



# 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.B., 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	1050871
Name of Pension Plan	Pension Plan for Employees of Metroland West Media Group
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		Laure Kovach		Title		Director, Human Resources Administration		Company Name		Metroland Media Group Ltd.		Address		3125 Wolfedale Rd.	
City		Mississauga		Province/State		ON		Postal/Zip Code		L5C1W1		Country		Canada	
Telephone		905		Extension		259		FAX		905		Telephone		281-5621	

## Plan Sponsor - Name and Address

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

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

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

101	Employer normal cost/current service contributions	1,949,952.00
+ 102	Plus: Employer special payments	1,705,772.00
- 103	Less: Reduction of employer required contributions	0.00
- 104	Less: Other adjustments	0.00
= 105	Total employer required contributions	3,655,724.00
106	Member required contributions	640,447.00
- 107	Less: Reduction of member required contributions	0.00
- 108	Less: Other adjustments	0.00
= 109	Total member required contributions	640,447.00
Required contributions based on the most recent Form 7 or Actuarial Report:		
110	Employer contributions	3,646,000.00
111	Member contributions	640,447.00
112	Member additional voluntary contributions	52,818.00
Actual contributions made in respect of the reporting period:		

Funding Information for the Reporting Period

Name	Unit Local 87-M		
Address	1253 Queen Street E		
City	Toronto	Province/State	ON
Telephone	416	Extension	461-2461
FAX	416	Postal/Zip Code	M4L1C2
Country	Canada		

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		
Address	320 Bay Street		
City	Mississauga	Province/State	ON
Telephone	416	Extension	643-5471
FAX	416	Postal/Zip Code	M5H4A6
Country	Canada		

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

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

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

140	220	Indicate number of former members and other beneficiaries in Ontario
139	220	Indicate total number of former members and other beneficiaries

**Membership Reconciliation**

138	353	Plan Members at end of previous reporting period
131	0	Plan Members who joined the plan during this reporting period
132	373	Subtotal (130 + 131)
133	11	Plan Members who retired during this reporting period
134	1	Plan Members deceased during this reporting period
135	0	Plan Members terminated due to plant closures during this reporting period
136	8	Other terminations of membership during this reporting period
137	20	Subtotal (133 + 134 + 135 + 136)
138	353	Plan Members at end of reporting period (132 - 137)

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

113a	167	Ontario	113b	186
114a	0	Newfoundland & Labrador	114b	0
115a	0	Prince Edward Island	115b	0
116a	0	Nova Scotia	116b	0
117a	0	New Brunswick	117b	0
118a	0	Quebec	118b	0
119a	0	Manitoba	119b	0
120a	0	Saskatchewan	120b	0
121a	0	Alberta	121b	0
122a	0	British Columbia	122b	0
123a	0	Northwest Territories	123b	0
124a	0	Yukon Territory	124b	0
125a	0	Nunavut	125b	0
126a	0	Federal (PBSA)	126b	0
127a	0	Outside Canada	127b	0
128a	167	Subtotal	128b	186
Total number of plan members: (add 128a and 128b)		129	353	

**Pension Fund Information**

141	Amounts transferred in from other plans	0.00
142	Payment of benefits from the plan	3,370,408.00
143	Transfer of benefits to other plans	629,351.00
144	Market value of assets at beginning of reporting period	102,809,718.00
145	Market value of assets at end of reporting period	112,989,061.00
146	Net investment earnings (losses)	9,839,837.00

**Employers at the End of the Reporting Period**

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

**Confirmation of Compliance**

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

Plan Year End     Plan Administrator     Plan Name  
 Plan Sponsor     Plan Provisions     Pension Fund Trustee  
 Custodian     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

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

(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.

(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

**Certification**

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

Registration Number  
1050871

Name of Pension Plan  
Pension Plan for Employees of Metroland West Media Group

2014	01	01	to	2014	12	31
Year	month	day		Year	month	day

Plan Reporting Period:

### 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

Year	month	day

Date of Termination

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

202

Year	month	day

Date of Final Distribution

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

2. Actuarial liabilities resulting from plan obligations

203

\$	91,621,559.00
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3. Date of last actuarial assessment

204

Year	month	day
2013	12	31

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

205

0
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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