



Labour and Immigration
Office of the Superintendent - Pension Commission

Phone (204) 945-2740 Fax (204) 948-2375
Website address: www.gov.mb.ca/labour/pension/
E-mail address: pensions@gov.mb.ca

THIS FORM MUST BE SUBMITTED BY:

JUN 29 2011

The remittance should be made payable to the MINISTER OF FINANCE

c/o: Cashier
614 - 401 York Avenue
Winnipeg MB R3C 0P8

For Commission Use Only
File Number
Approved

ANNUAL PENSION PLAN INFORMATION RETURN

1. Employer's Name: THE UNIVERSITY OF WINNIPEG

2. Mailing Address: HUMAN RESOURCES 515 PORTAGE AVE. WPG MB R3B 2E9

3. Has your mailing address changed within the last 12 months? Yes No

4. Telephone Number 786-9280 Fax Number 774-2985 Corporate E-mail address (must be filled in) m.wallo@u.winnipeg.ca

5. Canada Revenue Agency Registration Number D309914 (same number as on page 4)

6. (a) End of Plan Fiscal Year under review: Day 31 Month 12 Year 2010

(b) Number of Months in this Plan Fiscal Year: 12 months Other _____

7. Change in list of Participating Employers:

(a) For plans with subsidiary or associated companies participating in the pension plan, have there been any additions or deletions to the list of employers? Yes No

(b) If "yes" submit listing

8. (a) Were any amendments made to this pension plan or fund during the fiscal year under review?

Yes No

(b) If "yes", please provide the amendment number(s), by-law(s) and/or resolution date(s).

9. (a) Does the plan have a written statement of investment policies and procedures which complies with The Pension Benefits Act?

Yes No

(b) Has the plan's written statement of investment policies and procedures been established or reviewed in the fiscal year covered by this return?

Yes No

10. Contributions made to the pension fund for the fiscal year covered by this return:
(a contribution payment schedule is provided in the Guide to Completing Annual Information Return section)

Current Service:

(a) Member contributions	required (incl. DC)	\$ <u>2,788,910</u>
	+ voluntary	\$ _____
	TOTAL	\$ <u>2,788,910</u>

10. (continued)

- (b) Employer contributions required (incl. DC) \$ 12,050,475
 - less termination/death credits (forfeitures) \$ _____
 - less surplus/other credits (explain) \$ _____
 - TOTAL \$ 12,050,475
- (c) Were the payments shown above determined in accordance with the formulas given in the last cost certificate filed with the Commission? Yes No
- (d) If "no," explain any changes: _____

11. If applicable to your pension plan, please state the amount of SPECIAL PAYMENTS paid into the pension plan/fund for the fiscal year under review to liquidate:

	Unfunded Liability Experience Deficiency or Solvency Deficiency	Date Established	Total Payments for the Plan Year
(a) UNFUNDED LIABILITIES (initial and created by amendments)	\$ _____	\$ _____	\$ _____
GOING CONCERN	\$ <u>386,000</u>	\$ _____	\$ _____
CURRENT SERV. SHORTFALLS	\$ <u>291,000</u>	\$ _____	\$ _____
TO FUND SURPLUS PMTS.	\$ <u>8,775,827</u>	\$ _____	\$ _____
(b) EXPERIENCE DEFICIENCY(ies)	\$ _____	\$ _____	\$ _____
(c) SOLVENCY DEFICIENCY(ies)	\$ _____	\$ _____	\$ _____
(d) TOTAL SPECIAL PAYMENTS	\$ <u>9,452,827</u>	\$ _____	\$ _____
(e) Were the payments shown above determined in accordance with the formulas given in the last cost certificate filed with the Commission? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
(f) Explain any changes	_____		

12. Defined Contribution/Money Purchase Provisions

Estimate the amount of contributions to be paid into the fund for the next fiscal year of the plan.

- Required Member Contributions: \$ 1,600,000
- Required Employer Contributions: \$ 1,620,000

13. MEMBERSHIP:

- (a) Number of members at the plan's previous year end: 1,061
 - (b) Add - NEW ENTRANTS, eg., employees joining the plan during the year: 71
 - (c) Subtotal (a+b): 1,132
- Subtract EXITS, eg., employees who ceased to be members during the plan year and no longer have benefits remaining in the plan, for the following reasons:
- (d) retirement: -
 - (e) death: 6
 - (f) disability: -
 - (g) termination of membership in the plan: 46
 - (h) total exits (d + e + f + g): 52
 - (i) Total number of members at the plan's year end (c) less (h): 1,080

14. ACTIVE PLAN MEMBERSHIP AND EMPLOYEES ON PAYROLL:

Number of employees and number of plan members on payroll as of the plan year end under review:

Designated Province/ Area of Employment (1)	Employees on Payroll		Plan Members on Payroll	
	Male (2)	Female (3)	Male (4)*	Female (5)*
Alberta				
British Columbia				
Manitoba	619	785	331	393
New Brunswick				
Newfoundland and Labrador				
Northwest Territories				
Nova Scotia				
Nunavut				
Ontario				
Outside Canada				
Prince Edward Island				
Quebec				
Saskatchewan				
Yukon Territory				
TOTAL				

*Base filing fee on total of (4) + (5).

FILING FEE:

In accordance with subsection 8 of the Regulations, a fee is required in respect of each active plan member on payroll in a designated Province and area of employment. (Example: 18 employees x \$6.00 = \$108.00)

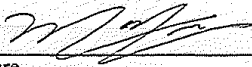
Number of Plan Members	Fee
1 - 16	\$ 100.00 (minimum)
17 - 2499	\$ 6.00 (per member)
2500 and over	\$15,000.00 (maximum)

PLAN SPONSOR/TRUSTEE CERTIFICATION

I hereby certify that to the best of my knowledge and belief,

- (a) the contributions paid to the pension plan or fund have been at least equal to those required under the Regulation, and
- (b) the plan or fund and the investments thereof have been administered in accordance with the Act and Regulations; and
- (c) the plan complies with and is being administered in accordance with the Income Tax Act and Regulations, and
- (d) the details entered on this information return are true and correct.

May 20, 2011
Date


Signature

Michael Emslie
Name (PRINTED)

Controller
Title or Position



Canada Revenue Agency Schedule

1. Identification

Canada Revenue Agency Registration Number 0309914

Is the location of books and records the same as the mailing address? Yes No

If no,

Company Name: _____ Address: _____

City/Town: _____ Province: _____ Postal Code: _____

2. Financial Data (Plan Year)

Amounts transferred in from other plans	Line 1	<u>406 801</u>
Net investment earnings (losses)	Line 2	<u>13,668,802</u>
Payment of benefits	Line 3	<u>6,941,857.90</u>
Transfer of benefits to other plans	Line 4	<u>5,301,077.27</u>
Assets (market value) at beginning of the plan year	Line 5	<u>129,423,121</u>
Assets (market value) at end of plan year	Line 6	<u>137,414,316</u>
Actuarial Liabilities resulting from plan obligations	Line 7	<u>161,310,364</u>
Date of actuarial liability assessment	Line 8	<u>2007 12 31</u>

YYYY MM DD

3. Did the pension plan terminate or become inactive in this year or in a previous year?
Yes _____ No

If yes, what was the:

- effective date of plan termination: ____/____/____, and if applicable, YYYY MM DD
- date of final distribution of funds: ____/____/____, YY MM DD

If you answered yes, you can go directly to "Certification" on the main form.

4. How many active members were persons connected with the employer? NONE

5. How many employers participated in the plan at plan year end? ONE

**Specified Multi-employer plans, go to "Certification".
Multi-employer plans, go to 9. Other plans continue with 6.**

6. Did any member of this plan participate:
• in any other RPP or DPSP provided by this plan sponsor? Yes _____ No ; or
• in a RPP or DPSP of any other sponsor who does not deal at arm's length with this sponsor?
Yes _____ No

7. Have any connected persons joined or left the plan in the plan year? Yes _____ No

8. In the plan year, has a person or group acquired control of the corporation that is sponsoring the pension plan?
Yes _____ No N/A _____

Money Purchase plans, go to "Certification". Other plans continue with 9.

9. Were any plan members provided with post-1989 past-service benefits in the plan year? Yes _____ No

10. Have any plan members who are connected persons been provided with pre-1992 past-service benefits in the plan year? Yes _____ No