

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

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 |
| Approved                |

### 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; 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;">2011</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 | 2011 | DD | MM | YYYY |
| 31   | 12  | 2011                                 |  |    |    |      |    |    |      |
| 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)<br><input checked="" type="checkbox"/> a person or body or group authorized in law to administer the plan<br><span style="float: right; margin-right: 20px;">BOARD OF TRUSTEES</span> <input type="checkbox"/> an employer |                                      |  |    |    |      |    |    |      |
| Name of the person who represents the plan administrator         | MARY ANNE WALLS   |                                      |  |    |    |      |    |    |      |
| Mailing Address  | HUMAN RESOURCES UNIVERSITY OF WPG. WPG. MB<br>515 PORTAGE AVE. R3B 2E9  |                                      |  |    |    |      |    |    |      |
| Telephone Number   | 786-9280  | Fax Number                           | 174-2935   |    |    |      |    |    |      |
|  |   | Email address (must be filled in)    | m.wallo@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**

|   |          |  |          |  |                      |
|---|----------|--|----------|--|----------------------|
| <b>Employer's Name</b><br>(If more than one participating employer in the plan complete Appendix 2) |          | THE UNIVERSITY OF WINNIPEG   |          |  |                      |
| <b>Mailing Address</b>  |          | HUMAN RESOURCES 515 PORTAGE AVE.<br>UNIV. OF WINNIPEG WPG. MB R3B 2K9  |          |  |                      |
| <b>Telephone Number</b>   | 786-9280 | <b>Fax Number</b>  | 774-2935 | <b>Corporate E-mail (must be filed in)</b> | m.mallo@UWINNIPEG.CA |
| <b>Has the above mailing address changed within the last 12 months?</b>                             |          | ___ Yes <u>X</u> No  |          |  |                      |
| <b>Name, Address and Telephone Number of Fund Holder/Custodian</b>                                  |          | RBC DEXIA INVESTOR SERVICES TRUST (ANDREA PODEL)<br>375 - 9TH AVE. S.W. 23RD FLOOR<br>CALGARY, AB T2P 1C9 (403) 292-2695 |          |  |                      |
| <b>Name, Address, Telephone Number and Email address of Consultant</b>                              |          | ECKLER LTD (ANDREW KULYK)<br>2475 - ONE LOMBARD PLACE<br>WINNIPEG, MB<br>R3B 0X3 988-1589 akulyk@eckler.ca               |          |  |                      |
| <b>Name and Address of Actuary (if different from consultant)</b>                                   |          | 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) 2011-A, 2011-B, 2011-C  
2011-D, 2011-E, 2011-F, 2011-G

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    *will be filed by June 30/12.*

## Section 4 - CONTRIBUTIONS

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

**PLEASE NOTE THAT CONTRIBUTIONS MUST BE REPORTED ON AN ACCRUAL BASIS**

| MEMBER CONTRIBUTIONS         |                      |                           |                 |
|------------------------------|----------------------|---------------------------|-----------------|
|                              | Defined Benefit (DB) | Defined Contribution (DC) | Total DB and DC |
| Member Required              | \$ 785,478           | \$ 1,603,161              | \$ 2,388,639    |
| Member Voluntary             | \$ -                 | \$ -                      | \$ -            |
| Optional Ancillary (DB only) | \$ -                 | N/A                       | \$ -            |
| <b>Total</b>                 | \$ 785,478           | \$ 1,603,161              | \$ 2,388,639    |

| EMPLOYER CONTRIBUTIONS<br>(excluding special payments)             |                      |                           |                 |
|--|----------------------|---------------------------|-----------------|
|  | Defined Benefit (DB) | Defined Contribution (DC) | Total DB and DC |
| Employer Required (for DB plans Normal cost)                       | \$ 1,008,746         | \$ 1,620,873              | \$ 2,629,619    |
| Less surplus utilized (DB plans) only                              | \$ -                 | N/A                       | \$ -            |
| Employer Required (for DB plans Normal Cost not funded by surplus) | \$ 855,623           | N/A                       | \$ 855,623      |
| 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

| SPECIAL PAYMENTS (Defined Benefit Provision only) |                  |   |   |                                       |
|---|------------------|---|---|---------------------------------------|
| Type of Payment                                   | Date Established | Total Unfunded Liability or Solvency Deficiency | Total Payments Required for the Plan Year per last filed Cost Certificate | Total Payments Made for the Plan Year |
| Unfunded Liabilities                              | 12/31/2010       | \$ 25,377,000                                   | \$ 2,637,000  | \$ 2,637,000                          |
|   |                  | \$  | \$  | \$                                    |
|   |                  | \$  | \$  | \$                                    |
|   |                  | \$  | \$  | \$                                    |
|   |                  | \$  | \$  | \$                                    |
|   |                  | \$  | \$  | \$                                    |
|   |                  | \$  | \$  | \$                                    |
|   |                  | \$  | \$  | \$                                    |
|   |                  | \$  | \$  | \$                                    |
|   |                  | \$  | \$  | \$                                    |
|   |                  | \$  | \$  | \$                                    |
| <b>Sub Total</b>                                  |                  | \$  | \$ 2,637,000  | \$ 2,637,000                          |
| 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 filing of new valuation           |                  | \$  | \$ -  | \$ -                                  |
| <b>Total</b>                                      |                  | \$  | \$ 2,637,000  | \$ 2,637,000                          |

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      \$ 1,975,000

Employer Required Contributions      \$ 1,992,000

### Section 5 - PLAN MEMBERSHIP

#### TOTAL MEMBERSHIP

|  |            |
|--|------------|
| (a) Number of active members as at the plan's previous year end                                | 749        |
| (b) New entrants (employees who joined the plan during the plan year)                          | 109        |
| <b>(c) Subtotal: (a + b)</b>   | <b>858</b> |
| <b>Exits, employees who ceased to be active during the plan year for the following reasons</b> |            |
| (d) Retirements  | 27         |
| (e) Death  | 3          |
| (f) Termination of membership in the plan  | 38         |
| <b>(g) Subtotal: (d + e + f)</b>   | <b>68</b>  |
| <b>Total number of active members at the end of plan year (c - g)</b>                          | <b>790</b> |
| Pensioners and beneficiaries receiving a benefit from the plan                                 | 247        |
| Former members and beneficiaries entitled to, but not yet in receipt of a benefit              | 107        |

#### ACTIVE PLAN MEMBERS ON PAYROLL

| Designated Province - Area of Employment | Active Plan Members on Payroll |        |
|--|--------------------------------|--------|
|  | Male                           | Female |
| Alberta                                  |                                |        |
| British Columbia                         |                                |        |
| Manitoba                                 | 352                            | 417    |
| New Brunswick                            |                                |        |
| Newfoundland and Labrador                |                                |        |
| Northwest Territory                      |                                |        |
| Nova Scotia                              |                                |        |
| Nunavut                                  |                                |        |
| Ontario                                  |                                |        |
| Prince Edward Island                     |                                |        |
| Quebec                                   |                                |        |
| Saskatchewan                             |                                |        |
| Yukon Territories                        |                                |        |
| Employment under federal jurisdiction    |                                |        |
| Outside Canada                           |                                |        |
| <b>Total</b>                             |                                |        |

**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.</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>5,536.80</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? _____ Yes _____ <u>X</u> No</p>  |  |
| <p><b>Reason for adjustment(s)</b></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><b>Basis for adjustment(s)</b></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> |  |

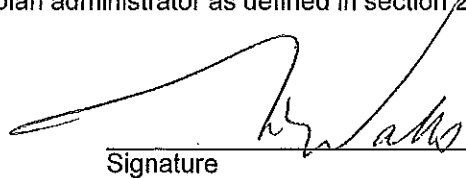
Section 8 - CERTIFICATION

**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.

Date June 13, 2012

Signature 

MARY ANNE WALLS  
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
- E – employer
- N – non voting

*Independent Board of Trustees*

|    | NAME            |                | CODE |
|----|-----------------|----------------|------|
| 1  | Barry Barske    | Michael Emslie | E    |
| 2  | Greg Gillis     | Colin Morrison | E    |
| 3  | Murray Wiegand  | Laurel Repski  | E    |
| 4  | Hans Warner     | Ray Erb        |      |
| 5  | Ed Byard        | Ron Youngson   |      |
| 6  | Kyle MacDonald  |                |      |
| 7  | Mary Anne Walls |                |      |
| 8  | Judy Graham     |                |      |
| 9  | Jane Barske     |                |      |
| 10 | Henry Hudek     |                |      |

**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? X 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 | 72,741         |
| Net investment earnings (losses) .....                     | Line 2 | 1,001,795      |
| Payment of benefits .....                                  | Line 3 | 8,376,797      |
| Transfer of benefits to other plans .....                  | Line 4 | 2,708,199      |
| Assets (market value) at beginning of the plan year .....  | Line 5 | 139,414,316    |
| Assets (market value) at end of plan year .....            | Line 6 | 135,185,820    |
| Actuarial Liabilities resulting from plan obligations..... | Line 7 | 170,885,533    |
| Date of actuarial liability assessment .....               | Line 8 | 2010 / 12 / 31 |
|  |        | YYYY MM DD     |

3. 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: \_\_\_/\_\_\_/\_\_\_, 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

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 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

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

8. 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.**

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

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

PLEASE SEE CERTIFICATION (page 6)