



Financial Services
Commission
of Ontario

Annual Information Return

To be completed by the Pension Plan Administrator.

Form 2 - Approved by the Superintendent of Financial Services pursuant to the Pension Benefits Act, R.S.O. 1990, c.P.8, as amended (the "PBA")

Please review ALL the information shown below.
If any information is incorrect or incomplete,
please make the appropriate corrections.

Identification

Registration Number	0394288
Name of Pension Plan	Metroland Pension Plan
Plan Type	<input checked="" type="checkbox"/> Single-Employer <input type="checkbox"/> Individual Pension Plan <input type="checkbox"/> Multi-Employer
Benefit Type	<input checked="" type="checkbox"/> Defined Benefit <input type="checkbox"/> Defined Contribution <input type="checkbox"/> Combination (e.g., Defined Contribution with past service Defined Benefits)
Plan Reporting Period	2014 year 01 month 01 day to 2014 year 12 month 31 day
Language	<input checked="" type="checkbox"/> English <input type="checkbox"/> French/ Français

Plan Administrator - Name and Mailing Address

Contact	Laurie Kovach
Title	Director, Human Resources Administration
Company Name	Metroland Media Group Ltd.
Address	3125 Wolfedale Road
City	Mississauga
Telephone	281-5572
Area Code	905
Extension	259
FAX	281-5621
Area Code	905
Postal/Zip Code	L5C1W1
Province/State	ON
Country	Canada

Plan Sponsor - Name and Address

Name	Metroland Media Group Ltd.
Address	3125 Wolfedale Road
City	Mississauga
Telephone	281-5572
Area Code	905
Extension	259
FAX	281-5621
Area Code	905
Postal/Zip Code	L5C1W1
Province/State	ON
Country	Canada

Pension Fund Trustee (Including Insurance Company) - Name and Address

Name	CIBC Mellon Trust Company
Address	320 Bay Street
City	Toronto
Telephone	643-5471
Area Code	416
Extension	
FAX	643-6360
Area Code	416
Postal/Zip Code	M5H4A6
Province/State	ON
Country	Canada

Required contributions based on the most recent Form 7 or Actuarial Report:	
Employer normal cost/current service contributions	101 = 375,477.00
Plus: Employer special payments	102 + 426,897.00
Less: Reduction of employer required contributions	103 - 0.00
Less: Other adjustments	104 - 0.00
Total employer required contributions	105 = 802,374.00
Member required contributions	106 174,337.00
Less: Reduction of member required contributions	107 - 0.00
Less: Other adjustments	108 - 0.00
Total member required contributions	109 = 174,337.00
Actual contributions made in respect of the reporting period:	
Employer contributions	110 1,406,000.00
Member contributions	111 174,337.00
Member additional voluntary contributions	112 0.00

Funding Information for the Reporting Period

Name: Union Local 87-M
 Address: 1253 Queen Street East
 City: Toronto
 Province/State: ON
 Postal/Zip Code: M4L1C2
 Country: Canada
 Telephone: 416 (Area Code) 461-2461
 Extension: 461-5058
 FAX: 461-5058

Collective Bargaining Agent - Name and Address

Is there a collective Bargaining Agent? Yes No If "Yes" please see instructions.

Name and Address
 City: Province/State: Postal/Zip Code: Country:

Location of Books or Records If same as Plan Administrator's address (✓) this box otherwise complete address below.

Name: CIBC Mellon Trust Company
 Address: 320 Bay Street
 P.O. Box 1
 City: Toronto
 Province/State: ON
 Postal/Zip Code: M5H4A6
 Country: Canada
 Telephone: 416 (Area Code) 643-5471
 Extension: 643-6360
 FAX: 643-6360

Is there more than one Custodian? Yes No If "Yes" please see instructions.

Custodian (Organization Holding Pension Fund Assets) - Name and Address

Indicate number of former members and other beneficiaries in Ontario

31

[140]

Indicate total number of former members and other beneficiaries

31

[139]

Former Members and Other Beneficiaries at the End of the Reporting Period

139	Plan Members at end of previous reporting period	[130]
0	Plan Members who joined the plan during this reporting period	[131]
139	Subtotal ([130] + [131])	[132]
4	Plan Members who retired during this reporting period	[133]
0	Plan Members deceased during this reporting period	[134]
0	Plan Members terminated due to plant closures during this reporting period	[135]
8	Other terminations of membership during this reporting period	[136]
12	Subtotal ([133] + [134] + [135] + [136])	[137]
127	Plan Members at end of reporting period ([132] - [137])	[138]

Membership Reconciliation

Total number of plan members: (add [128a] and [128b])

[129]

127

68	Ontario	[13a]	68	[13b]
0	Newfoundland & Labrador	[14a]	0	[14b]
0	Prince Edward Island	[15a]	0	[15b]
0	Nova Scotia	[16a]	0	[16b]
0	New Brunswick	[17a]	0	[17b]
0	Quebec	[18a]	0	[18b]
0	Manitoba	[19a]	0	[19b]
0	Saskatchewan	[20a]	0	[20b]
0	Alberta	[21a]	0	[21b]
0	British Columbia	[22a]	0	[22b]
0	Northwest Territories	[23a]	0	[23b]
0	Yukon Territory	[24a]	0	[24b]
0	Nunavut	[25a]	0	[25b]
0	Federal (PBSA)	[26a]	0	[26b]
0	Outside Canada	[27a]	0	[27b]
68	Subtotal	[28a]	59	[28b]

Indicate number of plan members:

Male

Female

Membership Information at the End of the Reporting Period

Name of Authorized Representative (please print)
Laurie Kovach

DATED at **Pension Services Portal** this **30** day of **September** **2015** (Year)

As the authorized representative of the Administrator of the above noted pension plan, I certify that all the information presented on this form is true to the best of my knowledge and belief.

Certification

(f) Have the pension plan and pension fund been administered in compliance with the PBA and Regulation 909, R.R.O. 1990, as amended, for the reporting period covered by this form? Yes No *If No, please attach an explanation.*

(e) If this pension plan is a Multi-Employer Pension Plan, please attach a list of the names and addresses of the members of the Board of Trustees and indicate which are plan member representatives.

Financial Services Commission of Ontario (FSCO)
Pension Plans Branch
5160 Yonge Street, 4th Floor
PO Box 85
North York ON M2N 6L9

(d) If plan assets are \$3 million or more, was an auditor's report filed? Yes No N/A *If you answered "No" to (b), (c) or (d), the documents must be filed with:*

(c) Have you filed a Pension Financial Statement for this reporting period? Yes No N/A

(b) Have you filed an amendment with the changed information? Yes No N/A

(a) Has any of the following information changed in this reporting period? Yes No

Plan Year End Plan Administrator Plan Sponsor Custodian

Plan Name Plan Provisions Pension Fund Trustee Other (specify)

Confirmation of Compliance

How many employers participate in the plan at the end of the reporting period? **[147]**

Employers at the End of the Reporting Period

[141]	Amounts transferred in from other plans	0.00
[142]	Payment of benefits from the plan	193,998.00
[143]	Transfer of benefits to other plans	258,546.00
[144]	Market value of assets at beginning of reporting period	11,841,237.00
[145]	Market value of assets at end of reporting period	14,137,834.00
[146]	Net investment earnings (losses)	1,168,804.00

Pension Fund Information



Registration Number 0394288	Name of Pension Plan Metroland Pension Plan
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Plan Reporting Period: 2014 01 01 to 2014 12 31

Canada Revenue Agency Information

1. Did the pension plan terminate or become inactive prior to or in this reporting period?
 Yes No
 If Yes, enter Date of Termination: 201 01 01

If all the assets were distributed pursuant to the termination of the plan, enter the Date of Final Distribution: 202 01 01

NOTE: • If question 1 is Yes, no further questions.
 • All other plans continue with question 2.

2. Actuarial liabilities resulting from plan obligations: \$ 10,099,936.00

3. Date of last actuarial assessment: 2013 12 31

4. How many active members are persons connected with the employer? 205 0

NOTE: • Multi-employer plan, proceed to question 9.
 • Specified multi-employer plan, no further questions.
 • All other plans continue with question 5.

5. Did any member of this plan participate in any other registered pension plan or deferred profit sharing plan provided by this plan sponsor?
 Yes No

6. Did any member of this plan participate in any other registered pension plan or deferred profit sharing plan of any other sponsor who does not deal at arm's length with this plan sponsor?
 Yes No

7. Have any connected persons joined or left the plan in this reporting period?
 Yes No

8. During this reporting period, has a person or group acquired control of the corporation that is sponsoring the pension plan?
 Yes No N/A

NOTE: • Defined contribution plan, no further questions.
 • All other plans continue with question 9.

9. Were any plan members provided with post-1989 past service benefits in this reporting period?
 Yes No

10. Have any plan members who are connected persons been provided with pre-1992 past service benefits in this reporting period?
 Yes No