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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                           |                                                                                                                                                                                                                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                             | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                            |
| For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>  |                                                                                                                                                                                                                                                                                                                                            |
| <b>A</b> This return/report is for:                                                                       | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ |
| <b>B</b> This return/report is:                                                                           | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                      |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                                | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                   |
| <b>D</b> Check box if filing under:                                                                       | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                     |
| <b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                   |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Basic Plan Information—enter all requested information</b>                                                                                                                                                                                                                                                                               |                                                                     |                                                                  |                                                             |  |
| <b>1a</b> Name of plan<br><u>SCRIPPS/JOURNAL PENSION PLAN</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>020</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>12/31/1943</u></td> </tr> </table>                             | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>020</u>                                                       | <b>1c</b> Effective date of plan<br><u>12/31/1943</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <u>020</u>                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                                                  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>12/31/1943</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>THE E.W. SCRIPPS COMPANY</u><br><br><div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <u>312 WALNUT STREET, SUITE 2800</u><br/> <u>CINCINNATI, OH 45202-4024</u> </div> <div style="width: 45%;"> <u>312 WALNUT STREET, SUITE 2800</u><br/> <u>CINCINNATI, OH 45202-4024</u> </div> </div> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>31-1223339</u></td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number<br/><u>513-977-3000</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>511110</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>31-1223339</u> | <b>2c</b> Plan Sponsor's telephone number<br><u>513-977-3000</u> | <b>2d</b> Business code (see instructions)<br><u>511110</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>31-1223339</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2c</b> Plan Sponsor's telephone number<br><u>513-977-3000</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>511110</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |

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

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

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/13/2022 | REBECCA RIEGELSBERGER                                        |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/13/2022 | REBECCA RIEGELSBERGER                                        |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2021)  
v. 210624

|                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                              |  | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <b>3c</b> Administrator's telephone number                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                |  | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                               |  | <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 5664 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year.....                                                                                                                                                                                                                                                                                                                                                |  | <b>6a(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 544  |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                                     |  | <b>6a(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 498  |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                                                                    |  | <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2737 |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                                                                                                                                                                    |  | <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2007 |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                           |  | <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 5242 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                            |  | <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 295  |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                               |  | <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 5537 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                                       |  | <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |      |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                                            |  | <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1    |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                                   |  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |      |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>1A    3F    3H                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                         |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                     |      |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 \_\_\_\_\_

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

▶ **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.

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>SCRIPPS/JOURNAL PENSION PLAN</u>                                                                              | <b>B</b> Three-digit plan number (PN) ▶ <u>020</u>                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>THE E.W. SCRIPPS COMPANY</u>                               | <b>D</b> Employer Identification Number (EIN)<br><u>31-1223339</u>                                                                                      |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|                                                                                                                                                                                                                |                                                                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                                                                                                                                  | <b>Basic Information</b>                                                                                                    |
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2021</u>                                                                                                                              |                                                                                                                             |
| <b>2</b> Assets:                                                                                                                                                                                               |                                                                                                                             |
| <b>a</b> Market value .....                                                                                                                                                                                    | <b>2a</b> <u>510161418</u>                                                                                                  |
| <b>b</b> Actuarial value .....                                                                                                                                                                                 | <b>2b</b> <u>459145276</u>                                                                                                  |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                            |                                                                                                                             |
| <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                                     | (1) Number of participants <u>3143</u> (2) Vested Funding Target <u>316098229</u> (3) Total Funding Target <u>316098229</u> |
| <b>b</b> For terminated vested participants.....                                                                                                                                                               | <u>2218</u> <u>105873041</u> <u>105873041</u>                                                                               |
| <b>c</b> For active participants .....                                                                                                                                                                         | <u>544</u> <u>40501888</u> <u>41637154</u>                                                                                  |
| <b>d</b> Total.....                                                                                                                                                                                            | <u>5905</u> <u>462473158</u> <u>463608424</u>                                                                               |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                          |                                                                                                                             |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                      | <b>4a</b>                                                                                                                   |
| <b>b</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..... | <b>4b</b>                                                                                                                   |
| <b>5</b> Effective interest rate .....                                                                                                                                                                         | <b>5</b> <u>5.55</u> %                                                                                                      |
| <b>6</b> Target normal cost.....                                                                                                                                                                               |                                                                                                                             |
| <b>a</b> Present value of current plan year accruals.....                                                                                                                                                      | <b>6a</b> <u>0</u>                                                                                                          |
| <b>b</b> Expected plan-related expenses .....                                                                                                                                                                  | <b>6b</b> <u>4672850</u>                                                                                                    |
| <b>c</b> Total (line 6a + line 6b) .....                                                                                                                                                                       | <b>6c</b> <u>4672850</u>                                                                                                    |

**Statement by Enrolled Actuary**

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

|                                                        |                                        |
|--------------------------------------------------------|----------------------------------------|
| <b>SIGN HERE</b>                                       |                                        |
| Signature of actuary                                   | Date                                   |
| <u>MEGAN YEE</u>                                       | <u>20-07691</u>                        |
| Type or print name of actuary                          | Most recent enrollment number          |
| <u>WILLIS TOWERS WATSON US LLC</u>                     | <u>212-309-3481</u>                    |
| Firm name                                              | Telephone number (including area code) |
| <u>200 LIBERTY STREET</u><br><u>NEW YORK, NY 10281</u> |                                        |
| Address of the firm                                    |                                        |

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

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

**Schedule SB (Form 5500) 2021**  
**v. 201209**

**Part II Beginning of Year Carryover and Prefunding Balances**

|                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             | 0                     | 0                      |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                |                       |                        |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>18.06</u> % .....                                                                                |                       |                        |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 23193348               |
| <b>b(1)</b> 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>5.70</u> % ..... |                       | 1322021                |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 24515369               |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       | 24515369               |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 0                     | 24515369               |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 93.74 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 93.74 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 88.98 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %       |

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

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 04/15/2021               | 6336325                           | 0                               |                          |                                   |                                 |
| 09/15/2022               | 25000000                          | 0                               |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ►</b>          |                                   |                                 | <b>18(b)</b>             | 31336325                          | <b>18(c)</b>                    |

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

|                                                                                                                         |            |          |
|-------------------------------------------------------------------------------------------------------------------------|------------|----------|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                    | <b>19a</b> | 0        |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> | 0        |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 29038000 |

**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:  
5.36 %3rd segment:  
6.11 %☐ N/A, full yield curve used**b** Applicable month (enter code) .....**21b**

4

**22** Weighted average retirement age .....**22**

62

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

0

**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6c).....**31a**

4672850

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

0

**32** Amortization installments:

Outstanding Balance

Installment

**a** Net shortfall amortization installment .....

28978517

2916784

**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**

7589634

Carryover balance

Prefunding balance

Total balance

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

0

1351415

1351415

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

6238219

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

29038000

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

22799781

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

1351415

**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

|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C<br/>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        | <b>2021</b>                                    |
|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

|                                                                                           |                                                             |
|-------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>A</b> Name of plan<br>SCRIPPS/JOURNAL PENSION PLAN                                     | <b>B</b> Three-digit plan number (PN) ▶ 020                 |
|                                                                                           |                                                             |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>THE E.W. SCRIPPS COMPANY | <b>D</b> Employer Identification Number (EIN)<br>31-1223339 |

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

RUSSELL TRUST COMPANY

91-1116938

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 25 50 99               | NONE                                                                                              | 2289243                                                                | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

WILLIS TOWERS WATSON

23-1159360

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11 50                  | NONE                                                                                              | 181210                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

HIGHLAND CONSULTING ASSOCIATES

34-1753575

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 17 50                  | NONE                                                                                              | 148580                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

AON CONSULTING, INC.

22-2232264

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15 50                  | NONE                                                                                              | 103477                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

BAKER & HOSTETLER

34-0082025

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 29 50                  | NONE                                                                                              | 54076                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

CASSADY SCHILLER CPA'S & ADVISORS

31-1311065

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10 50                  | NONE                                                                                              | 24535                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**Part I Service Provider Information (continued)**

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

**Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)**

(complete as many entries as needed)

|                    |                                                 |                     |            |
|--------------------|-------------------------------------------------|---------------------|------------|
| <b>a</b> Name:     | BRIAN HARTMAN                                   | <b>b</b> EIN:       | 34-0526850 |
| <b>c</b> Position: | ENROLLED ACTUARY                                |                     |            |
| <b>d</b> Address:  | 101 PROSPECT AVENUE N.E.<br>CLEVELAND, OH 44101 | <b>e</b> Telephone: |            |

Explanation:

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |

Explanation:

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |

Explanation:

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |

Explanation:

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

|                                                                                                         |                                                                    |            |
|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>SCRIPPS/JOURNAL PENSION PLAN</u>                                            | <b>B</b> Three-digit plan number (PN) <b>►</b>                     | <u>020</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>THE E.W. SCRIPPS COMPANY</u> | <b>D</b> Employer Identification Number (EIN)<br><u>31-1223339</u> |            |

|               |                                                                                                                                                                                  |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL WORLD EQUITY FUND

**b** Name of sponsor of entity listed in (a): RUSSELL TRUST COMPANY

|                                       |                               |                                                                                                                     |
|---------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <u>91-1117282-046</u> | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>75515916</u> |
|---------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 15-20 YR STRIPS FXD INC FD

**b** Name of sponsor of entity listed in (a): RUSSELL TRUST COMPANY

|                                       |                               |                                                                                                                     |
|---------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <u>26-6609096-011</u> | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>65635544</u> |
|---------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 10-15 YR STRIPS FXD INC FD

**b** Name of sponsor of entity listed in (a): RUSSELL TRUST COMPANY

|                                       |                               |                                                                                                                     |
|---------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <u>26-6609096-010</u> | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>25192746</u> |
|---------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 1000 INDEX FUND-SERIES I

**b** Name of sponsor of entity listed in (a): RUSSELL TRUST COMPANY

|                                       |                               |                                                                                                                     |
|---------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <u>91-1117282-033</u> | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>66243575</u> |
|---------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL INTERNATIONAL FUND

**b** Name of sponsor of entity listed in (a): RUSSELL TRUST COMPANY

|                                       |                               |                                                                                                                     |
|---------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <u>91-1117282-005</u> | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>50842399</u> |
|---------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL EMERGING MARKETS FUND

**b** Name of sponsor of entity listed in (a): RUSSELL TRUST COMPANY

|                                       |                               |                                                                                                                     |
|---------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <u>91-1117282-010</u> | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>27409899</u> |
|---------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL SMALL CAP FUND

**b** Name of sponsor of entity listed in (a): RUSSELL TRUST COMPANY

|                                       |                               |                                                                                                                     |
|---------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <u>91-1117282-029</u> | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>13851278</u> |
|---------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **RUSSELL 28 & 29 YR STRPS FXD INC FD**

**b** Name of sponsor of entity listed in (a): **RUSSELL TRUST COMPANY**

|                                       |                               |                                                                                                                     |
|---------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>26-6609096-001</b> | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>76245357</b> |
|---------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **RUSSELL GLOBAL REAL ESTATE SCTY FD**

**b** Name of sponsor of entity listed in (a): **RUSSELL TRUST COMPANY**

|                                       |                               |                                                                                                                     |
|---------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>91-1117282-041</b> | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>14083617</b> |
|---------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **RUSSELL GLOBAL LISTED INFRASTRUCTUR**

**b** Name of sponsor of entity listed in (a): **RUSSELL TRUST COMPANY**

|                                       |                               |                                                                                                                     |
|---------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>91-1117282-073</b> | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>13863050</b> |
|---------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **RUSSELL 14-YEAR LDI FIXED INCOME FD**

**b** Name of sponsor of entity listed in (a): **RUSSELL TRUST COMPANY**

|                                       |                               |                                                                                                                     |
|---------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>26-6609096-009</b> | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>60564743</b> |
|---------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **RUSSELL 8-YEAR LDI FIXED INCOME FD**

**b** Name of sponsor of entity listed in (a): **RUSSELL TRUST COMPANY**

|                                       |                               |                                                                                                                     |
|---------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>26-6609096-005</b> | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>25092368</b> |
|---------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|

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

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

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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  
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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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

|                                                                                                          |                                         |            |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------|------------|
| For calendar plan year 2021 or fiscal plan year beginning <b>01/01/2021</b> and ending <b>12/31/2021</b> |                                         |            |
| <b>A</b> Name of plan<br><b>SCRIPPS/JOURNAL PENSION PLAN</b>                                             | <b>B</b> Three-digit plan number (PN) ► | <b>020</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>THE E.W. SCRIPPS COMPANY</b>         |                                         |            |
| <b>D</b> Employer Identification Number (EIN)<br><b>31-1223339</b>                                       |                                         |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash.....                                                      | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    | 17752812              | 25000000        |
| <b>(2)</b> Participant contributions.....                                                         | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other .....                                                                            | <b>1b(3)</b>    | 2573065               | 2607041         |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                       | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....                                                                        | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    | 490253474             | 514540492       |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts.....                            | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....       | <b>1c(13)</b>   |                       |                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other.....                                                                            | <b>1c(15)</b>   |                       |                 |

|                    |                                                                  | (a) Beginning of Year | (b) End of Year     |
|--------------------|------------------------------------------------------------------|-----------------------|---------------------|
| <b>1d</b>          | Employer-related investments:                                    |                       |                     |
| (1)                | Employer securities.....                                         | <b>1d(1)</b>          |                     |
| (2)                | Employer real property.....                                      | <b>1d(2)</b>          |                     |
| <b>e</b>           | Buildings and other property used in plan operation .....        | <b>1e</b>             |                     |
| <b>f</b>           | Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>             | 510579351 542147533 |
| <b>Liabilities</b> |                                                                  |                       |                     |
| <b>g</b>           | Benefit claims payable .....                                     | <b>1g</b>             |                     |
| <b>h</b>           | Operating payables .....                                         | <b>1h</b>             | 662988 606498       |
| <b>i</b>           | Acquisition indebtedness.....                                    | <b>1i</b>             |                     |
| <b>j</b>           | Other liabilities.....                                           | <b>1j</b>             |                     |
| <b>k</b>           | Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>             | 662988 606498       |
| <b>Net Assets</b>  |                                                                  |                       |                     |
| <b>l</b>           | Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>             | 509916363 541541035 |

**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.

|               |                                                                                                        | (a) Amount      | (b) Total |
|---------------|--------------------------------------------------------------------------------------------------------|-----------------|-----------|
| <b>Income</b> |                                                                                                        |                 |           |
| <b>a</b>      | <b>Contributions:</b>                                                                                  |                 |           |
| (1)           | Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 31336325  |
|               | <b>(B)</b> Participants .....                                                                          | <b>2a(1)(B)</b> |           |
|               | <b>(C)</b> Others (including rollovers).....                                                           | <b>2a(1)(C)</b> |           |
| (2)           | Noncash contributions.....                                                                             | <b>2a(2)</b>    |           |
| (3)           | Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    | 31336325  |
| <b>b</b>      | <b>Earnings on investments:</b>                                                                        |                 |           |
| (1)           | Interest:                                                                                              |                 |           |
|               | <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....    | <b>2b(1)(A)</b> |           |
|               | <b>(B)</b> U.S. Government securities .....                                                            | <b>2b(1)(B)</b> |           |
|               | <b>(C)</b> Corporate debt instruments .....                                                            | <b>2b(1)(C)</b> |           |
|               | <b>(D)</b> Loans (other than to participants) .....                                                    | <b>2b(1)(D)</b> |           |
|               | <b>(E)</b> Participant loans.....                                                                      | <b>2b(1)(E)</b> |           |
|               | <b>(F)</b> Other .....                                                                                 | <b>2b(1)(F)</b> |           |
|               | <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                          | <b>2b(1)(G)</b> |           |
| (2)           | Dividends: <b>(A)</b> Preferred stock.....                                                             | <b>2b(2)(A)</b> |           |
|               | <b>(B)</b> Common stock .....                                                                          | <b>2b(2)(B)</b> |           |
|               | <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                               | <b>2b(2)(C)</b> |           |
|               | <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....              | <b>2b(2)(D)</b> |           |
| (3)           | Rents .....                                                                                            | <b>2b(3)</b>    |           |
| (4)           | Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |           |
|               | <b>(B)</b> Aggregate carrying amount (see instructions).....                                           | <b>2b(4)(B)</b> |           |
|               | <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....              | <b>2b(4)(C)</b> |           |
| (5)           | Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |           |
|               | <b>(B)</b> Other .....                                                                                 | <b>2b(5)(B)</b> |           |
|               | <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....     | <b>2b(5)(C)</b> |           |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                              | 2b(6)  |            | 38490301  |
| (7) Net investment gain (loss) from pooled separate accounts.....                              | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts.....                      | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities.....                            | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | 2b(10) |            |           |
| c Other income.....                                                                            | 2c     |            | 92        |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 69826718  |
| <b>Expenses</b>                                                                                |        |            |           |
| e Benefit payment and payments to provide benefits:                                            |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers.....                 | 2e(1)  | 31616316   |           |
| (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)  |            | 31616316  |
| 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)  | 2550121    |           |
| (2) Contract administrator fees.....                                                           | 2i(2)  | 103477     |           |
| (3) Investment advisory and management fees.....                                               | 2i(3)  | 148580     |           |
| (4) Other.....                                                                                 | 2i(4)  | 3783552    |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                            | 2i(5)  |            | 6585730   |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....            | 2j     |            | 38202046  |
| <b>Net Income and Reconciliation</b>                                                           |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d.....                                        | 2k     |            | 31624672  |
| 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: CASSADY SCHILLER CPAS AND ADVISORS

(2) EIN: 31-1311065

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>b</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.) .....                                                                                                    |                     |                    |          |
| <b>4b</b>                                                                                                                                                                                                                                                                                                                                                                                                           |                     | X                  |          |
| <b>c</b> 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.) .....                                                                                                                                                                                                                                |                     |                    |          |
| <b>4c</b>                                                                                                                                                                                                                                                                                                                                                                                                           |                     | X                  |          |
| <b>d</b> 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.) .....                                                                                                                                                                                                                     |                     |                    |          |
| <b>4d</b>                                                                                                                                                                                                                                                                                                                                                                                                           |                     | X                  |          |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                                                                                                                            | X                   |                    | 10000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                                                                                                                             |                     | X                  |          |
| <b>4f</b>                                                                                                                                                                                                                                                                                                                                                                                                           |                     | X                  |          |
| <b>g</b> 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? .....                                                                                                                                                                                                                                          |                     |                    |          |
| <b>4g</b>                                                                                                                                                                                                                                                                                                                                                                                                           |                     | X                  |          |
| <b>h</b> 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? .....                                                                                                                                                                                                                                |                     |                    |          |
| <b>4h</b>                                                                                                                                                                                                                                                                                                                                                                                                           |                     | X                  |          |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                                                                                                                      | X                   |                    |          |
| <b>4i</b>                                                                                                                                                                                                                                                                                                                                                                                                           | X                   |                    |          |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) .....                                                                                                                                                                                        | X                   |                    |          |
| <b>4j</b>                                                                                                                                                                                                                                                                                                                                                                                                           | X                   |                    |          |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                                                                                                                                 |                     | X                  |          |
| <b>4k</b>                                                                                                                                                                                                                                                                                                                                                                                                           |                     | X                  |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                                                                                                                                  |                     | X                  |          |
| <b>4l</b>                                                                                                                                                                                                                                                                                                                                                                                                           |                     | X                  |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                                                                                                                        |                     |                    |          |
| <b>4m</b>                                                                                                                                                                                                                                                                                                                                                                                                           |                     |                    |          |
| <b>n</b> 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. ....                                                                                                                                                                                                                            |                     |                    |          |
| <b>4n</b>                                                                                                                                                                                                                                                                                                                                                                                                           |                     |                    |          |
| <b>5a</b> Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.                                                                                                                                 |                     |                    |          |
| <b>5b</b> 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.)                                                                                                                                                                                                        |                     |                    |          |
| <b>5b(1)</b> Name of plan(s)                                                                                                                                                                                                                                                                                                                                                                                        | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                     |                     |                    |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                     |                     |                    |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                     |                     |                    |          |
|                                                                                                                                                                                                                                                                                                                                                                                                                     |                     |                    |          |
| <b>5c</b> 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.) ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not determined<br>If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year <u>437103</u> . |                     |                    |          |

|                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>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>2021</div> <div>This Form is Open to Public Inspection.</div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

|                                                                                           |                                                             |
|-------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>A</b> Name of plan<br>SCRIPPS/JOURNAL PENSION PLAN                                     | <b>B</b> Three-digit plan number (PN) ► 020                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>THE E.W. SCRIPPS COMPANY | <b>D</b> Employer Identification Number (EIN)<br>31-1223339 |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                             |          |    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                       | <b>1</b> |    |
| <b>2</b> 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):<br><br>EIN(s): 39-6007580 |          |    |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                            |          |    |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                            | <b>3</b> | 31 |

|                |                                                                                                                                                                               |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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.) |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input checked="" type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

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

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

Schedule R (Form 5500) 2021  
v. 201209

**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).....

**14a**

**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).....

**14b**

**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).....

**14c**

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

**a** The corresponding number for the plan year immediately preceding the current plan year.....

**15a**

**b** The corresponding number for the second preceding plan year.....

**15b**

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

**a** Enter the number of employers who withdrew during the preceding plan year.....

**16a**

**b** If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

**16b**

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

## **Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans**

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

**a** Enter the percentage of plan assets held as:

Stock: 49.0 % Investment-Grade Debt: 44.0 % High-Yield Debt: 0.0 % Real Estate: 6.0 % Other: 1.0 %

**b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☒ 18-21 years ☐ 21 years or more

**c** What duration measure was used to calculate line 19(b)?

☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

- 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 \_\_\_\_\_

# Scripps/Journal Pension Plan

Employer ID No: 31-1223339  
Plan No: 020

Financial Statements as of and for the  
Years Ended December 31, 2021 and 2020,  
Supplemental Schedules as of and for the Year Ended  
December 31, 2021 and Independent Auditor's Report

# SCRIPPS/JOURNAL PENSION PLAN

## TABLE OF CONTENTS

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|                                                                                                                             | Page |
|-----------------------------------------------------------------------------------------------------------------------------|------|
| INDEPENDENT AUDITOR'S REPORT .....                                                                                          | 1    |
| FINANCIAL STATEMENTS:                                                                                                       |      |
| Statements of Net Assets Available for Benefits<br>as of December 31, 2021 and 2020 .....                                   | 4    |
| Statements of Changes in Net Assets Available for Benefits<br>for the Years Ended December 31, 2021 and 2020 .....          | 5    |
| Notes to Financial Statements as of and for the Years Ended<br>December 31, 2021 and 2020 .....                             | 6    |
| SUPPLEMENTAL SCHEDULES .....                                                                                                | 10   |
| Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)<br>as of December 31, 2021 .....         | 11   |
| Form 5500, Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions for<br>the Year Ended December 31, 2021 ..... | 12   |

NOTE: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

## Independent Auditor's Report

To the Pension Board of  
The Scripps/Journal Pension Plan

### Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements

We have performed an audit of the financial statements of the Scripps/Journal Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (2021 Financial Statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 Financial Statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

### Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section:

- the amounts and disclosures in the accompanying 2021 Financial Statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying 2021 Financial Statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

### Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of the Scripps/Journal Pension Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

## **Responsibilities of Management for the 2021 Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Scripps/Journal Pension Plan's ability to continue as a going concern for a period of one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

## **Auditor's Responsibilities for the Audit of the 2021 Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Scripps/Journal Pension Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Scripps/Journal Pension Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 Financial Statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

## **Other Matters**

### *2021 Supplemental Schedules Required by ERISA*

The supplemental schedule of assets (held at end of year) as of December 31, 2021 and the supplemental schedule of reportable transactions for the year ended December 31, 2021 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agrees to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

### *Auditor's Report on the 2020 Financial Statements*

We were engaged to audit the 2020 financial statements of the Scripps/Journal Pension Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by a qualified institution. In our report dated October 13, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

*Cassady Schiller & Associates, Inc.*

Cincinnati, Ohio  
October 14, 2022

## SCRIPPS/JOURNAL PENSION PLAN

### STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS AS OF DECEMBER 31, 2021 AND 2020

---

|                                                    | 2021                  | 2020                  |
|----------------------------------------------------|-----------------------|-----------------------|
| ASSETS:                                            |                       |                       |
| Investments, at fair value--commingled trust funds | \$ 514,540,492        | \$ 490,253,474        |
| Receivable for investments sold                    | 2,607,041             | 2,573,065             |
| Contributions receivable                           | <u>25,000,000</u>     | <u>17,752,812</u>     |
| Total assets                                       | 542,147,533           | 510,579,351           |
| LIABILITIES- Accrued administrative expenses       | <u>606,498</u>        | <u>662,988</u>        |
| NET ASSETS AVAILABLE FOR BENEFITS                  | <u>\$ 541,541,035</u> | <u>\$ 509,916,363</u> |

*See notes to financial statements, supplemental schedules and independent auditor's report.*

## SCRIPPS/JOURNAL PENSION PLAN

### STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020

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|                                                          | 2021           | 2020           |
|----------------------------------------------------------|----------------|----------------|
| ADDITIONS:                                               |                |                |
| Net appreciation in fair value of commingled trust funds | \$ 38,490,301  | \$ 77,468,463  |
| Employer contributions                                   | 31,336,325     | 34,899,732     |
| Other income                                             | 92             | 3,816          |
|                                                          | <hr/>          | <hr/>          |
| Total additions                                          | 69,826,718     | 112,372,011    |
|                                                          | <hr/>          | <hr/>          |
| DEDUCTIONS:                                              |                |                |
| Benefit payments to participants or their beneficiaries  | 31,616,316     | 31,576,470     |
| Administrative expenses                                  | 6,585,730      | 6,443,183      |
|                                                          | <hr/>          | <hr/>          |
| Total deductions                                         | 38,202,046     | 38,019,653     |
|                                                          | <hr/>          | <hr/>          |
| INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS            | 31,624,672     | 74,352,358     |
| NET ASSETS AVAILABLE FOR BENEFITS:                       |                |                |
| Beginning of year                                        | 509,916,363    | 435,564,005    |
|                                                          | <hr/>          | <hr/>          |
| End of year                                              | \$ 541,541,035 | \$ 509,916,363 |
|                                                          | <hr/>          | <hr/>          |

*See notes to financial statements, supplemental schedules and independent auditor's report.*

# SCRIPPS/JOURNAL PENSION PLAN

## NOTES TO FINANCIAL STATEMENTS

AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020

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### 1. DESCRIPTION OF THE PLAN

The following is a general description of the Scripps/Journal Pension Plan (the “Plan”). Participants should refer to the Plan document for a more complete information.

**General**-The Plan represents the participation of The E.W. Scripps Company (the “Company” or “Scripps”) in the Scripps/Journal Pension Plan, a defined benefit pension plan covering substantially all former employees of Journal Communications, Inc and former participants of The Scripps Pension Plan - The E.W. Scripps Company. Russell Investments Trust Company (the “Trustee”) serves as the trustee of the Plan and manages the Plan’s investments. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

The Plan was amended to permanently suspend the Plan and cease all benefit accruals under the Plan effective January 1, 2011 for all active participants.

**Pension Benefits**-Normal retirement benefits are paid upon reaching social security retirement age. The Plan also provides for reduced benefits for early retirement.

A participant’s normal benefit payment shall commence at the later of the participant’s normal retirement date or the participant’s termination of employment. If the participant’s vested accrued benefit does not exceed \$5,000, the participant will receive a lump-sum distribution of the value of his benefits. If the participant’s vested accrued benefit exceeds \$5,000, the participant shall receive monthly benefit payments following the date on which they become eligible for such benefit.

### 2. SUMMARY OF ACCOUNTING POLICIES

**Basis of Accounting**-The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America (“US GAAP”).

**Subsequent Events**-The Plan has evaluated all subsequent events through October 14, 2022, the date financial statements were available to be issued.

**Investments**-Investments are presented at fair value which has been determined based on the fair value of the underlying investments within the funds. Purchases and sales of securities are recorded on a trade-date basis. Net appreciation includes the Plan’s gains and losses on investments bought and sold as well as held during the year.

**Use of Estimates**-The preparation of financial statements in conformity with US 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 the accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

**Risks and Uncertainties**- The Plan invests in commingled trust funds which have underlying investments including corporate debt instruments, mutual funds, hedge funds, real estate funds and corporate stocks. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to the uncertainties inherent in the estimations and assumptions process, it is at least

reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

**Expenses**-Administrative expenses of the Plan are paid by the Plan as provided by the Plan document.

**Administration**-The Company is responsible for the administration of the Plan. The Company provides the Plan with certain accounting and administrative services for which no fees are charged.

**Payment of Benefits**-Benefit payments to participants, or their beneficiaries, are recorded upon distribution.

### 3. FAIR VALUE MEASUREMENTS

As permitted by US GAAP, the Plan uses net asset values as a practical expedient to determine the fair value of all investment funds which do not have a readily determinable fair value and have the attributes of an investment company. In accordance with GAAP, the investments that are measured at net asset values have not been classified in the fair value hierarchy. For all years presented, all investments have been valued using the net asset value.

The Plan's investments in commingled trust funds are based on the net asset values of the funds, all which have a daily redemption frequency and do not require a notice of redemption. At December 31, 2021 and 2020, the Plan had no unfunded commitments from redemption of commingled trust funds.

### 4. FUNDING POLICY

Contributions to provide benefits under the Plan are made solely by the Company. The Company's funding policy is to make cash contributions to the Plan in amounts as determined by the Plan's independent actuary. The Plan met the minimum funding requirements of ERISA as of December 31, 2021 and 2020.

### 5. INFORMATION CERTIFIED BY THE TRUSTEE

The following is a summary of the unaudited information as of and for the years ended December 31, 2021 and 2020, included in the Plan's financial statements and supplemental schedules, that was prepared by the Trustee or derived from information prepared by the Trustee. The Plan administrator has obtained certifications from the Trustee that such information prepared by the Trustee is complete and accurate.

|                                                             | 2021           | 2020           |
|-------------------------------------------------------------|----------------|----------------|
| Statements of net assets available for benefits:            |                |                |
| Investment in commingled trust funds                        | \$ 514,540,492 | \$ 490,253,474 |
| Receivable for investments sold                             | 2,607,041      | 2,573,065      |
| Statements of changes in net assets available for benefits: |                |                |
| Net appreciation in fair value of commingled trust funds    | 38,490,301     | 77,468,463     |
| Other income                                                | 92             | 3,816          |

All investment balances and information included in the supplemental schedules.

### 6. ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to service rendered by employees as of the valuation date.

Accumulated plan benefits include benefits expected to be paid to (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of employees who have died, and (3) present employees or their beneficiaries. The actuarial present value of accumulated plan benefits is determined by an independent actuary and is the amount that 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 the valuations as of December 31, 2021 and 2020, were:

- a. Life expectancy of participants
  - i. 2021: Pri-2012 generationally projected using Scale MP-2021
  - ii. 2020: Pri-2012 generationally projected using Scale MP-2020
- b. Average retirement age - 62 years in both 2021 and 2020.
- c. Discount rate - 5.50% in both 2021 and 2020.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2022 and 2021. Had the valuations been performed as of December 31, there would be no material differences.

| <b>As of December 31</b>                                                      | <b>2021</b>           | <b>2020</b>           |
|-------------------------------------------------------------------------------|-----------------------|-----------------------|
| Actuarial present value of accumulated vested benefits:                       |                       |                       |
| Participants/beneficiaries currently receiving payments                       | \$ 313,186,988        | \$ 310,701,978        |
| Other participants                                                            | 143,921,704           | 152,122,464           |
| Total actuarial present value of accumulated benefits                         | 457,108,692           | 462,824,442           |
| Actuarial present value of accumulated unvested benefits- active participants | 626,472               | 1,043,026             |
| Total actuarial present value of accumulated benefits                         | <u>\$ 457,735,164</u> | <u>\$ 463,867,468</u> |
| <b>For the Years Ended December 31</b>                                        | <b>2021</b>           | <b>2020</b>           |
| Actuarial present value of accumulated benefits- beginning of the year        | \$ 463,867,468        | \$ 471,272,010        |
| Increases (decreases) due to:                                                 |                       |                       |
| Changes in assumptions                                                        | 1,160,474             | (2,665,138)           |
| Interest due to decrease in discount period                                   | 24,643,262            | 25,051,608            |
| Benefit payments to participants or their beneficiaries                       | (31,616,316)          | (31,576,470)          |
| Actuarial (gains)/losses                                                      | (319,724)             | 1,785,458             |
| Actuarial present value of accumulated benefits- end of year                  | <u>\$ 457,735,164</u> | <u>\$ 463,867,468</u> |

## 7. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Certain investments of the Plan are shares of commingled trust funds managed by the Trustee of the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for investment management services were approximately \$2,193,000 and \$2,105,000 for the years ended December 31, 2021 and 2020, respectively.

## 8. FEDERAL INCOME TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Company, by a letter dated August 7, 2014, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code. The Company and Plan management believe that the Plan is currently designed and operated in compliance with the applicable requirements of the Internal Revenue Code and the Plan continues to be tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by federal and state tax authorities. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2021 and 2020, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) 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 is no longer subject to income tax examinations for the years prior to 2018.

## **9. PLAN TERMINATION**

Although it has not expressed any intention to do so, the Company has the right under the Plan, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations there under and the Plan document.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested, normal-age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive the benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide these benefits, the priority of benefits to be paid, and the level and type of 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.

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# SCHEDULE SB ATTACHMENTS

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## Schedule SB, Part V Summary of Plan Provisions

### For Former Scripps Pension Plan Participants

#### Plan Provisions

The most recent amendment reflected in the following plan provisions was effective January 1, 2019. All benefits are frozen as of December 31, 2014. The Scripps/Journal Pension Plan adopted Amendment 2018-3 during 2018, which changes the actuarial equivalence effective January 1, 2019 to use the greater of 417(e) segment rates and mortality and the current basis.

The plan provisions for plans that were previously merged into the Scripps Pension Plan have been preserved from prior structures. This appendix documents the principal provisions of the legacy Scripps Pension Plan.

|                          |                                                                                                                                                                                                                                |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Covered Employees</b> | All employees of adopting companies, who are not covered by collective bargaining agreements except where the collective bargaining agreement expressly provides coverage under the plan, if hired on or before June 30, 2008. |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                           |                                                                                           |
|---------------------------|-------------------------------------------------------------------------------------------|
| <b>Participation Date</b> | Completion of 1,000 hours in first anniversary year or any subsequent plan year calendar. |
|---------------------------|-------------------------------------------------------------------------------------------|

#### Source of Prescribed Methods

|                        |                                                     |
|------------------------|-----------------------------------------------------|
| <b>Vesting service</b> | Elapsed time from date of hire through termination. |
|------------------------|-----------------------------------------------------|

|                        |                                                                                                                                                                      |
|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Pension service</b> | Elapsed time from date of hire with the company or in some circumstances, the date of the adoption of the plan, through the earlier of termination or June 30, 2009. |
|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                        |                                                                                                           |
|------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>Pensionable pay</b> | Annual W-2 compensation excluding non-earned income plus elective deferrals adjusted for timing of bonus. |
|------------------------|-----------------------------------------------------------------------------------------------------------|

|                         |                                                                                                                                                                                           |
|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Average earnings</b> | The average of the highest five consecutive calendar years of Pensionable Pay during the 11-year period ending on the earlier of the participant's termination date or December 31, 2014. |
|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                 |                              |
|-----------------|------------------------------|
| Plan Name:      | Scripps/Journal Pension Plan |
| EIN / PN:       | 31-1223339/020               |
| Plan Sponsor:   | The E.W. Scripps Company     |
| Valuation Date: | January 1, 2021              |

## SCHEDULE SB ATTACHMENTS

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|                                            |                                                                                                                                                                                                                                                                                                                   |
|--------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Normal retirement date (NRD)</b>        | First of month coinciding with or next following the attainment of age 65.                                                                                                                                                                                                                                        |
| <b>Covered Compensation</b>                | Average of Social Security National Average Wage Base for the 35 complete calendar years which immediately proceed the 1st day of the month following the earlier of termination or December 31, 2014.                                                                                                            |
| <b>Monthly pension benefit</b>             | <p>Equal to the sum of the following:</p> <p>The maximum of 1/12 of 1.0% of Average Earnings not in excess of Covered Compensation times Pension Service or \$5.50 times years of Pension Service.</p> <p>1/12 of 1.25% of Average Earnings in excess of Covered Compensation times years of Pension Service.</p> |
| <b>Monthly preretirement death benefit</b> | 100% of the monthly pension benefit as of the date of death reduced for the 100% joint and survivor election and reduced for payment as early as the participant's date of death.                                                                                                                                 |

### Eligibility for Benefits

|                                    |                                                                                                                                                                         |
|------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Normal retirement</b>           | Retirement on NRD.                                                                                                                                                      |
| <b>Early retirement</b>            | Retirement before NRD and on or after both attaining age 55 and completing ten years of Vesting Service.                                                                |
| <b>Postponed retirement</b>        | Retirement after NRD.                                                                                                                                                   |
| <b>Vested termination</b>          | Termination for reasons other than death or retirement after completing five years of Vesting Service or if terminated in connection with the cessation of publication. |
| <b>Preretirement death benefit</b> | Death while eligible for normal, early, postponed or deferred vested retirement benefits, with a surviving spouse.                                                      |

|                 |                              |
|-----------------|------------------------------|
| Plan Name:      | Scripps/Journal Pension Plan |
| EIN / PN:       | 31-1223339/020               |
| Plan Sponsor:   | The E.W. Scripps Company     |
| Valuation Date: | January 1, 2021              |

# SCHEDULE SB ATTACHMENTS

## Benefits Paid Upon the Following Events

|                             |                                                                                                                                                                                                                                     |
|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Normal retirement</b>    | Monthly pension benefit determined as of NRD.                                                                                                                                                                                       |
| <b>Early retirement</b>     | Monthly pension benefit determined as of Early Retirement Date, reduced by lesser of 0.4167% for each month of payment before age 62 or the reduction using 417(e) interest and mortality.                                          |
| <b>Postponed retirement</b> | Monthly pension benefit determined as of actual retirement date for employees younger than age 70-1/2; for participants over age 70-1/2, benefits are actuarially increased to reflect the time and period after age 70-1/2.        |
| <b>Vested termination</b>   | Monthly pension benefit determined as of termination date, reduced by the lesser of 0.50% for each month of payment before 65 or the reduction using 417(e) interest and mortality.                                                 |
| <b>Preretirement death</b>  | Monthly preretirement death benefit payable to a surviving spouse on behalf of an active employee or a terminated vested employee is reduced as stated above for employee's early retirement benefit or vested termination benefit. |

## Other Plan Provisions

|                                     |                                                                                                                                                                                                                                                                                                           |
|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Postretirement death benefit</b> | A lump sum equal to 3/12 of final average earnings limited to a maximum of \$10,000 and a minimum of \$2,500. The participant must be retired on or before June 30, 2009 and have not received a lump sum payment of benefits. For lump-sum payments, the actuarial equivalent is paid with the lump-sum. |
|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Forms of payment</b> | Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of 100% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Optional forms are 50% joint and survivor annuity, 5-year or 10-year certain and life annuity, lump sum for values less than

|                 |                              |
|-----------------|------------------------------|
| Plan Name:      | Scripps/Journal Pension Plan |
| EIN / PN:       | 31-1223339/020               |
| Plan Sponsor:   | The E.W. Scripps Company     |
| Valuation Date: | January 1, 2021              |

## SCHEDULE SB ATTACHMENTS

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\$25,000, a full lump sum benefit and a life annuity (for married participants).

To receive a full lump sum benefit, the participant must meet the following criteria:

Ten years of vesting service as of January 1, 1984

Active participant in the Scripps Pension Plan on  
January 1, 1984

Lump sums are paid only if reason for termination is retirement.

Actuarial equivalence for the annuity options is based on tabular factors as defined in the plan document. The Scripps/Journal Pension Plan adopted Amendment 2018-3 during 2018, which changes the actuarial equivalence effective January 1, 2019 to use the greater of 417(e) segment rates and mortality and the current basis.

Actuarial equivalence for the lump sum option is based on the segment interest rates determined according to Code Section 417(e)(3)(C) for the month of October in the year preceding the benefit commencement date and the mortality table in effect under 417(e)(3).

### **Maximum on benefits and pay**

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

### **Future Plan Changes**

Annual increases in the statutory pay and benefit limits were recognized.

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

### **Changes in Benefits Valued Since Prior Year**

There have been no changes in benefits valued since the prior year.

Plan Name: Scripps/Journal Pension Plan  
EIN / PN: 31-1223339/020  
Plan Sponsor: The E.W. Scripps Company  
Valuation Date: January 1, 2021

# SCHEDULE SB ATTACHMENTS

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## Former Journal Communications, Inc. Employees' Pension Plan Participants

### Plan Provisions

The plan was amended and restated effective January 1, 2013. The plan is effective December 31, 1943. Effective July 1, 2009, benefit accruals were suspended through December 31, 2010. Effective December 31, 2010, benefit accruals were frozen for all participants. The most recent amendment reflected in this valuation is Amendment 2018-3, which changes the actuarial equivalence effective January 1, 2019 to use the greater of 417(e) segment rates and mortality and the current basis and provides for a lump sum for values under \$25,000 to legacy Scripps/Journal Pension Plan participants.

|                           |                                                                                                                                                                                                                   |
|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Covered employees</b>  | Employees of Journal Communications, Inc.                                                                                                                                                                         |
| <b>Participation date</b> | January 1 or July 1 following attainment of age 21 and completion of 1,000 hours in the initial year of employment (or 1,000 hours in a plan year hereafter). Plan participation is closed as of January 1, 2007. |
| <b>Plan Year</b>          | Calendar year.                                                                                                                                                                                                    |

### Definitions

|                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Year of benefit service</b> | A full year of benefit service is granted in a plan year if the participant completes at least the number of hours equal to the number of hours in the participant's regular full-time work week (40 hours, unless a different number has been established for the participant's job classification) times 52. Benefit service begins upon plan participation. Partial years of benefit service are granted based on the ratio of actual hours to the hours required for a full year of benefit service. |
| <b>Credited service</b>        | A year of credited service is granted each plan year in which an employee age 18 or older completes 1,000 hours of service. Special rules apply for breaks in service.                                                                                                                                                                                                                                                                                                                                   |
| <b>Compensation</b>            | Total wages reported for federal income tax purposes (excluding taxable value of fringe benefits and payments under deferred compensation or severance pay agreements). Compensation in excess of the current IRC section 401(a)(17) limit is excluded. For part-time employees, compensation is extended to a full-time basis.                                                                                                                                                                          |

|                 |                              |
|-----------------|------------------------------|
| Plan Name:      | Scripps/Journal Pension Plan |
| EIN / PN:       | 31-1223339/020               |
| Plan Sponsor:   | The E.W. Scripps Company     |
| Valuation Date: | January 1, 2021              |

## SCHEDULE SB ATTACHMENTS

**Final average compensation (FAC)**

Average compensation during the five years of credited service just prior to termination of service.

Compensation received after July 1, 2009 is excluded from the FAC calculation.

**Covered compensation**

Covered compensation is a year of birth table based on the 35-year average of Social Security wage bases ending with (and including) the year in which the participant attains the Social Security retirement age (SSRA). If the participant is under the SSRA, the current year's wage base is assumed to continue in all future years to the SSRA.

Effective July 1, 2009 covered compensation will not be updated for new law years.

**Social Security retirement age (SSRA)**

| Year of Birth    | SSRA |
|------------------|------|
| 1937 and earlier | 65   |
| 1938-1954        | 66   |
| 1955 and later   | 67   |

**Normal retirement date (NRD)**

The later of the fifth anniversary of the date of participation or the attainment of Social Security Retirement Age.

**Annual pension benefit**

The greater of (a) or (b):

- a)  $0.65\% \text{ of FAC} \times \text{benefit service (maximum 35 years);}$   
+  
 $0.40\% \text{ of FAC} \times \text{benefit service in excess of 35 years (maximum 5 years);}$   
+  
 $0.65\% \text{ of FAC (in excess of covered compensation)} \times \text{benefit service (maximum 35 years);}$
- b) The benefit accrued as of December 31, 1988, under the prior plan formula plus the benefit determined under the formula in (a) for benefit service after December 31, 1988.

**Eligibility for Benefits****Normal retirement**

Retirement on NRD.

**Early retirement**

Age 60 and ten years of credited service or age 65 and five years of credited service. (Age 55 and 10 years for participants with five or more years of credited service on January 1, 1990.)

Plan Name: Scripps/Journal Pension Plan  
EIN / PN: 31-1223339/020  
Plan Sponsor: The E.W. Scripps Company  
Valuation Date: January 1, 2021

## SCHEDULE SB ATTACHMENTS

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|                                    |                                                                                                                                                                              |
|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Late retirement</b>             | Retirement after NRD.                                                                                                                                                        |
| <b>Deferred vested termination</b> | Five years of credited service.                                                                                                                                              |
| <b>Disability</b>                  | Effective January 1, 2005, the plan was amended to eliminate the disability retirement benefit and provide a vested termination benefit (if vested) for future disabilities. |
| <b>Preretirement death benefit</b> | Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with five years of credited service and a surviving spouse.                       |

### Benefits Paid Upon the Following Events

|                                    |                                                                                                                                                                                                                                                                                                                                           |
|------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Normal retirement</b>           | The pension benefit determined as of NRD.                                                                                                                                                                                                                                                                                                 |
| <b>Early retirement</b>            | The normal retirement benefit calculated based on benefit service and FAC at the early retirement date. Benefits are reduced by the lesser of 6 $\frac{2}{3}$ % per year for the first five years and 3 $\frac{1}{3}$ % per year thereafter for each year commencement precedes NRD or the reduction using 417(e) interest and mortality. |
| <b>Late retirement</b>             | The greater of the normal retirement benefit based on benefit service and FAC at NRD actuarially increased using 5% interest and the GAM83 unisex mortality table for each year commencement follows normal NRD or the benefit based on benefit service and FAC at actual retirement date.                                                |
| <b>Deferred vested termination</b> | The normal retirement benefit based on benefit service and FAC at the termination date. The benefit is reduced for early retirement the same as for early retirees.                                                                                                                                                                       |
| <b>Preretirement death</b>         | 50% of the benefit payable as if the employee had retired early and elected a 50% spouse's benefit. For participants under age 60, the benefit is calculated as if employment terminated and the participant died upon reaching age 60. This benefit is payable to the spouse upon the date the participant would have reached age 60.    |

|                 |                              |
|-----------------|------------------------------|
| Plan Name:      | Scripps/Journal Pension Plan |
| EIN / PN:       | 31-1223339/020               |
| Plan Sponsor:   | The E.W. Scripps Company     |
| Valuation Date: | January 1, 2021              |

# SCHEDULE SB ATTACHMENTS

## Other Plan Provisions

### Forms of payment

|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Single employees  | Life annuity.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Married employees | <p>Married employees may choose (a), (b) or (c):</p> <ul style="list-style-type: none"><li>a) 50% spouse's benefit. The benefit percentage is the greater of 88% (77% for disabilities) plus (or minus) 0.6% (0.4% for disabilities) for each full year that the spouse is older (younger) than the participant or the reduction using 417(e) interest and mortality.</li><li>b) 75% spouse's benefit. Actuarial equivalence is based on the greater of 9.5% interest and the UP84 unisex mortality table and the reduction using 417(e) interest and mortality.</li><li>c) Life annuity. If the participant dies within five years after benefit commencement, the spouse receives two-thirds of the benefit until the earlier of the spouse's death or the end of the five-year period.</li></ul> |
| Lump sum payments | Lump sums may be payable for participants with a present value of benefits less than \$25,000.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

### Maximum limits on benefits and pay

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes take effect. Increases in the dollar limits are assumed for determining pension cost but are not assumed for funding or AFTAP purposes.

## Future Plan Changes

Annual increases in the statutory pay and benefit limits were recognized.

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

## Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

|                 |                              |
|-----------------|------------------------------|
| Plan Name:      | Scripps/Journal Pension Plan |
| EIN / PN:       | 31-1223339/020               |
| Plan Sponsor:   | The E.W. Scripps Company     |
| Valuation Date: | January 1, 2021              |

## SCRIPPS/JOURNAL PENSION PLAN

Employer ID No: 31-1223339

Plan No: 020

### FORM 5500-SCHEDULE H, PART IV, ITEM 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF DECEMBER 31, 2021

---

| Issuer                            | Description of Investment                                     | Cost                 | Current Value        |
|-----------------------------------|---------------------------------------------------------------|----------------------|----------------------|
| COMMINGLED TRUST FUNDS:           |                                                               |                      |                      |
| Russell Investments Trust Company | 219,367 shares Russell Emerging Markets Fund*                 | \$ 18,948,682        | \$ 27,409,899        |
| Russell Investments Trust Company | 1,153,667 shares Russell 1000 Index Fund--Series I*           | 22,417,868           | 66,243,575           |
| Russell Investments Trust Company | 553,537 shares Russell International Fund*                    | 32,095,667           | 50,842,399           |
| Russell Investments Trust Company | 564,227 shares Russell Global Listed Infrastructure Fund*     | 11,292,096           | 13,863,050           |
| Russell Investments Trust Company | 112,356 shares Russell Small Cap Fund*                        | 6,887,294            | 13,851,278           |
| Russell Investments Trust Company | 358,179 shares Russell Global Real Estate Securities Fund*    | 9,505,417            | 14,083,617           |
| Russell Investments Trust Company | 2,194,592 shares Russell World Equity Fund*                   | 40,149,875           | 75,515,916           |
| Russell Investments Trust Company | 1,704,645 shares Russell 8-Year LDI Fixed Income Fund*        | 24,791,852           | 25,092,368           |
| Russell Investments Trust Company | 1,848,331 shares Russell 10-15 Year Strips Fixed Income Fund* | 24,290,193           | 25,192,746           |
| Russell Investments Trust Company | 3,628,804 shares Russell 14 Yr LDI Fixed Income Fund*         | 49,157,017           | 60,564,743           |
| Russell Investments Trust Company | 4,399,165 shares Russell 15-20 Year Strips Fixed Income Fund* | 60,327,861           | 65,635,544           |
| Russell Investments Trust Company | 3,124,810 shares Russell 25 Plus Yr Strips Fixed Income Fund* | 63,362,474           | 76,245,357           |
| TOTAL INVESTMENTS                 |                                                               | <u>\$363,226,296</u> | <u>\$514,540,492</u> |

\*Represents a party-in-interest investment

*See accompanying independent auditor's report.*

## SCHEDULE SB ATTACHMENTS

### Schedule SB, Line 26 Schedule of Active Participant Data as of January 1, 2021

| Attained Age | Attained Years of Credited Service <sup>1</sup> |     |     |       |       |       |       |       |       |           | Total |
|--------------|-------------------------------------------------|-----|-----|-------|-------|-------|-------|-------|-------|-----------|-------|
|              | Under 1                                         | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40 & Over |       |
| Under 25     | 0                                               | 0   | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 0     |
| 25-29        | 0                                               | 0   | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 0     |
| 30-34        | 0                                               | 1   | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 1     |
| 35-39        | 3                                               | 23  | 6   | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 32    |
| 40-44        | 3                                               | 21  | 19  | 5     | 0     | 0     | 0     | 0     | 0     | 0         | 48    |
| 45-49        | 3                                               | 21  | 33  | 21    | 12    | 1     | 0     | 0     | 0     | 0         | 91    |
| 50-54        | 1                                               | 24  | 27  | 34    | 19    | 10    | 2     | 0     | 0     | 0         | 117   |
| 55-59        | 4                                               | 16  | 22  | 30    | 19    | 16    | 8     | 2     | 0     | 0         | 117   |
| 60-64        | 6                                               | 9   | 14  | 18    | 20    | 14    | 13    | 6     | 3     | 0         | 103   |
| 65-69        | 0                                               | 0   | 4   | 4     | 4     | 15    | 2     | 1     | 1     | 0         | 31    |
| 70 & over    | 0                                               | 1   | 0   | 0     | 0     | 2     | 0     | 0     | 0     | 1         | 4     |
| Total        | 20                                              | 116 | 125 | 112   | 74    | 58    | 25    | 9     | 4     | 1         | 544   |

<sup>1</sup> Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Scripps/Journal Pension Plan

EIN / PN: 31-1223339/020

Plan Sponsor: The E.W. Scripps Company

Valuation Date: January 1, 2021

# SCHEDULE SB ATTACHMENTS

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

### Economic Assumptions

#### Interest rate basis:

|                     |                 |
|---------------------|-----------------|
| Applicable month    | September       |
| Interest rate basis | 3-Segment Rates |

#### Interest rates:

|                         | Reflecting Corridors | Not Reflecting Corridors |
|-------------------------|----------------------|--------------------------|
| First segment rate      | 4.75%                | 2.22%                    |
| Second segment rate     | 5.36%                | 3.38%                    |
| Third segment rate      | 6.11%                | 3.92%                    |
| Effective interest rate | 5.55%                | 3.53%                    |

### Demographic Assumptions

#### Administrative expenses

The amount included this year for expected administrative expenses is \$4,672,850. This amount is calculated as the average of actual administrative expenses, net of PBGC premiums, paid from the trust for the prior two years, plus the estimated PBGC premium for the current year that are to be paid from the trust.

### Demographic Assumptions – Former Scripps Pension Plan Participants

|                                 |                                                                                                            |
|---------------------------------|------------------------------------------------------------------------------------------------------------|
| <b>Inclusion date</b>           | The valuation date coincident with or next following the date on which the employee becomes a participant. |
| <b>New or rehired employees</b> | It was assumed there will be no new or rehired employees.                                                  |

Plan Name: Scripps/Journal Pension Plan  
EIN / PN: 31-1223339/020  
Plan Sponsor: The E.W. Scripps Company  
Valuation Date: January 1, 2021

## SCHEDULE SB ATTACHMENTS

### Mortality

Separate rates for non-annuitants (based on RP-2014 "Employees" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2019) and annuitants (based on RP-2014 "Healthy Annuitants" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2019).

### Termination

Rates varying by age and service; representative rates are shown below:

| During First Five Years of Service |        |        |        | Thereafter |       |
|------------------------------------|--------|--------|--------|------------|-------|
| Years of Service                   | Age 25 | Age 40 | Age 55 | Age        | Rate  |
| 0                                  | 28.0%  | 24.0%  | 21.0%  | 25         | 20.0% |
| 1                                  | 28.0%  | 24.0%  | 21.0%  | 30         | 18.0% |
| 2                                  | 28.0%  | 24.0%  | 21.0%  | 35         | 13.0% |
| 3                                  | 28.0%  | 16.0%  | 10.0%  | 40         | 10.0% |
| 4                                  | 26.0%  | 13.0%  | 7.0%   | 45         | 7.0%  |
|                                    |        |        |        | 50         | 7.0%  |
|                                    |        |        |        | 55         | 7.0%  |

### Disability

Rates varying by age representation rates are shown below:

| Age | Rate  |
|-----|-------|
| 25  | 0.09% |
| 35  | 0.13% |
| 45  | 0.33% |
| 55  | 1.02% |
| 60  | 1.60% |
| 64  | 2.13% |

Plan Name: Scripps/Journal Pension Plan  
EIN / PN: 31-1223339/020  
Plan Sponsor: The E.W. Scripps Company  
Valuation Date: January 1, 2021

## SCHEDULE SB ATTACHMENTS

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### Retirement

It is assumed that normal and early retirements will occur in accordance with the following rates:

| Age | Rate   |
|-----|--------|
| 55  | 6.0%   |
| 56  | 6.0%   |
| 57  | 6.0%   |
| 58  | 6.0%   |
| 59  | 6.0%   |
| 60  | 6.0%   |
| 61  | 10.0%  |
| 62  | 25.0%  |
| 63  | 20.0%  |
| 64  | 20.0%  |
| 65  | 35.0%  |
| 66  | 25.0%  |
| 67  | 25.0%  |
| 68  | 25.0%  |
| 69  | 25.0%  |
| 70  | 100.0% |

### Benefit commencement date

Preretirement death benefit      The later of the death of the active participant or the date the participant would have attained early retirement eligibility.

Deferred vested benefit      Age 62 for participants who have attained early retirement eligibility and age 65 for participants who are not early retirement eligible.

Retirement benefit      Upon retirement.

### Form of payment

Single: 100% elect life annuity

Married: 50% elect life annuity, 50% elect 100% joint & survivor annuity

### Percent married

80% of males; 60% of females.

### Spouse age

Male participants are assumed to be three years older than their spouse.  
Female participants are assumed to be three years younger than their spouse.

### Loadings

None.

Plan Name:      Scripps/Journal Pension Plan  
EIN / PN:      31-1223339/020  
Plan Sponsor:      The E.W. Scripps Company  
Valuation Date:      January 1, 2021

# SCHEDULE SB ATTACHMENTS

## Demographic Assumptions – Former Journal Communications, Inc. Employees' Pension Plan Participants

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

The plan was frozen as of December 31, 2010.

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

**Mortality** Separate rates for non-annuitants (based on RP-2014 "Employees" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2019) and annuitants (based on RP-2014 "Healthy Annuitants" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2019).

**Termination** Rates varying by age and gender; representative rates are shown below:

### Representative Termination Rates

| Percentage leaving during the year |       |         |
|------------------------------------|-------|---------|
| Attained Age                       | Males | Females |
| 15 - 25                            | 50.0% | 50.0%   |
| 26 - 28                            | 30.0% | 30.0%   |
| 29 - 37                            | 17.5% | 17.5%   |
| 38 - 46                            | 10.0% | 10.0%   |
| 47 - 58                            | 7.5%  | 7.5%    |
| 59 and above                       | 17.5% | 17.5%   |

**Disability** The rates at which participants become disabled by age and gender are shown below:

| Percentage becoming disabled during the year |       |         |
|----------------------------------------------|-------|---------|
| Age                                          | Males | Females |
| 25                                           | 0.04% | 0.04%   |
| 35                                           | 0.05% | 0.10%   |
| 45                                           | 0.22% | 0.34%   |
| 55                                           | 0.96% | 0.89%   |
| 65 or older                                  | 0.00% | 0.00%   |

Plan Name: Scripps/Journal Pension Plan  
EIN / PN: 31-1223339/020  
Plan Sponsor: The E.W. Scripps Company  
Valuation Date: January 1, 2021

## SCHEDULE SB ATTACHMENTS

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### Retirement

It is assumed that normal and early retirements will occur in accordance with the following rates:

| Percentage retiring during the year |        |
|-------------------------------------|--------|
| Age                                 | Rate   |
| 60                                  | 20.0%  |
| 61                                  | 12.5%  |
| 62                                  | 25.0%  |
| 63                                  | 25.0%  |
| 64                                  | 25.0%  |
| 65                                  | 10.0%  |
| 66                                  | 25.0%  |
| 67                                  | 30.0%  |
| 68                                  | 20.0%  |
| 69                                  | 50.0%  |
| 70 or older                         | 100.0% |

### Benefit commencement date:

- Preretirement death benefit The later of the death of the active participant or the date the participant would have attained early retirement eligibility.
- Deferred vested benefit From active status: The later of age 60 or termination of employment.  
Current deferred participants: Based on deferred retirement date provided in data
- Retirement benefit Upon termination of employment

### Form of payment

It is assumed that all participants elect the normal form of payment, which is a single life annuity for single participants and a 75% joint survivor annuity for married participants.

### Percent married

It is assumed that 25% of participants have an eligible spouse.

### Spouse age

Males are assumed to be two years older than their spouse.

### Loadings

None.

Plan Name: Scripps/Journal Pension Plan  
EIN / PN: 31-1223339/020  
Plan Sponsor: The E.W. Scripps Company  
Valuation Date: January 1, 2021

# SCHEDULE SB ATTACHMENTS

## Methods

|                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Valuation date</b>            | First day of plan year.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Funding target</b>            | Present value of accrued benefits.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Target normal cost</b>        | Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Actuarial value of assets</b> | An average value of assets is determined based on the market value as of the valuation date and the market values on the two preceding 12-month periods. Adjustments are made to the asset values for contributions, benefit payments, expenses and expected investment returns over the period between the respective preceding determination dates and the current valuation date, as applicable. Expected investment returns are equal to the expected return on assets assumed for ASC 715 calculations (5.50% for 2019, 5.50% for 2020). The rate of return used in determining the average value of assets is equal to the lesser of the expected rate and the third segment rate from the prescribed yield curve that applies to the appropriate earnings period. |
| <b>Benefits not valued</b>       | All benefits described in the Plan Provisions section of this report were valued. Willis Towers Watson has reviewed the plan provisions with The E. W. Scripps Company and, based on that review, is not aware of any significant benefits required to be valued that were not.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

## Change in Assumptions and Methods Since Prior Valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of September 2019 to September 2020, reflecting the interest rate corridors of MAP-21, and are updated for the extension of the corridors under HATFA, the Bipartisan Budget Act of 2015, and ARPA.
- The mortality table used to calculate the funding target and target normal cost was updated to use the MP-2019 projection scale as specified in the regulations under §1.430(h)(3)-1.
- The assumed plan-related expenses added to the target normal cost were changed to \$4,672,850 for 2021. The method to determine the assumed plan-related expenses is unchanged.
- The benefit commencement date for deferred vested participants in the legacy Scripps Pension Plan who are eligible for early retirement was changed from age 65 to age 62.

Plan Name: Scripps/Journal Pension Plan  
EIN / PN: 31-1223339/020  
Plan Sponsor: The E.W. Scripps Company  
Valuation Date: January 1, 2021

# SCHEDULE SB ATTACHMENTS

## Sources of Data and Other Information

The plan sponsor furnished participant data as of 1/1/2021 through its third-party administrator. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

No data adjustments were made and we are unaware of any data adjustment made by the data provider.

## Assumptions Rationale - Significant Economic Assumptions for Contributions

|                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Discount rate</b>                                           | The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Administrative expenses</b>                                 | As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust). Administrative expenses are assumed to equal the average of non-PBGC expenses paid from the trust from the prior two plan years plus an estimate of the PBGC premium expenses for the current plan year that are to be paid from the trust. |
| <b>Rates of increase in assumed return for asset smoothing</b> | The assumed return of 5.50% used for asset smoothing for the 2020 Plan Year is the expected return on assets assumption chosen by the client with the help of their investment advisers as of January 1, 2020 and used for ASC 960 plan reporting at January 1, 2020. Although determining the expected rate of return on plan assets was not within the scope of our work, it is the client's best estimate and we determined that it does not significantly conflict with what would be reasonable based on their asset allocation.  |

## Assumptions Rationale - Significant Economic Assumptions for Accounting

|                      |                                                                                                                                |
|----------------------|--------------------------------------------------------------------------------------------------------------------------------|
| <b>Discount rate</b> | As required by U.S. GAAP the discount rate was chosen by the plan sponsor based on market information on the measurement date. |
|----------------------|--------------------------------------------------------------------------------------------------------------------------------|

|                 |                              |
|-----------------|------------------------------|
| Plan Name:      | Scripps/Journal Pension Plan |
| EIN / PN:       | 31-1223339/020               |
| Plan Sponsor:   | The E.W. Scripps Company     |
| Valuation Date: | January 1, 2021              |

## SCHEDULE SB ATTACHMENTS

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**Expected return on plan assets** We understand that the expected return on assets assumption reflects the plan sponsor's estimate of future experience for trust asset returns, reflecting the plan's current asset allocation and any expected changes during the current plan year, current market conditions and the plan sponsor's expectations for future market conditions.

### Assumptions Rationale – Significant Demographic Assumptions

**Healthy Mortality** Assumptions used for funding purposes are as prescribed by IRC §430(h).

**Termination** Termination rates were based on anticipated turnover. Gains and losses are reviewed each year, and if a significant portion of the gain or loss is due to actual turnover different than assumed, the Company and Willis Towers Watson will study actual experience to determine if the assumption should be changed.

**Retirement** Retirement rates were based on anticipated retirements. Gains and losses are reviewed each year, and if a significant portion of the gain or loss is due to actual retirements different than assumed, the Company and Willis Towers Watson will study actual experience to determine if the assumption should be changed.

### Source of Prescribed Methods

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

Plan Name: Scripps/Journal Pension Plan  
EIN / PN: 31-1223339/020  
Plan Sponsor: The E.W. Scripps Company  
Valuation Date: January 1, 2021

## SCHEDULE SB ATTACHMENTS

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**Schedule SB, Line 32**  
**Schedule of Amortization Bases**  
**as of January 1, 2021**

| Type of Base | Date Established | Remaining<br>Amortization Period<br>(Years) | Outstanding Balance | Amortization<br>Payment |
|--------------|------------------|---------------------------------------------|---------------------|-------------------------|
| Shortfall    | 01/01/2021       | 15.00000                                    | (20,032,048)        | (1,867,820)             |
| Shortfall    | 01/01/2020       | 14.00000                                    | 49,010,565          | 4,784,604               |
| Total        |                  |                                             | 29,978,517          | 2,916,784               |

Plan Name: Scripps/Journal Pension Plan  
EIN / PN: 31-1223339/020  
Plan Sponsor: The E.W. Scripps Company  
Valuation Date: January 1, 2021

## **SCHEDULE SB ATTACHMENTS**

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### **Schedule SB, Line 24 Change in Actuarial Assumptions**

The assumed plan-related expenses added to the target normal cost were changed to \$4,672,850 for 2021. The method to determine the assumed plan-related expenses is unchanged.

The benefit commencement date for deferred vested participants in the legacy Scripps Pension Plan who are eligible for early retirement was changed from age 65 to age 62.

Plan Name: Scripps/Journal Pension Plan  
EIN / PN: 31-1223339/020  
Plan Sponsor: The E.W. Scripps Company  
Valuation Date: January 1, 2021

# SCHEDULE SB ATTACHMENTS

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## Schedule SB – Statement by Enrolled Actuary

|                          |                              |
|--------------------------|------------------------------|
| <b>Plan Sponsor</b>      | The E.W. Scripps Company     |
| <b>EIN/PN</b>            | 31-1223339 / 020             |
| <b>Plan Name</b>         | Scripps/Journal Pension Plan |
| <b>Valuation Date</b>    | January 1, 2021              |
| <b>Enrolled Actuary</b>  | Megan Yee                    |
| <b>Enrollment Number</b> | 20-07691                     |

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

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

|                  |                              |
|------------------|------------------------------|
| Plan Name        | Scripps/Journal Pension Plan |
| Plan Sponsor EIN | 31-1223339                   |
| ERISA Plan #     | 020                          |
| Plan Year Ending | December 31, 2021            |

The required attachment marked with an "X" in the Attachment column is included within the "Copy of Schedule MB/SB in PDF format labeled MB/SB Actuary Signature" attachment to Schedule SB location which consists of the entire Schedule SB and its attachment.

| Form / Schedule | Line #   | Description                                                                                | Attachment Title<br>(if different from Description) | Attachment |
|-----------------|----------|--------------------------------------------------------------------------------------------|-----------------------------------------------------|------------|
| 5500 Sch. SB    | None     | Statement by Enrolled Actuary                                                              |                                                     | X          |
| 5500 Sch. SB    | Line 27  | Actuarial Information Based on Pre-PPA Funding Rules                                       |                                                     |            |
| 5500 Sch. SB    | Line E   | Information for Each Individual Employer                                                   |                                                     |            |
| 5500 Sch. SB    | Line 4   | Additional Information for Plans in At-Risk Status                                         |                                                     |            |
| 5500 Sch. SB    | Line 7   | Explanation of Discrepancy in Prior Year Funding Standard Carryover Balance or Prefunding  |                                                     |            |
| 5500 Sch. SB    | Line 8   | Late Election to Apply Balances to Quarterly Installments                                  |                                                     |            |
| 5500 Sch. SB    | Line 9   | Explanation of Credit Balance Discrepancy                                                  |                                                     |            |
| 5500 Sch. SB    | Line 15  | Reconciliation of differences between valuation results and amount used to calculate AFTAP |                                                     |            |
| 5500 Sch. SB    | Line 18  | Contributions Made to the Plan for the Plan Year                                           |                                                     |            |
| 5500 Sch. SB    | Line 19  | Discounted Employer Contributions                                                          |                                                     |            |
| 5500 Sch. SB    | Line 20c | Liquidity Requirement Certification                                                        |                                                     |            |
| 5500 Sch. SB    | Line 22  | Description of Weighted Average Retirement Age                                             |                                                     | X          |
| 5500 Sch. SB    | Line 23  | Information on Use of Multiple Mortality Tables                                            |                                                     |            |
| 5500 Sch. SB    | Line 23  | Information on Use of Substitute Mortality Tables                                          |                                                     |            |
| 5500 Sch. SB    | Part V   | Statement of Actuarial Assumptions/Methods                                                 |                                                     | X          |
| 5500 Sch. SB    | Part V   | Summary of Plan Provisions                                                                 |                                                     | X          |
| 5500 Sch. SB    | Line 24  | Change in Actuarial Assumptions                                                            |                                                     | X          |
| 5500 Sch. SB    | Line 25  | Change in Method                                                                           |                                                     |            |
| 5500 Sch. SB    | Line 26  | Schedule of Active Participant Data                                                        |                                                     | X          |
| 5500 Sch. SB    | Line 27  | Balances Subject to Binding Agreement with PBGC                                            |                                                     |            |
| 5500 Sch. SB    | Line 27  | Alternative 17-Year Funding Schedule of Airlines                                           |                                                     |            |
| 5500 Sch. SB    | Line 32  | Schedule of Amortization Bases                                                             |                                                     | X          |
| 5500 Sch. SB    |          | Other Attachment (Enter Description)                                                       |                                                     |            |

## **SCHEDULE SB ATTACHMENTS**

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**Schedule SB, Line 22**  
**Description of Weighted Average Retirement Age**  
**as of January 1, 2021**

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

|                 |                              |
|-----------------|------------------------------|
| Plan Name:      | Scripps/Journal Pension Plan |
| EIN / PN:       | 31-1223339/020               |
| Plan Sponsor:   | The E.W. Scripps Company     |
| Valuation Date: | January 1, 2021              |

|                         |                                     |
|-------------------------|-------------------------------------|
| <b>Plan Name</b>        | <b>Scripps/Journal Pension Plan</b> |
| <b>Plan Sponsor EIN</b> | <b>31-1223339</b>                   |
| <b>ERISA Plan #</b>     | <b>020</b>                          |
| <b>Plan Year Ending</b> | <b>December 31, 2021</b>            |

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

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

# SCRIPPS/JOURNAL PENSION PLAN

Employer ID No: 31-1223339

Plan No: 020

## FORM 5500-SCHEDULE H, PART IV, ITEM 4j-SCHEDULE OF REPORTABLE TRANSACTIONS FOR THE YEAR ENDED DECEMBER 31, 2021

---

| Identity of Party Involved and<br>Description of Asset | Purchase Price | Selling Price | Cost of Asset | Net Gain (Loss) |
|--------------------------------------------------------|----------------|---------------|---------------|-----------------|
| SINGLE TRANSACTIONS:                                   |                |               |               |                 |
| Russell International Fund*                            | \$ —           | \$ 30,060,297 | \$ 30,060,297 | \$ —            |
| Russell 15-20 Year Strips Fixed Income Fund*           | 68,650,708     | —             | —             | —               |
| Russell International Fund*                            | 30,060,297     | —             | —             | —               |
| Russell 25 Plus Yr Strips Fixed Income Fund*           | —              | 43,478,306    | 42,132,286    | 1,346,020       |
| SERIES OF TRANSACTIONS:                                |                |               |               |                 |
| Russell 1000 Index Fund--Series I*                     | —              | 36,892,450    | 28,143,711    | 8,748,739       |
| Number of transactions                                 | —              | 4             | —             | —               |
| Russell International Fund*                            | 32,718,773     | 43,750,643    | 38,782,167    | 4,968,476       |
| Number of transactions                                 | 15             | 65            | —             | —               |
| Russell 8-Year LDI Fixed Income Fund*                  | 25,601,488     | 819,776       | 809,635       | 10,141          |
| Number of transactions                                 | 19             | 8             | —             | —               |
| Russell 14 Yr LDI Fixed Income Fund*                   | 7,402,696      | 29,966,235    | 25,624,011    | 4,342,224       |
| Number of transactions                                 | 27             | 36            | —             | —               |
| Russell 15-20 Year Strips Fixed Income Fund*           | 70,003,217     | 10,082,420    | 9,675,356     | 407,064         |
| Number of transactions                                 | 12             | 45            | —             | —               |
| Russell 25 Plus Yr Strips Fixed Income Fund*           | 22,596,274     | 61,975,580    | 58,739,184    | 3,236,396       |
| Number of transactions                                 | 19             | 55            | —             | —               |

\*Represents a party-in-interest investment

*See accompanying independent auditor's report.*

|                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

► **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.

|                                                                                                                                                                                                                                                                                                                            |                                                                    |            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><br><u>SCRIPPS/JOURNAL PENSION PLAN</u>                                                                                                                                                                                                                                                           | <b>B</b> Three-digit plan number (PN) ►                            | <u>020</u> |
|                                                                                                                                                                                                                                                                                                                            |                                                                    |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>THE E.W. SCRIPPS COMPANY</u>                                                                                                                                                                                                                | <b>D</b> Employer Identification Number (EIN)<br><u>31-1223339</u> |            |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B <input type="checkbox"/> <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |                                                                    |            |

|                                                                                                                                                                                                          |                            |                           |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| <b>Part I Basic Information</b>                                                                                                                                                                          |                            |                           |                          |
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2021</u>                                                                                                                        |                            |                           |                          |
| <b>2</b> Assets:                                                                                                                                                                                         |                            |                           |                          |
| a Market value .....                                                                                                                                                                                     | <b>2a</b>                  | 510,161,418               |                          |
| b Actuarial value .....                                                                                                                                                                                  | <b>2b</b>                  | 459,145,276               |                          |
| <b>3</b> 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                                                                                                                                           | 3,143                      | 316098229                 | 316,098,229              |
| b For terminated vested participants .....                                                                                                                                                               | 2,218                      | 105873041                 | 105,873,041              |
| c For active participants .....                                                                                                                                                                          | 544                        | 40,501,888                | 41,637,154               |
| d Total .....                                                                                                                                                                                            | 5,905                      | 462473158                 | 463,608,424              |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>                                                                                         |                            |                           |                          |
| a Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>                  |                           |                          |
| 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 ..... | <b>4b</b>                  |                           |                          |
| <b>5</b> Effective interest rate .....                                                                                                                                                                   | <b>5</b>                   | 5.55 %                    |                          |
| <b>6</b> Target normal cost .....                                                                                                                                                                        |                            |                           |                          |
| a Present value of current plan year accruals .....                                                                                                                                                      | <b>6a</b>                  | 0                         |                          |
| b Expected plan-related expenses .....                                                                                                                                                                   | <b>6b</b>                  | 4,672,850                 |                          |
| c Total (line 6a + line 6b) .....                                                                                                                                                                        | <b>6c</b>                  | 4,672,850                 |                          |

**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.

|                                                                                        |                                          |                                                               |
|----------------------------------------------------------------------------------------|------------------------------------------|---------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                       | <u>Megan Yee</u><br>Signature of actuary | <u>10/7/2022</u><br>Date                                      |
| <u>MEGAN YEE</u><br>Type or print name of actuary                                      |                                          | <u>20-07691</u><br>Most recent enrollment number              |
| <u>WILLIS TOWERS WATSON US LLC</u><br>Firm name                                        |                                          | <u>212-309-3481</u><br>Telephone number (including area code) |
| <u>200 LIBERTY STREET</u><br><u>NEW YORK</u><br><u>NY 10281</u><br>Address of the firm |                                          |                                                               |

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

**Part II Beginning of Year Carryover and Prefunding Balances**

|                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             | 0                     | 0                      |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                |                       |                        |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>18.06</u> % .....                                                                                |                       |                        |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 23,193,348             |
| <b>b(1)</b> 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>5.70</u> % ..... |                       | 1,322,021              |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 24,515,369             |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       | 24,515,369             |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) .....                                                                         | 0                     | 24,515,369             |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 93.74 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 93.74 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 88.98 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %       |

**Part IV Contributions and Liquidity Shortfalls**

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 04-15-2021               | 6,336,325                         | 0                               |                          |                                   |                                 |
| 09-15-2022               | 25,000,000                        | 0                               |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>          |                                   |                                 | <b>18(b)</b>             | 31,336,325                        | <b>18(c)</b>                    |

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

|                                                                                                                         |            |            |
|-------------------------------------------------------------------------------------------------------------------------|------------|------------|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                    | <b>19a</b> | 0          |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> | 0          |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 29,038,000 |

**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:

|                         |                        |                        |                        |                                                     |
|-------------------------|------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>a</b> Segment rates: | 1st segment:<br>4.75 % | 2nd segment:<br>5.36 % | 3rd segment:<br>6.11 % | <input type="checkbox"/> N/A, full yield curve used |
|-------------------------|------------------------|------------------------|------------------------|-----------------------------------------------------|

**b** Applicable month (enter code) ..... **21b** 4

**22** Weighted average retirement age ..... **22** 62

**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**

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

**Part VIII Minimum Required Contribution For Current Year**

**31** Target normal cost and excess assets (see instructions):

|                                                                            |            |           |
|----------------------------------------------------------------------------|------------|-----------|
| <b>a</b> Target normal cost (line 6c) .....                                | <b>31a</b> | 4,672,850 |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a ..... | <b>31b</b> | 0         |

**32** Amortization installments:

|                                                       |                     |             |
|-------------------------------------------------------|---------------------|-------------|
|                                                       | Outstanding Balance | Installment |
| <b>a</b> Net shortfall amortization installment ..... | 28,978,517          | 2,916,784   |
| <b>b</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**

|                                                                                                                                     |                   |                    |               |
|-------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------|---------------|
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) .....        | <b>34</b>         | 7,589,634          |               |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                              | Carryover balance | Prefunding balance | Total balance |
|                                                                                                                                     | 0                 | 1,351,415          | 1,351,415     |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                 | <b>36</b>         | 6,238,219          |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) ..... | <b>37</b>         | 29,038,000         |               |
| <b>38</b> Present value of excess contributions for current year (see instructions):                                                |                   |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                      | <b>38a</b>        | 22,799,781         |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....               | <b>38b</b>        | 1,351,415          |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                     | <b>39</b>         | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                 | <b>40</b>         | 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