

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

Cashier
614 - 401 York Avenue
Winnipeg MB R3C 0P8

Section 1 - PLAN ADMINISTRATOR

Canada Revenue Agency Registration Number	0309914	End of Plan Fiscal Year Under Review	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">31</td> <td style="text-align: center;">/</td> <td style="text-align: center;">12</td> <td style="text-align: center;">/</td> <td style="text-align: center;">2012</td> </tr> <tr> <td style="text-align: center; font-size: small;">DD</td> <td></td> <td style="text-align: center; font-size: small;">MM</td> <td></td> <td style="text-align: center; font-size: small;">YYYY</td> </tr> </table>	31	/	12	/	2012	DD		MM		YYYY
31	/	12	/	2012									
DD		MM		YYYY									
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	HUMAN RESOURCES UNIV. OF WPG. WPG. MB 515 PORTAGE AVE. R3B 2E9												
Telephone Number	204 786-9280	Fax Number	204 774-2935										
Email address (must be filled in)	m.walls@unwinnipeg.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 UNIVERSITY OF WINNIPEG			
Mailing Address		HUMAN RESOURCES 515 PORTAGE AVE. UNIVERSITY OF WPG. WPG. MB R3B 2E9			
Telephone Number	204 786-9280	Fax Number	174-2935	Corporate E-mail (must be filed in)	mm.walks@unimpeg.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 POOLE) 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)		NA			

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) 2012 - A

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

If the plan's written statement of investment policies and procedures has been established or reviewed in the fiscal year covered by this return please provide a copy.

Has the plan's audited financial statement as required by section 3.28 of Regulation been filed?
 Yes ___ No ___ Not required
WILL BE FILED BY JUNE 30/13

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 \$ 2,593,000
 Employer Required Contributions \$ 2,600,000

Section 5 - PLAN MEMBERSHIP

TOTAL MEMBERSHIP	
(a) Number of active members as at the plan's previous year end	790
(b) New entrants (employees who joined the plan during the plan year)	71
(c) Subtotal: (a + b)	861
Exits, employees who ceased to be active during the plan year for the following reasons	
(d) Retirements	17
(e) Death	2
(f) Termination of membership in the plan	40
(g) Subtotal: (d + e + f)	59
Total number of active members at the end of plan year (c - g)	802
Pensioners and beneficiaries receiving a benefit from the plan	257
Former members and beneficiaries entitled to, but not yet in receipt of a benefit	110

ACTIVE PLAN MEMBERS ON PAYROLL		
Designated Province - Area of Employment	Active Plan Members on Payroll	
	Male	Female
Alberta		
British Columbia		
Manitoba	361	420
New Brunswick		
Newfoundland and Labrador		
Northwest Territory		
Nova Scotia	781	
Nunavut		
Ontario		
Prince Edward Island		
Quebec		
Saskatchewan		
Yukon Territories		
Employment under federal jurisdiction		
Outside Canada		
Total		

Section 6 - FILING FEE

FILING FEE	
<p>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.</p>	
<u>Number of Plan Members</u>	<u>Fee</u>
1 - 16	\$ 120.00 (minimum)
17 - 2499	\$ 7.20 (per member)
2500 and over	\$18,000.00 (maximum)
<p>(Example: 17 employees x \$7.20 = \$122.40)</p>	
<p>Filing fee remitted \$ <u>5,623.20</u></p>	

Section 7 - INDEXATION

INDEXATION (Defined Benefits Provision Only)	
<p>Were adjustments made to pensions in pay during the plan year covered by this return?</p>	<p>_____ Yes <u>X</u> No</p>
<p>Reason for adjustment(s)</p> <p>___ regular adjustment of benefits as required by plan document</p> <p>___ pursuant to a collective agreement</p> <p>___ voluntarily by employer</p> <p>___ other (explain) _____</p>	
<p>Basis for adjustment(s)</p> <p>___ full Consumer Price Index</p> <p>___ partial Consumer Price Index</p> <p>___ excess interest formula (adjustments based on excess earnings on the pension fund)</p> <p>___ percentage increase (not based on CPI)</p> <p>___ flat dollar amount \$ _____ annually</p> <p>___ other (explain) _____</p>	

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 RAY ERB	A
2	GREG GILKS	A	12 RON YOUNGSON	A
3	MURRAY WIEGAND	A	13 MICHAEL ESKIE	A + E
4	HANS WERNER	A	14 COLIN MORRISON	A + E
5	ED BYARD	A	15 LAUREL REPSKI	A + E
6	KYLE MACDONALD	A		
7	MARY ANNE WALLS	A		
8	JUDY GRAHAM	A		
9	JANE BARSKE	A		
10	HENRY HUDEK	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	11,960.99
Net investment earnings (losses)	Line 2	10,956,438.00
Payment of benefits	Line 3	7,600,041.48
Transfer of benefits to other plans	Line 4	1,166,443.28
Assets (market value) at beginning of the plan year	Line 5	135,105,820.00
Assets (market value) at end of plan year	Line 6	146,818,777.00
Actuarial Liabilities resulting from plan obligations	Line 7	673,611,230.00
Date of actuarial liability assessment	Line 8	2011 12 31

JAN. 1/12
DEC. 31/12

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)