

## 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

<b>Canada Revenue Agency Registration Number</b>	0309914	<b>End of Plan Fiscal Year Under Review</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; border-bottom: 1px solid black;">31</td> <td style="text-align: center; border-bottom: 1px solid black;">12</td> <td style="text-align: center; border-bottom: 1px solid black;">2018</td> </tr> <tr> <td style="text-align: center; font-size: 0.8em;">DD</td> <td style="text-align: center; font-size: 0.8em;">MM</td> <td style="text-align: center; font-size: 0.8em;">YYYY</td> </tr> </table>	31	12	2018	DD	MM	YYYY
31	12	2018							
DD	MM	YYYY							
<b>Name of the Plan (found in plan text)</b>	THE UNIVERSITY OF WPG. TRUSTEED PENSION PLAN								
<b>Administrator of the Plan</b>	<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 <span style="float: right; font-style: italic;">BOARD OF TRUSTEES</span> <input type="checkbox"/> an employer								
<b>Name of the person who represents the Administrator of the Plan</b>	MARK BETCHER								
<b>Mailing Address</b>	UNIV. OF WPG. HUMAN RESOURCES 515 PORTAGE AVE. WPG. MB. <span style="float: right; font-style: italic;">R3B 2E9</span>								
<b>Telephone Number</b>	204 786-9890	<b>Fax Number</b>	204 774-2935						
<b>Email address (must be filled in)</b>	m.betcher@u.winnipeg.ca								
<b>Has the above mailing address changed within the last 12 months?</b>	<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 UNIVERSITY OF WINNIPEG			
Mailing Address		HUMAN RESOURCES UNIVERSITY OF WPG. 515 PORTAGE AVE. WPG. MB R3B 2E9			
Telephone Number	204 786-9890	Fax Number	204 774-2935	Corporate E-mail (must be filed in)	m.betchen@uminnipeg.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		CIBC MELLON TRUST CO. (DAVID PLANDEN) 320 BAY ST. P.O. BOX 1 TORONTO, ON M5H 4A6      403 232-2447			
Name, Address, Telephone Number and Email address of Consultant		ECKLER (ANDREW KUKYK) ONE LOMBARD PLACE - SUITE 2475 WPG. MB R3B 0X3      204 988-1572			
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    \_\_\_ No

If "yes" please provide the amendment number(s), by-law(s) and/or resolution date(s) 2018 - A

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Does the pension plan have a written statement of investment policies and procedures which complies with section 3.23 of the Regulation?  
 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?  
 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.

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Has the plan's audited financial statement as required by section 3.28 of Regulation been filed?  
 Yes    \_\_\_ No      \_\_\_ Not required  
BY JUNE 30, 2018



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 \_\_\_\_\_

## Section 5 - PLAN MEMBERSHIP

TOTAL MEMBERSHIP	
(a) Number of active members as at the plan's previous year end	837
(b) New entrants (employees who joined the plan during the plan year)	78
<b>(c) Subtotal: (a + b)</b>	<b>915</b>
<b>Exits, employees who ceased to be active during the plan year for the following reasons</b>	
(d) Retirements	22
(e) Death	1
(f) Termination of membership in the plan	43
<b>(g) Subtotal: (d + e + f)</b>	<b>66</b>
<b>Total number of active members at the end of plan year (c - g)</b>	<b>849</b>
Pensioners and beneficiaries receiving a benefit from the plan	299
Former members and beneficiaries entitled to, but not yet in receipt of a benefit	137

ACTIVE PLAN MEMBERS ON PAYROLL		
Designated Province - Area of Employment	Active Plan Members on Payroll	
	Male	Female
Alberta		
British Columbia		
Manitoba	371	451
New Brunswick	NOTE: ACTIVE MEMBERS WHO WERE NOT CONTRIBUTING AT DEC-31/18 WERE ON LEAVE WITHOUT PAY (INCLUDING LTD)	
Newfoundland and Labrador		
Northwest Territories		
Nova Scotia		
Nunavut		
Ontario		
Prince Edward Island		
Quebec		
Saskatchewan		
Yukon Territory		
Employment under federal jurisdiction		
Outside Canada		
<b>Total</b>		

## 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 \$ 5,918.40

## 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.

April 9/19  
Date

  
Signature

MARK BETCHER  
Name (PRINTED)

MGR. PAY + BENEFITS  
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

*BOARD OF TRUSTEES*

NAME			CODE
1	BARRY BARSKE	A	11. JAMES TOWNSEND A
2	MURRAY WIEGAND	A	12. ANDREW BENDOR-SAMUEL A
3	EDWARD BYARD	A	13. MICHAEL EMSKIE A + E
4	MARK BETCHER	A	14. COLIN MORRISON A + E
5	HENRY HUDER	A	15. ROBERTA MARSH A + E
6	RAY ERB	A	
7	RON YOUNGSON	A	
8	LORNE HILTON	A	
9	BILL EVANS	A	
10	TREVOR YURIY	A	

**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	16,577.35
Net investment earnings (losses) .....	Line 2	(4,486.27)
Payment of benefits .....	Line 3	10,584.10
Transfer of benefits to other plans .....	Line 4	3,490.92
Assets (market value) at beginning of the plan year .....	Line 5	214,682.43
Assets (market value) at end of plan year .....	Line 6	206,513.59
Actuarial Liabilities resulting from plan obligations .....	Line 7	231,971.70
Date of actuarial liability assessment .....	Line 8	2017 / 12 / 31

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)