

Office of the Superintendent
 Pension Commission
 1004 - 401 York Avenue
 Winnipeg, MB R3C 0P8
 Phone No. (204) 945-2740
 Fax: (204) 948-2375



ANNUAL INFORMATION RETURN

Please return the signed form, together with a remittance for the appropriate filing fee payable to the **MINISTER OF FINANCE** to:

| |
|-------------------------|
| For Commission Use Only |
| Approved |

1004 - 401 York Avenue
 Winnipeg MB R3C 0P8

Section 1 - PLAN ADMINISTRATOR

| | | | | | |
|--|---|--------------------------------------|------------------------------|-----------------------------------|-----------------------|
| Canada Revenue Agency Registration Number | 0309914 | End of Plan Fiscal Year Under Review | 31 / 12 / 2014 DD MM YYYY | No. of months covered: | 12 |
| Name of the Plan (found in plan text) | THE UNIVERSITY OF WINNIPEG TRUSTEED PENSION PLAN | | | | |
| Administrator of the Plan | <input type="checkbox"/> a pension committee (complete Appendix 1) <input checked="" type="checkbox"/> a person or body or group authorized in law to administer the plan BOARD OF TRUSTEES <input type="checkbox"/> an employer | | | | |
| Name of the person who represents the Administrator of the Plan | MARY ANNE WALLS | | | | |
| Mailing Address | UNIVERSITY OF WPG. HUMAN RESOURCES 515 PORTAGE AVE. WPG, MB R3B 2E9 | | | | |
| Telephone Number | 204 786-9280 | Fax Number | 204 774-2935 | Email address (must be filled in) | AM.WALLS@UWINNIPEG.CA |
| Has the above mailing address changed within the last 12 months? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | |

The Pension Benefits Act (Act) and the Pension Benefits Regulation (Regulation) requires that the administrator of a pension plan file an Annual Information Return not later than 180 days after the fiscal year or termination date of the pension plan. All sections of the Annual Information Return must be completed including the Canada Revenue Agency (CRA) Schedule and Appendices. The Office of the Superintendent – Pension Commission (OSPC) collects the annual information required by CRA in the CRA Schedule which forms part of this Annual Information Return.

OSPC Late Filing Penalties

First contravention, 10% of the fee for the most recent Annual Information Return filed with the commission, for each 30 days the filing is late, up to a maximum of 100% of that fee.

Second and subsequent contravention, 15% of the fee for the most recent Annual Information Return filed with the commission, for each 30 days the filing is late, up to a maximum of 100%.

CRA Late Filing Penalties

If the Annual Information Return is filed late or is not filed at all CRA can impose financial penalties under subsection 162(7) of the Income Tax Act of \$25.00 per day up to a maximum of \$2,500.00 and under subsection 147.1(11) and (12) and can revoke a plan's registration.

Section 2 – PLAN SPONSOR

| | | | | | |
|---|--------------|--|--------------|--|----------------------|
| Employer's Name (If more than one participating employer in the plan complete Appendix 2) | | THE UNIV. OF WPG. | | | |
| Mailing Address | | HUMAN RESOURCES 515 PORTAGE AVE. UNIV. OF WPG. WPG. MB R3B 2E9 | | | |
| Telephone Number | 204 786-9280 | Fax Number | 204 774-2935 | Corporate E-mail (must be filed in) | m.walls@univmip29.ca |
| Has the above mailing address changed within the last 12 months? | | ___ Yes <u>X</u> No | | | |
| Name, Address and Telephone Number of Fund Holder/Custodian | | RBC INVESTOR SERVICES TRUST (ANDREA POORE) 335-8th AVE. S.W. 23rd FLOOR CALGARY, AB T2P 1C9 403 292-2695 | | | |
| Name, Address, Telephone Number and Email address of Consultant | | ECKLER LTD (ANDREW KULYK) 2475 - ONE LOMBARD PLACE WPG. MB R3B 0X3 988-1589 akulyk@eckler.ca | | | |
| Name and Address of Actuary (if different from consultant) | | N/A | | | |

Section 3 - ADMINISTRATIVE DOCUMENTATION

Were any amendments made to this pension plan, supporting documents, or fund during the fiscal year under review?
 ___ Yes X No

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

Does the pension plan have a written statement of investment policies and procedures which complies with section 3.23 of the Regulation?
X Yes ___ No

Has the plan's written statement of investment policies and procedures been established or reviewed in the fiscal year covered by this return please provide a copy?
X Yes ___ No

Note: If yes, a copy of the amendment, or of the statement as amended, must be provided to each person or organization entitled to a copy.

Has the plan's audited financial statement as required by section 3.28 of Regulation been filed?
X Yes ___ No ___ Not required *will be filed by June 30/15*

Section 4 - CONTRIBUTIONS

Please refer to the Guide to Completing Annual Information Return (p. 9) for information on how to complete this section.

| MEMBER CONTRIBUTIONS | | | |
|------------------------------|----------------------|---------------------------|------------------------|
| | Defined Benefit (DB) | Defined Contribution (DC) | Total DB and DC |
| Member Required | \$ 893,509.32 | \$ 2,862,988.28 | \$ 3,756,497.60 |
| Member Voluntary | \$ - | \$ - | \$ - |
| Optional Ancillary (DB only) | \$ - | N/A | \$ - |
| Total | \$ 893,509.32 | \$ 2,862,988.28 | \$ 3,756,497.60 |

| EMPLOYER CONTRIBUTIONS (excluding special payments) | | | |
|--|----------------------|---------------------------|-----------------|
| | Defined Benefit (DB) | Defined Contribution (DC) | Total DB and DC |
| Employer Required (for DB plans Normal cost) | \$ 1,084,194.70 | \$ 2,867,003.67 | \$ 3,951,198.37 |
| Less surplus utilized (DB plans) only | \$ - | N/A | \$ - |
| Employer Required (for DB plans Normal Cost not funded by surplus) | \$ 398,904.56 | N/A | \$ 398,904.56 |
| Interest on late contributions | \$ - | \$ - | \$ - |

For pension plans with a defined benefit provision, were the payments shown above determined in accordance with the formulas in the last cost certificate filed with the commission? Yes No

If "No" please explain any differences

4,350,102.93

SPECIAL PAYMENTS (Defined Benefit Provision only)

| Type of Payment | Date Established per Last filed Cost Certificate | Unfunded Liability or Solvency Deficiency per Last filed Cost Certificate | Payments Required for the Plan Fiscal Year per Last filed Cost Certificate | Payments Made for the Plan Fiscal Year |
|---|--|---|--|--|
| Unfunded Liabilities | 12/31/13 | \$ 17,551,000 | \$ 2,003,000 | \$ 2,003,000 |
| | | \$ | \$ | \$ |
| | | \$ | \$ | \$ |
| | | \$ | \$ | \$ |
| | | \$ | \$ | \$ |
| | | \$ | \$ | \$ |
| | | \$ | \$ | \$ |
| | | \$ | \$ | \$ |
| | | \$ | \$ | \$ |
| | | \$ | \$ | \$ |
| | | \$ | \$ | \$ |
| | | \$ | \$ | \$ |
| | | \$ | \$ | \$ |
| | | \$ | \$ | \$ |
| Sub Total | | \$ | \$ | \$ |
| Lump sum payments to fund Transfer Deficiency | N/A | N/A | N/A | \$ |
| Interest on late contributions | N/A | N/A | N/A | \$ - |
| Payments due to filling of new valuation | N/A | N/A | \$ - | \$ - |
| Total | | \$ 17,551,000 | \$ 2,003,000 | \$ 2,003,000 |

Were the payments shown above determined in accordance with the formulas given in the last cost certificate filed with the commission? Yes No

If "No" explain any changes _____

ESTIMATE OF DEFINED CONTRIBUTIONS

For plans with a Defined Contribution Provision provide an estimate of the amount of contributions to be paid into the fund for the next fiscal year

Member Required Contributions \$ 3,114,000
 Employer Required Contributions \$ 3,139,000

Section 5 - PLAN MEMBERSHIP

TOTAL MEMBERSHIP

| | |
|--|------------|
| (a) Number of active members as at the plan's previous year end | 827 |
| (b) New entrants (employees who joined the plan during the plan year) | 57 |
| (c) Subtotal: (a + b) | 884 |
| Exits, employees who ceased to be active during the plan year for the following reasons | |
| (d) Retirements | 11 |
| (e) Death | 1 |
| (f) Termination of membership in the plan | 41 |
| (g) Subtotal: (d + e + f) | 53 |
| Total number of active members at the end of plan year (c - g) | 831 |
| Pensioners and beneficiaries receiving a benefit from the plan | 269 |
| Former members and beneficiaries entitled to, but not yet in receipt of a benefit | 108 |

ACTIVE PLAN MEMBERS ON PAYROLL

| Designated Province - Area of Employment | Active Plan Members on Payroll | |
|--|--------------------------------|--------|
| | Male | Female |
| Alberta | | |
| British Columbia | | |
| Manitoba | 365 | 441 |
| New Brunswick | | |
| Newfoundland and Labrador | | |
| Northwest Territories | | |
| Nova Scotia | | |
| Nunavut | | |
| Ontario | | |
| Prince Edward Island | | |
| Quebec | | |
| Saskatchewan | | |
| Yukon Territory | | |
| Employment under federal jurisdiction | | |
| Outside Canada | | |
| Total | | |

Section 6 - FILING FEE

FILING FEE

In accordance with subsection 3.26(1) of the Regulation, a fee is required in respect of each active plan member on payroll in a designated Province and area of employment but in no event less than \$120.00. A fee is not required if there are no active plan members.

Number of Active Plan Members

Fee

1 – 16

\$ 120.00 (minimum)

17 – 2499

\$ 7.20 (per member)

2500 and over

\$18,000.00 (maximum)

(Example: 17 employees x \$7.20 = \$122.40)

Filing fee remitted \$ 5,803.20

Section 7 - INDEXATION

INDEXATION (Defined Benefits Provision Only)

Were adjustments made to pensions in pay during the plan year covered by this return? Yes No

Reason for adjustment(s)

regular adjustment of benefits as required by plan document

pursuant to a collective agreement

voluntarily by employer

other (explain) _____

Basis for adjustment(s)

full Consumer Price Index

partial Consumer Price Index

excess interest formula (adjustments based on excess earnings on the pension fund)

percentage increase (not based on CPI)

flat dollar amount \$ _____ annually

other (explain) _____

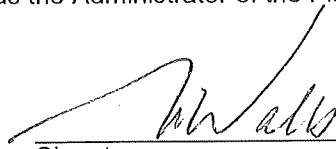
Section 8 - CERTIFICATION

ADMINISTRATOR'S CERTIFICATION

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

- (a) the contributions paid to the pension plan or fund are at least equal to those required under the Regulation;
- (b) the plan or fund and the investments thereof have been administered in accordance with the Act and Regulation;
- (c) the plan complies with and is being administered in accordance with the Income Tax Act and Regulation;
- (d) the details entered on this information return are true and correct;
- (e) I am the authorized person who represents the plan administrator as defined in section 28.1 of the Act and as identified on page 1 of the Annual Information Return as the Administrator of the Plan.

Date April 30/15

Signature 

MARY ANNE WALKS
Name (PRINTED)

MGR. CAMPUS HEALTH & WELLNESS
Title or Position

APPENDIX 1 – PENSION COMMITTEE MEMBERS

List all pension committee members at the plan fiscal year end along with a designation code as follows:

- A – active voting member
- N – non-active voting member
- E – employer
- AN – active non-voting member
- NN – non-active non-voting member

INDEPENDENT BOARD OF TRUSTEES

| | | | NAME | | | | CODE |
|----|-----------------|-------|------|----------------|-------|--|------|
| 1 | BARRY BARSKE | A | 11 | COLIN MORRISON | A + E | | |
| 2 | MURRAY WIEGAND | A | 12 | LAUREL REPSKI | A + E | | |
| 3 | HANS WERNER | A | 13 | LORNE HILTON | A | | |
| 4 | EDWARD BYARD | A | 14 | VACANCY | A | | |
| 5 | MARY ANNE WALMS | A | 15 | VACANCY | A | | |
| 6 | ANNABELLE MAYS | A | | | | | |
| 7 | HENRY HUDEK | A | | | | | |
| 8 | RAY ERB | A | | | | | |
| 9 | RON YOUNGSON | A | | | | | |
| 10 | MICHAEL EMSLIE | A + E | | | | | |

APPENDIX 2 – CHANGE IN PARTICIPATING EMPLOYERS

List only additions and deletions during the fiscal year to the list of participating employers last filed with the Office of the Superintendent – Pension Commission. **PLEASE REPORT CHANGES ONLY**

ADDITIONS

| Name of Participating Employer | Effective Date |
|--------------------------------|----------------|
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 10 | |

DELETIONS

| Name of Participating Employer | Effective Date |
|--------------------------------|----------------|
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 10 | |



Canada Revenue Agency Schedule

1. Identification

Canada Revenue Agency Registration Number

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>70,042.33</u> |
| Net investment earnings (losses) | Line 2 | <u>16,966,846.00</u> |
| Payment of benefits | Line 3 | <u>9,842,718.46</u> |
| Transfer of benefits to other plans | Line 4 | <u>4,896,018.00</u> |
| Assets (market value) at beginning of the plan year | Line 5 | <u>168,305,112.</u> |
| Assets (market value) at end of plan year | Line 6 | <u>180,274,016.</u> |
| Actuarial Liabilities resulting from plan obligations..... | Line 7 | <u>104,506,537.</u> |
| Date of actuarial liability assessment | Line 8 | <u>2013 / 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: ____/____/____
YYYY 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
(Note: Only connected members as described in point #4 in the "How to Complete the Canada Revenue Agency Schedule" should be reported)

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

PLEASE SEE CERTIFICATION (page 6)