



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
Province/State	ON
Postal/Zip Code	L5C1W1
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
Province/State	ON
Postal/Zip Code	L5C1W1
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
Province/State	ON
Postal/Zip Code	M5H4A6
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

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

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

Indicate number of former members and other beneficiaries in Ontario	[140]	31
Indicate total number of former members and other beneficiaries	[139]	31

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

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

**Membership Reconciliation**

Indicate number of plan members:		[129]	127
Total number of plan members: (add [128a] and [128b])			
Ontario	[13a]	68	[13b]
Newfoundland & Labrador	[14a]	0	[14b]
Prince Edward Island	[15a]	0	[15b]
Nova Scotia	[16a]	0	[16b]
New Brunswick	[17a]	0	[17b]
Quebec	[18a]	0	[18b]
Manitoba	[19a]	0	[19b]
Saskatchewan	[20a]	0	[20b]
Alberta	[21a]	0	[21b]
British Columbia	[22a]	0	[22b]
Northwest Territories	[23a]	0	[23b]
Yukon Territory	[24a]	0	[24b]
Nunavut	[25a]	0	[25b]
Federal (PBSA)	[26a]	0	[26b]
Outside Canada	[27a]	0	[27b]
Subtotal	[28a]	68	[28b]
Male		59	
Female		0	

**Membership Information at the End of the Reporting Period**

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.

DATED at Pension Services Portal this 30 day of September 2015

Name of Authorized Representative (please print)  
Laurie Kovach

**Certification**

(a) Has any of the following information changed in this reporting period?  
If yes, please (✓) appropriate box(es).

Plan Year End  Plan Administrator  Plan Sponsor   
 Plan Name  Plan Provisions  Custodian   
 Pension Fund Trustee  Other (specify)

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

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

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

(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

(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?  
If No, please attach an explanation.  
Yes  No

**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 (203)

3. Date of last actuarial assessment: 2013 12 31 (204)

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

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