	3	4	5+
15	4.80%	4.80%	4.80%	4.80%	4.80%	4.80%
16	4.80%	4.80%	4.80%	4.80%	4.80%	4.80%
17	4.80%	4.80%	4.80%	4.80%	4.80%	4.80%
18	4.80%	4.80%	4.80%	4.80%	4.80%	4.80%
19	4.80%	4.80%	4.80%	4.80%	4.80%	4.80%
20	4.80%	4.80%	4.80%	4.80%	4.80%	4.80%
21	4.80%	4.80%	4.80%	4.80%	4.80%	4.80%
22	4.50%	4.50%	4.50%	4.50%	4.50%	4.50%
23	4.30%	4.30%	4.30%	4.30%	4.30%	4.30%
24	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%
25	3.80%	3.80%	3.80%	3.80%	3.80%	3.80%
26	3.60%	3.60%	3.60%	3.60%	3.60%	3.60%
27	3.30%	3.30%	3.30%	3.30%	3.30%	3.30%
28	3.10%	3.10%	3.10%	3.10%	3.10%	3.10%
29	2.90%	2.90%	2.90%	2.90%	2.90%	2.90%
30	2.90%	2.80%	2.80%	2.80%	2.80%	2.80%
31	2.90%	2.80%	2.60%	2.60%	2.60%	2.60%
32	2.90%	2.80%	2.60%	2.50%	2.40%	2.40%
33	2.90%	2.80%	2.60%	2.50%	2.40%	2.20%
34	2.90%	2.80%	2.60%	2.50%	2.40%	2.10%
35	2.90%	2.80%	2.60%	2.50%	2.40%	1.90%
36	2.90%	2.80%	2.60%	2.50%	2.40%	1.80%
37	2.90%	2.80%	2.60%	2.50%	2.40%	1.70%
38	2.90%	2.80%	2.60%	2.50%	2.40%	1.60%
39	2.90%	2.80%	2.60%	2.50%	2.40%	1.50%
40	2.90%	2.80%	2.60%	2.50%	2.40%	1.40%
41	2.90%	2.80%	2.60%	2.50%	2.40%	1.30%
42	2.90%	2.80%	2.60%	2.50%	2.40%	1.20%
43	2.90%	2.80%	2.60%	2.50%	2.40%	1.20%
44	2.90%	2.80%	2.60%	2.50%	2.40%	1.10%
45	2.90%	2.80%	2.60%	2.50%	2.40%	1.10%
46+	2.90%	2.80%	2.60%	2.50%	2.40%	1.00%

Schedule SB Attachment (Form 5500)—2020 Plan Year
Tribune Company Hourly Pension Plan
EIN: 36-1880355 PN: 002

Table 3

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.0546%	0.0686%	45	0.1960%	0.2709%
16	0.0546%	0.0686%	46	0.2205%	0.2961%
17	0.0546%	0.0686%	47	0.2492%	0.3241%
18	0.0546%	0.0686%	48	0.2821%	0.3556%
19	0.0546%	0.0686%	49	0.3185%	0.3899%
20	0.0546%	0.0686%	50	0.3605%	0.4270%
21	0.0553%	0.0693%	51	0.4081%	0.4662%
22	0.0560%	0.0700%	52	0.4634%	0.5096%
23	0.0567%	0.0707%	53	0.5278%	0.5558%
24	0.0581%	0.0721%	54	0.6006%	0.6062%
25	0.0595%	0.0749%	55	0.6783%	0.6580%
26	0.0609%	0.0777%	56	0.7567%	0.7063%
27	0.0623%	0.0812%	57	0.8309%	0.7476%
28	0.0637%	0.0854%	58	0.9009%	0.7826%
29	0.0658%	0.0896%	59	0.9702%	0.8127%
30	0.0679%	0.0952%	60	1.0374%	0.8386%
31	0.0707%	0.1015%	61	1.1039%	0.8603%
32	0.0735%	0.1085%	62	1.1697%	0.8771%
33	0.0770%	0.1183%	63	1.2348%	0.8897%
34	0.0805%	0.1288%	64	1.2992%	0.8988%
35	0.0847%	0.1400%	65+	0.0000%	0.0000%
36	0.0903%	0.1512%			
37	0.0959%	0.1624%			
38	0.1022%	0.1715%			
39	0.1092%	0.1799%			
40	0.1183%	0.1890%			
41	0.1288%	0.2002%			
42	0.1414%	0.2135%			
43	0.1568%	0.2296%			
44	0.1743%	0.2492%			

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2020 This Form is Open to Public Inspection
---	--	--

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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

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

A Name of plan TRIBUNE COMPANY HOURLY PENSION PLAN	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TRIBUNE MEDIA COMPANY	D Employer Identification Number (EIN) 36-1880355	
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>2020</u>																				
2	Assets:																				
	<table style="width:100%;"> <tr> <td style="width:70%;">a Market value</td> <td style="width:10%; text-align: center;">2a</td> <td style="width:20%; text-align: right;">28,806,910</td> </tr> <tr> <td>b Actuarial value</td> <td style="text-align: center;">2b</td> <td style="text-align: right;">27,311,502</td> </tr> </table>	a Market value	2a	28,806,910	b Actuarial value	2b	27,311,502														
a Market value	2a	28,806,910																			
b Actuarial value	2b	27,311,502																			
3	Funding target/participant count breakdown																				
	<table style="width:100%;"> <tr> <th></th> <th style="width:15%; text-align: center;">(1) Number of participants</th> <th style="width:20%; text-align: center;">(2) Vested Funding Target</th> <th style="width:20%; text-align: center;">(3) Total Funding Target</th> </tr> <tr> <td>a For retired participants and beneficiaries receiving payment.....</td> <td style="text-align: center;">158</td> <td style="text-align: right;">9,719,936</td> <td style="text-align: right;">9,719,936</td> </tr> <tr> <td>b For terminated vested participants</td> <td style="text-align: center;">63</td> <td style="text-align: right;">2,640,858</td> <td style="text-align: right;">2,640,858</td> </tr> <tr> <td>c For active participants</td> <td style="text-align: center;">191</td> <td style="text-align: right;">13,065,967</td> <td style="text-align: right;">13,481,564</td> </tr> <tr> <td>d Total</td> <td style="text-align: center;">412</td> <td style="text-align: right;">25,426,761</td> <td style="text-align: right;">25,842,358</td> </tr> </table>		(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target	a For retired participants and beneficiaries receiving payment.....	158	9,719,936	9,719,936	b For terminated vested participants	63	2,640,858	2,640,858	c For active participants	191	13,065,967	13,481,564	d Total	412	25,426,761	25,842,358
	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target																		
a For retired participants and beneficiaries receiving payment.....	158	9,719,936	9,719,936																		
b For terminated vested participants	63	2,640,858	2,640,858																		
c For active participants	191	13,065,967	13,481,564																		
d Total	412	25,426,761	25,842,358																		
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐																				
	<table style="width:100%;"> <tr> <td style="width:70%;">a Funding target disregarding prescribed at-risk assumptions</td> <td style="width:10%; text-align: center;">4a</td> <td style="width:20%;"></td> </tr> <tr> <td>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</td> <td style="text-align: center;">4b</td> <td></td> </tr> </table>	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															
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 5.78%																				
6	Target normal cost..... 6 853,261																				

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	Steven P. Hoxmeier SPH <div style="text-align: center;">Signature of actuary</div>	<u>10/07/2021</u> <div style="text-align: center;">Date</div>
	STEVEN P. HOXMEIER <div style="text-align: center;">Type or print name of actuary</div>	<u>2007239</u> <div style="text-align: center;">Most recent enrollment number</div>
	AON CONSULTING, INC. <div style="text-align: center;">Firm name</div>	<u>847-442-3310</u> <div style="text-align: center;">Telephone number (including area code)</div>
4 OVERLOOK POINT LINCOLNSHIRE IL 60069 <div style="text-align: center;">Address of the firm</div>		

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

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

Schedule SB (Form 5500) 2020
v. 200204

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)	598,636	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	585,217	0
9	Amount remaining (line 7 minus line 8)	13,419	0
10	Interest on line 9 using prior year's actual return of <u>23.01</u> %	3,088	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		714,649
	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>5.59</u> %		7,235
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		134,658
	c Total available at beginning of current plan year to add to prefunding balance		856,542
	d Portion of (c) to be added to prefunding balance		856,542
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)	16,507	856,542

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

14	Funding target attainment percentage.....	14	102.30%
15	Adjusted funding target attainment percentage.....	15	101.61%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	99.21%
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:

Contributions made to the plan relate primarily to 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)

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: 4.75 %	2nd segment: 5.50 %	3rd segment: 6.27 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions)	☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	853,261	
b Excess assets, if applicable, but not greater than line 31a	31b	596,095	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	257,166	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	16,507	308,471	324,978
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 Attachment (Form 5500)—2020 Plan Year
Tribune Company Hourly Pension Plan
EIN: 36-1880355 PN: 002

Schedule SB, line 15—Reconciliation of Differences Between Valuation Results and Amounts Used to Calculate AFTAP

The AFTAP for the Plan was first issued on September 29, 2020 and then re-issued on December 30, 2020. The AFTAP was reissued to reflect a \$1,140,000 contribution for the 2019 plan year made on October 9, 2020. The \$1,140,000 contribution increased the value of plan assets from \$26,218,190 to \$27,311,502 and the prefunding balance from \$0 to \$856,542.

In addition, the AFTAP reported on line 15 does not correspond to the valuation results reported on this Schedule SB. The difference is due to the plan sponsor's election not to have the interest rate stabilization provisions of the American Rescue Plan Act of 2021 (ARPA) apply to the first day of the 2020 plan year for AFTAP purposes.

	Original		Revised	
	Certification Date		Certification Date	
	9/29/2020		12/30/2020	
Funding Target	\$	26,878,023	\$	26,878,023
Value of Plan Assets	\$	26,218,190	\$	27,311,502
Funding Standard Carryover Balance	\$	16,507	\$	16,507
Prefunding Balance	\$	-	\$	856,542
Annuities Purchased for NHCE's	\$	-	\$	-
Certified AFTAP		97.48%		101.61%

Schedule SB Attachment (Form 5500)—2020 Plan Year
Tribune Company Hourly Pension Plan
EIN: 36-1880355 PN: 002

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

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

Schedule SB Attachment (Form 5500)—2020 Plan Year
Tribune Company Hourly Pension Plan
EIN: 36-1880355 PN: 002

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2019), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	4.75%
2nd Segment Rate	5.50%
3rd Segment Rate	6.27%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2019), without regard to interest rate stabilization
1st Segment Rate	2.79%
2nd Segment Rate	3.92%
3rd Segment Rate	4.38%
Optional Payment Form Election Percentage	60% Single Life Annuity 14% Joint and 50% Survivor Annuity 6% Joint and 66 2/3% Survivor Annuity 2% Joint and 75% Survivor Annuity 11% Joint and 100% Survivor Annuity 2% 5-Year Certain and Continuous Annuity 5% 10-Year Certain and Continuous Annuity
Optional Payment Form Conversion Interest Rate (for Supplements H and I)	2.28%
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 63
Mortality Rates	
Healthy and Disabled	2020 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(a)(3) and IRS Notice 2019-26
Withdrawal Rates	See Table 2
Disability Rates	See Table 3

Schedule SB Attachment (Form 5500)—2020 Plan Year
Tribune Company Hourly Pension Plan
EIN: 36-1880355 PN: 002

Decrement Timing	Middle of year decrements with 100% retirement occurring at beginning of the year
Surviving Spouse Benefit	It is assumed that 85% of males and 85% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$230,000
Valuation of Plan Assets	<p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>
Expected Return on Assets	
2018 Plan Year	6.40%, limited to 6.29%
2019 Plan Year	6.20%, limited to 6.11%
2020 Plan Year	6.25%
Trust Expenses Included in Target Normal Cost	\$290,000. Based on the prior year's actual plan administrative expenses (excluding PBGC Variable Rate Premium), plus the estimated PBGC Variable Rate Premium for the current year, rounded to the nearest \$10,000.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2020

Schedule SB Attachment (Form 5500)—2020 Plan Year
Tribune Company Hourly Pension Plan
EIN: 36-1880355 PN: 002

Table 1

Retirement Rates

<u>Age</u>	<u>Rate</u>
60	3.00%
61	10.00%
62	10.00%
63	10.00%
64	10.00%
65+	100.00%

Schedule SB Attachment (Form 5500)—2020 Plan Year
Tribune Company Hourly Pension Plan
EIN: 36-1880355 PN: 002

Table 2

Withdrawal Rates

Age	Years of Service					
	0	1	2	3	4	5+
15	4.80%	4.80%	4.80%	4.80%	4.80%	4.80%
16	4.80%	4.80%	4.80%	4.80%	4.80%	4.80%
17	4.80%	4.80%	4.80%	4.80%	4.80%	4.80%
18	4.80%	4.80%	4.80%	4.80%	4.80%	4.80%
19	4.80%	4.80%	4.80%	4.80%	4.80%	4.80%
20	4.80%	4.80%	4.80%	4.80%	4.80%	4.80%
21	4.80%	4.80%	4.80%	4.80%	4.80%	4.80%
22	4.50%	4.50%	4.50%	4.50%	4.50%	4.50%
23	4.30%	4.30%	4.30%	4.30%	4.30%	4.30%
24	4.00%	4.00%	4.00%	4.00%	4.00%	4.00%
25	3.80%	3.80%	3.80%	3.80%	3.80%	3.80%
26	3.60%	3.60%	3.60%	3.60%	3.60%	3.60%
27	3.30%	3.30%	3.30%	3.30%	3.30%	3.30%
28	3.10%	3.10%	3.10%	3.10%	3.10%	3.10%
29	2.90%	2.90%	2.90%	2.90%	2.90%	2.90%
30	2.90%	2.80%	2.80%	2.80%	2.80%	2.80%
31	2.90%	2.80%	2.60%	2.60%	2.60%	2.60%
32	2.90%	2.80%	2.60%	2.50%	2.40%	2.40%
33	2.90%	2.80%	2.60%	2.50%	2.40%	2.20%
34	2.90%	2.80%	2.60%	2.50%	2.40%	2.10%
35	2.90%	2.80%	2.60%	2.50%	2.40%	1.90%
36	2.90%	2.80%	2.60%	2.50%	2.40%	1.80%
37	2.90%	2.80%	2.60%	2.50%	2.40%	1.70%
38	2.90%	2.80%	2.60%	2.50%	2.40%	1.60%
39	2.90%	2.80%	2.60%	2.50%	2.40%	1.50%
40	2.90%	2.80%	2.60%	2.50%	2.40%	1.40%
41	2.90%	2.80%	2.60%	2.50%	2.40%	1.30%
42	2.90%	2.80%	2.60%	2.50%	2.40%	1.20%
43	2.90%	2.80%	2.60%	2.50%	2.40%	1.20%
44	2.90%	2.80%	2.60%	2.50%	2.40%	1.10%
45	2.90%	2.80%	2.60%	2.50%	2.40%	1.10%
46+	2.90%	2.80%	2.60%	2.50%	2.40%	1.00%

Schedule SB Attachment (Form 5500)—2020 Plan Year
Tribune Company Hourly Pension Plan
EIN: 36-1880355 PN: 002

Table 3

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.0546%	0.0686%	45	0.1960%	0.2709%
16	0.0546%	0.0686%	46	0.2205%	0.2961%
17	0.0546%	0.0686%	47	0.2492%	0.3241%
18	0.0546%	0.0686%	48	0.2821%	0.3556%
19	0.0546%	0.0686%	49	0.3185%	0.3899%
20	0.0546%	0.0686%	50	0.3605%	0.4270%
21	0.0553%	0.0693%	51	0.4081%	0.4662%
22	0.0560%	0.0700%	52	0.4634%	0.5096%
23	0.0567%	0.0707%	53	0.5278%	0.5558%
24	0.0581%	0.0721%	54	0.6006%	0.6062%
25	0.0595%	0.0749%	55	0.6783%	0.6580%
26	0.0609%	0.0777%	56	0.7567%	0.7063%
27	0.0623%	0.0812%	57	0.8309%	0.7476%
28	0.0637%	0.0854%	58	0.9009%	0.7826%
29	0.0658%	0.0896%	59	0.9702%	0.8127%
30	0.0679%	0.0952%	60	1.0374%	0.8386%
31	0.0707%	0.1015%	61	1.1039%	0.8603%
32	0.0735%	0.1085%	62	1.1697%	0.8771%
33	0.0770%	0.1183%	63	1.2348%	0.8897%
34	0.0805%	0.1288%	64	1.2992%	0.8988%
35	0.0847%	0.1400%	65+	0.0000%	0.0000%
36	0.0903%	0.1512%			
37	0.0959%	0.1624%			
38	0.1022%	0.1715%			
39	0.1092%	0.1799%			
40	0.1183%	0.1890%			
41	0.1288%	0.2002%			
42	0.1414%	0.2135%			
43	0.1568%	0.2296%			
44	0.1743%	0.2492%			

Schedule SB Attachment (Form 5500)—2020 Plan Year
Tribune Company Hourly Pension Plan
EIN: 36-1880355 PN: 002

Schedule SB, Part V—Summary of Plan Provisions

Effective Date	Amended and restated as of January 1, 1989. Last amendment effective November 1, 2018.
Eligible Employee	<p>Any hourly employee employed by an employer on a full-time basis who is:</p> <ul style="list-style-type: none">(1) Covered by a collective bargaining agreement, and such agreement provides for participation in the plan; or(2) Employed on an hourly-rated basis as a telephone solicitor for the Newspaper Readers Agency or a driver's helper for the Chicago Tribune Company. <p>For WGN Broadcast Technicians, any employee employed as a broadcast technician on a full-time basis and governed by a collective bargaining agreement between the employer and the union.</p> <p>For WGN Newswriters, any employee employed as a Newswriter on a full-time basis and governed by a collective bargaining agreement between the employer and the union.</p>
Eligibility for Participation	<p>Employees covered under Benefit Schedules 1, 3, and 4 become participants at the later of age 21 and date of becoming an eligible employee.</p> <p>Employees covered under Benefit Schedules 2 and 5 become participants on the first of the month coincident with or following age 21 and the completion of one year of service in which the employee worked 1,000 hours. Employees covered under Benefit Schedule 5 Supplement I are not eligible prior to November 1, 2013.</p>
Normal Retirement Eligibility	For participants covered under Benefit Schedules 1–4, later of age 65 and the fifth anniversary of participation in the plan. For participants covered under Benefit Schedule 5, age 65.

¹ Provisions noted are generally applicable to eligible participants. Special provisions may apply as on file with the Tribune.

Schedule SB Attachment (Form 5500)—2020 Plan Year
Tribune Company Hourly Pension Plan
EIN: 36-1880355 PN: 002

Benefit

**Chicago Tribune, Newspaper Readers Agency, and
WGN Continental Broadcasting Company—Benefit
Schedule 1**

A monthly amount equal to \$7.50 multiplied by years of benefit service (maximum 35 years).

**News & Sun-Sentinel Company and Chicago Cubs
Union—Benefit Schedule 2**

A monthly amount equal to the sum of (a) and (b) below:

- (a) 1.20% of final average compensation up to covered compensation times years of benefit service; and
- (b) 1.60% of final average compensation in excess of covered compensation times years of benefit service.

**Peninsula Newspapers (shut down March 12, 1993)—
Benefit Schedule 3**

A monthly amount equal to 1.25% of final average compensation times years of benefit service (maximum 35 years).

Chicago Tribune (Electricians)—Benefit Schedule 4

A monthly amount equal to the sum of (a), (b) and (c) below:

- (a) Accrued benefit as of February 28, 1988 under the Chicago Tribune Company Retirement Plan for Hourly Employees;
- (b) 0.80% of final average compensation up to covered compensation times years of benefit service after February 27, 1988; and
- (c) 1.20% of final average compensation in excess of covered compensation times years of benefit service after February 27, 1988.

Schedule SB Attachment (Form 5500)—2020 Plan Year
Tribune Company Hourly Pension Plan
EIN: 36-1880355 PN: 002

**WGN Newswriters (Supplement G)—Benefit
Schedule 5**

A monthly amount equal to benefit service (maximum 40 years) multiplied by the following applicable benefit rate:

Terminations		Benefit Rate
On or After	And Prior To	
	April 1, 1989	According to Prior Plan
April 1, 1989	April 1, 1990	\$22.00
April 1, 1990	April 1, 1991	\$23.00
April 1, 1991	April 1, 1992	\$24.00
April 1, 1992	April 1, 1993	\$28.00
April 1, 1993	April 1, 1994	\$30.00
April 1, 1994	April 1, 1995	\$32.00
April 1, 1995	April 1, 1996	\$33.00
April 1, 1996	April 1, 1997	\$34.00
April 1, 1997	July 1, 1998	\$35.00
July 1, 1998	July 1, 1999	\$36.00
July 1, 1999	July 1, 2000	\$37.00
July 1, 2000	December 30, 2004	\$38.00
December 30, 2004	July 1, 2005	\$41.00
July 1, 2005	July 1, 2006	\$42.00
July 1, 2006	July 1, 2007	\$43.00
July 1, 2007	July 1, 2010	\$44.00
July 1, 2010	July 1, 2011	\$46.20
July 1, 2011	July 1, 2012	\$47.36
July 1, 2012	July 1, 2013	\$48.43
July 1, 2013	July 1, 2014	\$49.40
July 1, 2014	July 1, 2015	\$51.87
July 1, 2015	July 1, 2016	\$53.17
July 1, 2016	July 1, 2017	\$54.36
July 1, 2017	—	\$55.45

Schedule SB Attachment (Form 5500)—2020 Plan Year
Tribune Company Hourly Pension Plan
EIN: 36-1880355 PN: 002

**WGN Broadcast Technicians (Supplement H)—
Benefit Schedule 5**

A monthly amount equal to benefit service (maximum 40 years) multiplied by the following applicable benefit rate:

Terminations		Benefit Rate
On or After	And Prior To	
	April 1, 1989	According to Prior Plan
April 1, 1989	April 1, 1992	\$28.00
April 1, 1992	April 1, 1993	\$30.00
April 1, 1993	April 1, 1995	\$32.00
April 1, 1995	April 1, 1996	\$33.00
April 1, 1996	April 1, 1997	\$34.00
April 1, 1997	July 1, 1998	\$35.00
July 1, 1998	July 1, 1999	\$36.00
July 1, 1999	July 1, 2000	\$37.00
July 1, 2000	July 1, 2001	\$38.00
July 1, 2001	July 1, 2002	\$38.00
July 1, 2002	July 1, 2003	\$38.00
July 1, 2003	December 30, 2004	\$38.00
December 30, 2004	July 1, 2005	\$41.00
July 1, 2005	July 1, 2006	\$42.00
July 1, 2006	July 1, 2007	\$43.00
July 1, 2007	July 1, 2010	\$44.00
July 1, 2010	July 1, 2011	\$46.20
July 1, 2011	July 1, 2012	\$47.36
July 1, 2012	July 1, 2013	\$48.43
July 1, 2013	July 1, 2014	\$49.40
July 1, 2014	July 1, 2015	\$51.87
July 1, 2015	July 1, 2016	\$53.17
July 1, 2016	July 1, 2017	\$54.36
July 1, 2017	—	\$55.45

Schedule SB Attachment (Form 5500)—2020 Plan Year
Tribune Company Hourly Pension Plan
EIN: 36-1880355 PN: 002

**WGN—AM IBEW (Company 290, Union Code AME)
(Supplement H)—Benefit Schedule 5**

A monthly amount equal to benefit service (maximum 40 years) multiplied by the following applicable benefit rate:

Terminations		Benefit Rate
On or After	And Prior To	
	April 1, 1989	According to Prior Plan
April 1, 1989	April 1, 1992	\$28.00
April 1, 1992	April 1, 1993	\$30.00
April 1, 1993	April 1, 1995	\$32.00
April 1, 1995	April 1, 1996	\$33.00
April 1, 1996	April 1, 1997	\$34.00
April 1, 1997	July 1, 1998	\$34.00
July 1, 1998	July 1, 1999	\$35.00
July 1, 1999	July 1, 2000	\$36.00
July 1, 2000	July 1, 2001	\$37.00
July 1, 2001	July 1, 2002	\$38.00
July 1, 2002	July 1, 2003	\$39.00
July 1, 2003	April 1, 2004	\$40.00
April 1, 2004	April 1, 2005	\$41.00
April 1, 2005	April 1, 2006	\$42.00
April 1, 2006	April 1, 2007	\$43.00
April 1, 2007	December 15, 2009	\$44.00
December 15, 2009	April 1, 2010	\$45.00
April 1, 2010	April 1, 2011	\$46.00
April 1, 2011	April 1, 2012	\$47.00
April 1, 2012	April 1, 2013	\$48.00
April 1, 2013	April 1, 2014	\$49.00
April 1, 2014	April 1, 2015	\$50.00
April 1, 2015	April 1, 2016	\$52.50
April 1, 2016	April 1, 2017	\$53.95
April 1, 2017	April 1, 2018	\$55.30
April 1, 2018	April 1, 2019	\$56.96
April 1, 2019	April 1, 2020	\$58.67
April 1, 2020	—	\$60.43

Schedule SB Attachment (Form 5500)—2020 Plan Year
Tribune Company Hourly Pension Plan
EIN: 36-1880355 PN: 002

WGN Producer (Supplement I)—Benefit Schedule 5

A monthly amount equal to benefit service (maximum 40 years) multiplied by the following applicable benefit rate:

Terminations		Benefit Rate
On or After	And Prior To	
	Nov. 1, 2013	According to Prior Plan
Nov. 1, 2013	Nov. 1, 2016	\$30.00
Nov. 1, 2016	Nov. 1, 2017	\$30.60
Nov. 1, 2017	Nov. 1, 2018	\$31.21
Nov. 1, 2018	—	\$31.83

Early Retirement
Eligibility

For participants covered under Benefit Schedules 1–4 (excluding Benefit Schedule 2, Supplement A), age 55 and completion of 10 years of service. For participants covered under Benefit Schedule 2, Supplement A (Chicago Cubs union participants), age 55 and completion of eight of service. For participants covered under Supplement 5, age 55 and completion of 20 years of benefit service.

Benefit

The accrued retirement benefit, based on benefit service, final average compensation (if applicable), and covered compensation (if applicable) at date of early retirement, reduced by factors that vary based on Benefit Schedule at retirement, as described below.

For participants covered under Benefit Schedules 1–4 (excluding Benefit Schedule 2, Supplement A), the accrued benefit is 0.3333% for each of the first 24 months by which benefit commencement precedes age 62, and 0.4166% for each of the next 60 months.

For participants covered under Benefit Schedule 2, Supplement A (Chicago Cubs union participants), the accrued retirement benefit is reduced by 0.5833% for each of the first 60 months by which benefit commencement precedes the normal retirement date, and by 0.3333% for each of the next 60 months.

For participants covered under Benefit Schedule 5, Supplement G, the accrued benefit is reduced by 0.4166% for each month by which benefit commencement precedes the normal retirement date.

Schedule SB Attachment (Form 5500)—2020 Plan Year
Tribune Company Hourly Pension Plan
EIN: 36-1880355 PN: 002

For participants covered under Benefit Schedule 5, Supplement H or Supplement I, the accrued benefit is reduced by 0.3333% for each month by which benefit commencement precedes the normal retirement date.

Disability Retirement
Eligibility

Completion of 10 years of service. Participants covered under Supplements A, C, G, H, or I do not have a disability provisions.

Benefit

The accrued retirement benefit, based on benefit service, final average compensation (if applicable), and covered compensation (if applicable) at disability, payable immediately and without reduction.

Vested Termination Benefit
Eligibility

Completion of five years of service.

Benefit

The accrued retirement benefit, based on benefit service, final average compensation (if applicable), and covered compensation (if applicable) at the date of termination, payable at normal retirement date.

Deferred vested participants covered under Benefit Schedules 1–4 (excluding Benefit Schedule 2, Supplement A) with 10 or more years of service, benefits may commence upon attainment of age 55, reduced by 0.4166% for each month by which benefit commencement precedes normal retirement date.

Deferred vested participants covered under Benefit Schedule 2, Supplement A (Chicago Cubs union participants) with eight or more years of service, benefits may commence upon attainment of age 55, reduced by 0.5833% for each of the first 60 months by which benefit commencement precedes normal retirement date, and by 0.3333% for each of the next 60 months.

Deferred vested participants covered under Benefit Schedule 5, Supplement G with 20 or more years of benefit service, benefits may commence upon attainment of age 55, reduced by 0.4166% for each month by which benefit commencement precedes normal retirement date.

Schedule SB Attachment (Form 5500)—2020 Plan Year
Tribune Company Hourly Pension Plan
EIN: 36-1880355 PN: 002

Deferred vested participants covered under Benefit Schedule 5, Supplement H or Supplement I with 20 or more years of benefit service, benefits may commence upon attainment of age 55, reduced by 0.3333% for each month by which benefit commencement precedes normal retirement date.

Preretirement Survivor Benefit
Eligibility

A vested participant with an eligible spouse is eligible for a preretirement survivor benefit.

Benefit

For participants who were eligible for normal or early retirement benefits at date of death (or age 50 and completion of 20 years of benefit service for participants covered under Supplement H or Supplement I), the preretirement survivor benefit is equal to the amount the spouse would have received had the participant terminated his employment on the date of his death, and elected to retire immediately and receive a benefit in the form of a 50% joint and survivor annuity (100% joint and survivor annuity for participants covered under Supplement H or Supplement I).

For all other vested participants, the preretirement survivor benefit is equal to the amount the spouse would have received had the participant terminated his employment on the date of his death, survived to his earliest retirement age, and elected to receive a benefit in the form of a 50% joint and survivor annuity. The benefit is payable commencing on the day the participant would have reached earliest retirement age.

Form of Payment
Normal Form

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

Optional Forms

Life annuity; 50%, 75%, 66⅔% (only available to Supplement H or Supplement I participants) or 100% joint and survivor annuity; 5-year continuous and certain annuity (not available for Supplement G participants) or 10-year continuous and certain annuity (only available to Supplement G participants). The company may

Schedule SB Attachment (Form 5500)—2020 Plan Year
Tribune Company Hourly Pension Plan
EIN: 36-1880355 PN: 002

distribute the benefit in lump sum form if the present value is \$5,000 or less.

Definitions

Plan Year

January 1 to December 31.

Service

One year of service is credited for each computation period of at least 1,000 hours of service. No service is counted prior to age 18.

Benefit Service

For employees covered under Benefit Schedules 1–4, one year of benefit service is credited for each computation period of at least 1,500 hours of service, $\frac{3}{4}$ years of service is credited for 1,250–1,499 hours of service, and $\frac{1}{2}$ year for 1,000–1,249 hours of service.

For employees covered under Benefit Schedule 5, benefit service is calculated based on elapsed time counting completed months and years. Benefit service starts at date of hire for employees hired prior to April 1, 2008 and at date of participation for employees hired on or after April 1, 2008.

Computation Period

The 12-consecutive month period commencing on an employee's date of employment, and any plan year on or after such date.

Final Average Compensation

The average monthly compensation (including base salary, wages, and commissions, but excluding all other items of compensation) paid during the 60 consecutive months of participation in the plan immediately preceding termination.

Covered Compensation

The average of the Social Security wage base for the 35-year period ending with the year of the participant's termination.

Actuarial Equivalent

For other than lump sum calculations (excluding participants covered under Supplement H or Supplement I): UP-1984 mortality table for participants, UP-1984 mortality table set back three years for beneficiaries, and 7.5% interest.

For other than lump sum calculations (for participants covered under Supplement H or Supplement I): GAR94 blended 50/50, and 30-year treasury rate for November of the prior plan year.

Schedule SB Attachment (Form 5500)—2020 Plan Year
Tribune Company Hourly Pension Plan
EIN: 36-1880355 PN: 002

For lump sum calculations: IRC section 417(e) mortality table for the applicable year and interest based on three-segment yield curve for November of the prior plan year.

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

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

Under the American Rescue Plan Act of 2021 (ARPA), the stabilized interest rates for certain purposes will be adjusted once the ARPA stabilization is applied. By default, this stabilization would have applied starting with the 2020 plan year.

This Schedule SB reflects stabilized 2020 minimum funding interest rates that are adjusted for ARPA. Via this filing, the plan sponsor will irrevocably commit the Tribune Company Hourly Pension Plan to use of those rates for the 2020 plan year.

Schedule SB Attachment (Form 5500)—2020 Plan Year
Tribune Company Hourly Pension Plan
EIN: 36-1880355 PN: 002

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the 2020 ultimate expected rate of return on plan assets from 6.20% to 6.25% to better reflect future expectations.
- A change in the optional payment form assumption for Supplements H and I from 3.36% to 2.28% to better reflect future expectations.

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

Schedule SB Attachment (Form 5500)—2020 Plan Year
Tribune Company Hourly Pension Plan
EIN: 36-1880355 PN: 002

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2020

Attained Age	Number of Participants									
	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29		3								
30-34		5	8	1						
35-39		3	1	11	1					
40-44		2	1	6	6	4				
45-49		4	2	4	5	17	2			
50-54		3	7	1	5	8	6			
55-59		1	1	1	2	13	11	8		
60-64			4	1	1	4	6	1	1	3
65-69			2			3	2	2	4	3
70+						1				

N-191

Schedule SB Attachment (Form 5500)—2020 Plan Year
Tribune Company Hourly Pension Plan
EIN: 36-1880355 PN: 002

Schedule SB, line 15—Reconciliation of Differences Between Valuation Results and Amounts Used to Calculate AFTAP

The AFTAP for the Plan was first issued on September 29, 2020 and then re-issued on December 30, 2020. The AFTAP was reissued to reflect a \$1,140,000 contribution for the 2019 plan year made on October 9, 2020. The \$1,140,000 contribution increased the value of plan assets from \$26,218,190 to \$27,311,502 and the prefunding balance from \$0 to \$856,542.

In addition, the AFTAP reported on line 15 does not correspond to the valuation results reported on this Schedule SB. The difference is due to the plan sponsor's election not to have the interest rate stabilization provisions of the American Rescue Plan Act of 2021 (ARPA) apply to the first day of the 2020 plan year for AFTAP purposes.

	Original		Revised	
	Certification Date		Certification Date	
	9/29/2020		12/30/2020	
Funding Target	\$	26,878,023	\$	26,878,023
Value of Plan Assets	\$	26,218,190	\$	27,311,502
Funding Standard Carryover Balance	\$	16,507	\$	16,507
Prefunding Balance	\$	-	\$	856,542
Annuities Purchased for NHCE's	\$	-	\$	-
Certified AFTAP		97.48%		101.61%

Schedule SB Attachment (Form 5500)—2020 Plan Year
Tribune Company Hourly Pension Plan
EIN: 36-1880355 PN: 002

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

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

Schedule SB Attachment (Form 5500)—2020 Plan Year
Tribune Company Hourly Pension Plan
EIN: 36-1880355 PN: 002

Schedule SB, Part V—Summary of Plan Provisions

Effective Date	Amended and restated as of January 1, 1989. Last amendment effective November 1, 2018.
Eligible Employee	<p>Any hourly employee employed by an employer on a full-time basis who is:</p> <ul style="list-style-type: none">(1) Covered by a collective bargaining agreement, and such agreement provides for participation in the plan; or(2) Employed on an hourly-rated basis as a telephone solicitor for the Newspaper Readers Agency or a driver's helper for the Chicago Tribune Company. <p>For WGN Broadcast Technicians, any employee employed as a broadcast technician on a full-time basis and governed by a collective bargaining agreement between the employer and the union.</p> <p>For WGN Newswriters, any employee employed as a Newswriter on a full-time basis and governed by a collective bargaining agreement between the employer and the union.</p>
Eligibility for Participation	<p>Employees covered under Benefit Schedules 1, 3, and 4 become participants at the later of age 21 and date of becoming an eligible employee.</p> <p>Employees covered under Benefit Schedules 2 and 5 become participants on the first of the month coincident with or following age 21 and the completion of one year of service in which the employee worked 1,000 hours. Employees covered under Benefit Schedule 5 Supplement I are not eligible prior to November 1, 2013.</p>
Normal Retirement Eligibility	For participants covered under Benefit Schedules 1–4, later of age 65 and the fifth anniversary of participation in the plan. For participants covered under Benefit Schedule 5, age 65.

¹ Provisions noted are generally applicable to eligible participants. Special provisions may apply as on file with the Tribune.

Schedule SB Attachment (Form 5500)—2020 Plan Year
Tribune Company Hourly Pension Plan
EIN: 36-1880355 PN: 002

Benefit

**Chicago Tribune, Newspaper Readers Agency, and
WGN Continental Broadcasting Company—Benefit
Schedule 1**

A monthly amount equal to \$7.50 multiplied by years of benefit service (maximum 35 years).

**News & Sun-Sentinel Company and Chicago Cubs
Union—Benefit Schedule 2**

A monthly amount equal to the sum of (a) and (b) below:

- (a) 1.20% of final average compensation up to covered compensation times years of benefit service; and
- (b) 1.60% of final average compensation in excess of covered compensation times years of benefit service.

**Peninsula Newspapers (shut down March 12, 1993)—
Benefit Schedule 3**

A monthly amount equal to 1.25% of final average compensation times years of benefit service (maximum 35 years).

Chicago Tribune (Electricians)—Benefit Schedule 4

A monthly amount equal to the sum of (a), (b) and (c) below:

- (a) Accrued benefit as of February 28, 1988 under the Chicago Tribune Company Retirement Plan for Hourly Employees;
- (b) 0.80% of final average compensation up to covered compensation times years of benefit service after February 27, 1988; and
- (c) 1.20% of final average compensation in excess of covered compensation times years of benefit service after February 27, 1988.

Schedule SB Attachment (Form 5500)—2020 Plan Year
Tribune Company Hourly Pension Plan
EIN: 36-1880355 PN: 002

**WGN Newswriters (Supplement G)—Benefit
Schedule 5**

A monthly amount equal to benefit service (maximum 40 years) multiplied by the following applicable benefit rate:

Terminations		Benefit Rate
On or After	And Prior To	
	April 1, 1989	According to Prior Plan
April 1, 1989	April 1, 1990	\$22.00
April 1, 1990	April 1, 1991	\$23.00
April 1, 1991	April 1, 1992	\$24.00
April 1, 1992	April 1, 1993	\$28.00
April 1, 1993	April 1, 1994	\$30.00
April 1, 1994	April 1, 1995	\$32.00
April 1, 1995	April 1, 1996	\$33.00
April 1, 1996	April 1, 1997	\$34.00
April 1, 1997	July 1, 1998	\$35.00
July 1, 1998	July 1, 1999	\$36.00
July 1, 1999	July 1, 2000	\$37.00
July 1, 2000	December 30, 2004	\$38.00
December 30, 2004	July 1, 2005	\$41.00
July 1, 2005	July 1, 2006	\$42.00
July 1, 2006	July 1, 2007	\$43.00
July 1, 2007	July 1, 2010	\$44.00
July 1, 2010	July 1, 2011	\$46.20
July 1, 2011	July 1, 2012	\$47.36
July 1, 2012	July 1, 2013	\$48.43
July 1, 2013	July 1, 2014	\$49.40
July 1, 2014	July 1, 2015	\$51.87
July 1, 2015	July 1, 2016	\$53.17
July 1, 2016	July 1, 2017	\$54.36
July 1, 2017	—	\$55.45

Schedule SB Attachment (Form 5500)—2020 Plan Year
Tribune Company Hourly Pension Plan
EIN: 36-1880355 PN: 002

**WGN Broadcast Technicians (Supplement H)—
Benefit Schedule 5**

A monthly amount equal to benefit service (maximum 40 years) multiplied by the following applicable benefit rate:

Terminations		Benefit Rate
On or After	And Prior To	
	April 1, 1989	According to Prior Plan
April 1, 1989	April 1, 1992	\$28.00
April 1, 1992	April 1, 1993	\$30.00
April 1, 1993	April 1, 1995	\$32.00
April 1, 1995	April 1, 1996	\$33.00
April 1, 1996	April 1, 1997	\$34.00
April 1, 1997	July 1, 1998	\$35.00
July 1, 1998	July 1, 1999	\$36.00
July 1, 1999	July 1, 2000	\$37.00
July 1, 2000	July 1, 2001	\$38.00
July 1, 2001	July 1, 2002	\$38.00
July 1, 2002	July 1, 2003	\$38.00
July 1, 2003	December 30, 2004	\$38.00
December 30, 2004	July 1, 2005	\$41.00
July 1, 2005	July 1, 2006	\$42.00
July 1, 2006	July 1, 2007	\$43.00
July 1, 2007	July 1, 2010	\$44.00
July 1, 2010	July 1, 2011	\$46.20
July 1, 2011	July 1, 2012	\$47.36
July 1, 2012	July 1, 2013	\$48.43
July 1, 2013	July 1, 2014	\$49.40
July 1, 2014	July 1, 2015	\$51.87
July 1, 2015	July 1, 2016	\$53.17
July 1, 2016	July 1, 2017	\$54.36
July 1, 2017	—	\$55.45

Schedule SB Attachment (Form 5500)—2020 Plan Year
Tribune Company Hourly Pension Plan
EIN: 36-1880355 PN: 002

**WGN—AM IBEW (Company 290, Union Code AME)
(Supplement H)—Benefit Schedule 5**

A monthly amount equal to benefit service (maximum 40 years) multiplied by the following applicable benefit rate:

Terminations		Benefit Rate
On or After	And Prior To	
	April 1, 1989	According to Prior Plan
April 1, 1989	April 1, 1992	\$28.00
April 1, 1992	April 1, 1993	\$30.00
April 1, 1993	April 1, 1995	\$32.00
April 1, 1995	April 1, 1996	\$33.00
April 1, 1996	April 1, 1997	\$34.00
April 1, 1997	July 1, 1998	\$34.00
July 1, 1998	July 1, 1999	\$35.00
July 1, 1999	July 1, 2000	\$36.00
July 1, 2000	July 1, 2001	\$37.00
July 1, 2001	July 1, 2002	\$38.00
July 1, 2002	July 1, 2003	\$39.00
July 1, 2003	April 1, 2004	\$40.00
April 1, 2004	April 1, 2005	\$41.00
April 1, 2005	April 1, 2006	\$42.00
April 1, 2006	April 1, 2007	\$43.00
April 1, 2007	December 15, 2009	\$44.00
December 15, 2009	April 1, 2010	\$45.00
April 1, 2010	April 1, 2011	\$46.00
April 1, 2011	April 1, 2012	\$47.00
April 1, 2012	April 1, 2013	\$48.00
April 1, 2013	April 1, 2014	\$49.00
April 1, 2014	April 1, 2015	\$50.00
April 1, 2015	April 1, 2016	\$52.50
April 1, 2016	April 1, 2017	\$53.95
April 1, 2017	April 1, 2018	\$55.30
April 1, 2018	April 1, 2019	\$56.96
April 1, 2019	April 1, 2020	\$58.67
April 1, 2020	—	\$60.43

Schedule SB Attachment (Form 5500)—2020 Plan Year
Tribune Company Hourly Pension Plan
EIN: 36-1880355 PN: 002

WGN Producer (Supplement I)—Benefit Schedule 5

A monthly amount equal to benefit service (maximum 40 years) multiplied by the following applicable benefit rate:

Terminations		Benefit Rate
On or After	And Prior To	
	Nov. 1, 2013	According to Prior Plan
Nov. 1, 2013	Nov. 1, 2016	\$30.00
Nov. 1, 2016	Nov. 1, 2017	\$30.60
Nov. 1, 2017	Nov. 1, 2018	\$31.21
Nov. 1, 2018	—	\$31.83

Early Retirement
Eligibility

For participants covered under Benefit Schedules 1–4 (excluding Benefit Schedule 2, Supplement A), age 55 and completion of 10 years of service. For participants covered under Benefit Schedule 2, Supplement A (Chicago Cubs union participants), age 55 and completion of eight of service. For participants covered under Supplement 5, age 55 and completion of 20 years of benefit service.

Benefit

The accrued retirement benefit, based on benefit service, final average compensation (if applicable), and covered compensation (if applicable) at date of early retirement, reduced by factors that vary based on Benefit Schedule at retirement, as described below.

For participants covered under Benefit Schedules 1–4 (excluding Benefit Schedule 2, Supplement A), the accrued benefit is 0.3333% for each of the first 24 months by which benefit commencement precedes age 62, and 0.4166% for each of the next 60 months.

For participants covered under Benefit Schedule 2, Supplement A (Chicago Cubs union participants), the accrued retirement benefit is reduced by 0.5833% for each of the first 60 months by which benefit commencement precedes the normal retirement date, and by 0.3333% for each of the next 60 months.

For participants covered under Benefit Schedule 5, Supplement G, the accrued benefit is reduced by 0.4166% for each month by which benefit commencement precedes the normal retirement date.

Schedule SB Attachment (Form 5500)—2020 Plan Year
Tribune Company Hourly Pension Plan
EIN: 36-1880355 PN: 002

For participants covered under Benefit Schedule 5, Supplement H or Supplement I, the accrued benefit is reduced by 0.3333% for each month by which benefit commencement precedes the normal retirement date.

Disability Retirement
Eligibility

Completion of 10 years of service. Participants covered under Supplements A, C, G, H, or I do not have a disability provisions.

Benefit

The accrued retirement benefit, based on benefit service, final average compensation (if applicable), and covered compensation (if applicable) at disability, payable immediately and without reduction.

Vested Termination Benefit
Eligibility

Completion of five years of service.

Benefit

The accrued retirement benefit, based on benefit service, final average compensation (if applicable), and covered compensation (if applicable) at the date of termination, payable at normal retirement date.

Deferred vested participants covered under Benefit Schedules 1–4 (excluding Benefit Schedule 2, Supplement A) with 10 or more years of service, benefits may commence upon attainment of age 55, reduced by 0.4166% for each month by which benefit commencement precedes normal retirement date.

Deferred vested participants covered under Benefit Schedule 2, Supplement A (Chicago Cubs union participants) with eight or more years of service, benefits may commence upon attainment of age 55, reduced by 0.5833% for each of the first 60 months by which benefit commencement precedes normal retirement date, and by 0.3333% for each of the next 60 months.

Deferred vested participants covered under Benefit Schedule 5, Supplement G with 20 or more years of benefit service, benefits may commence upon attainment of age 55, reduced by 0.4166% for each month by which benefit commencement precedes normal retirement date.

Schedule SB Attachment (Form 5500)—2020 Plan Year
Tribune Company Hourly Pension Plan
EIN: 36-1880355 PN: 002

Deferred vested participants covered under Benefit Schedule 5, Supplement H or Supplement I with 20 or more years of benefit service, benefits may commence upon attainment of age 55, reduced by 0.3333% for each month by which benefit commencement precedes normal retirement date.

Preretirement Survivor Benefit
Eligibility

A vested participant with an eligible spouse is eligible for a preretirement survivor benefit.

Benefit

For participants who were eligible for normal or early retirement benefits at date of death (or age 50 and completion of 20 years of benefit service for participants covered under Supplement H or Supplement I), the preretirement survivor benefit is equal to the amount the spouse would have received had the participant terminated his employment on the date of his death, and elected to retire immediately and receive a benefit in the form of a 50% joint and survivor annuity (100% joint and survivor annuity for participants covered under Supplement H or Supplement I).

For all other vested participants, the preretirement survivor benefit is equal to the amount the spouse would have received had the participant terminated his employment on the date of his death, survived to his earliest retirement age, and elected to receive a benefit in the form of a 50% joint and survivor annuity. The benefit is payable commencing on the day the participant would have reached earliest retirement age.

Form of Payment
Normal Form

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

Optional Forms

Life annuity; 50%, 75%, 66⅔% (only available to Supplement H or Supplement I participants) or 100% joint and survivor annuity; 5-year continuous and certain annuity (not available for Supplement G participants) or 10-year continuous and certain annuity (only available to Supplement G participants). The company may

Schedule SB Attachment (Form 5500)—2020 Plan Year
Tribune Company Hourly Pension Plan
EIN: 36-1880355 PN: 002

distribute the benefit in lump sum form if the present value is \$5,000 or less.

Definitions

Plan Year

January 1 to December 31.

Service

One year of service is credited for each computation period of at least 1,000 hours of service. No service is counted prior to age 18.

Benefit Service

For employees covered under Benefit Schedules 1–4, one year of benefit service is credited for each computation period of at least 1,500 hours of service, $\frac{3}{4}$ years of service is credited for 1,250–1,499 hours of service, and $\frac{1}{2}$ year for 1,000–1,249 hours of service.

For employees covered under Benefit Schedule 5, benefit service is calculated based on elapsed time counting completed months and years. Benefit service starts at date of hire for employees hired prior to April 1, 2008 and at date of participation for employees hired on or after April 1, 2008.

Computation Period

The 12-consecutive month period commencing on an employee's date of employment, and any plan year on or after such date.

Final Average Compensation

The average monthly compensation (including base salary, wages, and commissions, but excluding all other items of compensation) paid during the 60 consecutive months of participation in the plan immediately preceding termination.

Covered Compensation

The average of the Social Security wage base for the 35-year period ending with the year of the participant's termination.

Actuarial Equivalent

For other than lump sum calculations (excluding participants covered under Supplement H or Supplement I): UP-1984 mortality table for participants, UP-1984 mortality table set back three years for beneficiaries, and 7.5% interest.

For other than lump sum calculations (for participants covered under Supplement H or Supplement I): GAR94 blended 50/50, and 30-year treasury rate for November of the prior plan year.

Schedule SB Attachment (Form 5500)—2020 Plan Year
Tribune Company Hourly Pension Plan
EIN: 36-1880355 PN: 002

For lump sum calculations: IRC section 417(e) mortality table for the applicable year and interest based on three-segment yield curve for November of the prior plan year.

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

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

Under the American Rescue Plan Act of 2021 (ARPA), the stabilized interest rates for certain purposes will be adjusted once the ARPA stabilization is applied. By default, this stabilization would have applied starting with the 2020 plan year.

This Schedule SB reflects stabilized 2020 minimum funding interest rates that are adjusted for ARPA. Via this filing, the plan sponsor will irrevocably commit the Tribune Company Hourly Pension Plan to use of those rates for the 2020 plan year.

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Schedule H, Line 4i

PLAN NAME: TRIBUNE COMPANY HOURLY PENSION PLAN

EIN: 36-1880355

PLAN NUMBER: 002

The Schedule H, line 4i -- Schedule of Assets (Held At End of Year) is included in the attachment titled ACCOUNTANT'S OPINION AND FINANCIAL STATEMENTS.

Schedule SB Attachment (Form 5500)—2020 Plan Year
Tribune Company Hourly Pension Plan
EIN: 36-1880355 PN: 002

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the 2020 ultimate expected rate of return on plan assets from 6.20% to 6.25% to better reflect future expectations.
- A change in the optional payment form assumption for Supplements H and I from 3.36% to 2.28% to better reflect future expectations.

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