



Labour and Immigration  
Pension Commission

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

THIS FORM MUST BE SUBMITTED BY:

The remittance should be made payable to the MINISTER OF FINANCE

JUN 29 2010

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 X

4. Telephone Number 786-9280 Fax Number 774-2935 Corporate E-mail address (must be filled in) \_\_\_

5. Canada Revenue Agency Registration Number 0309914 (same number as on page 4)

6. (a) End of Plan Fiscal Year under review: Day 31 Month 12 Year 2009

(b) Number of Months in this Plan Fiscal Year: 12 months X 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 N/A

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). 2009 - A

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 ( <u>ind. DC</u> )	\$ <u>2,259,931</u>
	+ voluntary	\$ ___
	TOTAL	\$ <u>2,259,931</u>

10. (continued)

(b) Employer contributions required (Ind. DC) \$ 3,183,328.00  
 - less termination/death credits (forfeitures) \$ \_\_\_\_\_  
 - less surplus/other credits (explain) \$ \_\_\_\_\_  
 TOTAL \$ 3,183,328.00

(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: \_\_\_\_\_

1. 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:

(a) UNFUNDED LIABILITIES (initial and created by amendments)	Unfunded Liability Experience Deficiency or Solvency Deficiency	Date Established	Total Payments for the Plan Year
<i>GOING CONCERN</i>	\$ _____	\$ _____	\$ _____
	\$ <u>386,000</u>	\$ _____	\$ _____
<i>CURRENT SERV. SHORTFALL</i>	\$ <u>295,000</u>	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
(b) EXPERIENCE DEFICIENCY(ies)	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
(c) SOLVENCY DEFICIENCY(ies)	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____
(d) TOTAL SPECIAL PAYMENTS	\$ <u>681,000</u>	\$ _____	\$ _____

(e) Were the payments shown above determined in accordance with the formulas given in the last cost certificate filed with the Commission?  Yes \_\_\_\_\_ No \_\_\_\_\_  
 (f) Explain any changes: \_\_\_\_\_

2. 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: \$ 1,496,000
- Required Employer Contributions: \$ 1,510,000

3. MEMBERSHIP:

- (a) Number of members at the plan's previous year end: 1,039  
 (b) Add - NEW ENTRANTS, eg., employees joining the plan during the year: 68  
 (c) Subtotal (a+b): 1,107

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: 3  
 (f) disability: —  
 (g) termination of membership in the plan: 43  
 (h) total exits (d + e + f + g): 46 (b) ~~46~~ 46  
 (i) Total number of members at the plan's year end (c) less (h): 1,061 (b) 1,061

1. 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 (2)		Plan Members on Payroll (4)*		Female (5)*
	Male	Female	Male	Female	
Alberta					
British Columbia					
Manitoba	612	780	322	394	
New Brunswick					
Newfoundland and Labrador					
Northwest Territory					
Nova Scotia					
Nunavut					
Ontario					
Outside Canada					
Prince Edward Island					
Quebec					
Saskatchewan					
Yukon Territories					
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 25/10  
Date

  
Signature

MIKE EMSLIE  
Name (PRINTED)

CONTROLLER & EXECUTIVE DIRECTOR  
Title or Position



Canada Revenue Agency Schedule

Identification Canada Revenue Agency Registration Number 0309914

the location of books and records the same as the mailing address? [X] Yes \_\_\_ No

no,

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Financial Data (Plan Year)

Amounts transferred in from other plans ..... Line 1 635.41
Net investment earnings (losses) ..... Line 2 19,981.876
Payment of benefits ..... Line 3 5,957.074.15
Transfer of benefits to other plans ..... Line 4 852,886.59

Assets (market value) at beginning of the plan year ..... Line 5 111,474,006
Assets (market value) at end of plan year ..... Line 6 129,423,121
Actuarial Liabilities resulting from plan obligations ..... Line 7 145,170,093
Date of actuarial liability assessment ..... Line 8 2007/12/31
YYYY MM DD

Did the pension plan terminate or become inactive in this year or in a previous year?
Yes \_\_\_ No [X]

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.

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

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.

Did any member of this plan participate:

• in any other RPP or DPSP provided by this plan sponsor? Yes \_\_\_ No [X]; or
• in a RPP or DPSP of any other sponsor who does not deal at arm's length with this sponsor?
Yes \_\_\_ No [X]

Have any connected persons joined or left the plan in the plan year? Yes \_\_\_ No [X]

In the plan year, has a person or group acquired control of the corporation that is sponsoring the pension plan?
Yes \_\_\_ No [X] N/A \_\_\_

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

Were any plan members provided with post-1989 past-service benefits in the plan year? Yes \_\_\_ No [X]

0. Have any plan members who are connected persons been provided with pre-1992 past-service benefits
in the plan year? Yes \_\_\_ No [X]