

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	<div style="display: flex; justify-content: space-between;"> 31 / 12 / 2017 </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> DD MM YYYY </div>
Name of the Plan (found in plan text)	THE UNIVERSITY OF WPG. TRUSTEED PENSION PLAN		
Administrator of the Plan	<input type="checkbox"/> a pension committee (complete Appendix 1) BOARD OF TRUSTEES <input checked="" type="checkbox"/> a person or body or group authorized in law to administer the plan <input type="checkbox"/> an employer		
Name of the person who represents the Administrator of the Plan	MARK BETCHER		
Mailing Address	UNIV. OF WPG. HUMAN RESOURCES 515 PORTAGE AVE. WPG. MB R3B 2E9		
Telephone Number	204 786-9890	Fax Number	204 774-2935
Email address (must be filled in)	m.betcher@unimmb.ca wpg.		
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 UNIVERSITY OF WPG. 515 PORTAGE AVE. WPG. MB R3B 2E9			
Telephone Number	204 786-9990	Fax Number	204-774-2935	Corporate E-mail (must be filed in)	m.betcher@u.winnipeg.ca
Has the above mailing address changed within the last 12 months?		____ Yes <input checked="" type="checkbox"/> No			
Name, Address and Telephone Number of Fund Holder/Custodian		CIBC MELLON TRUST CO. (DAVID PHANDEN) 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 KULYK) 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) _____

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.

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

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	\$ 673,831.12	\$ 3,374,140.36	\$ 4,047,971.48
Member Voluntary	\$ -	\$ -	\$ -
Optional Ancillary (DB only)	\$ -	N/A	\$ -
Total	\$ 673,831.12	\$ 3,374,140.36	\$ 4,047,971.48

EMPLOYER CONTRIBUTIONS (excluding special payments)			
	Defined Benefit (DB)	Defined Contribution (DC)	Total DB and DC
Employer Required (for DB plans Normal cost)	\$ 824,590.47	\$ 3,387,117.34	\$ 4,211,707.81
Less surplus utilized (DB plans) only	\$ -	N/A	\$ -
Employer Required (for DB plans Normal Cost not funded by surplus)	\$ 434,442.00	N/A	\$ 434,442.00
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 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	12/31/16	\$ 18,803,000	\$ 2,229,000	\$ 2,229,000
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
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		\$ 18,803,000	\$ 2,229,000	\$ 2,229,000

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 \$ 3,490,000
 Employer Required Contributions \$ 3,510,000

Section 5 - PLAN MEMBERSHIP

TOTAL MEMBERSHIP

(a) Number of active members as at the plan's previous year end	828
(b) New entrants (employees who joined the plan during the plan year)	73
(c) Subtotal: (a + b)	901
Exits, employees who ceased to be active during the plan year for the following reasons	
(d) Retirements	29
(e) Death	1
(f) Termination of membership in the plan	33
(g) Subtotal: (d + e + f)	63
Total number of active members at the end of plan year (c - g)	838
Pensioners and beneficiaries receiving a benefit from the plan	291
Former members and beneficiaries entitled to, but not yet in receipt of a benefit	129

ACTIVE PLAN MEMBERS ON PAYROLL

Designated Province - Area of Employment	Active Plan Members on Payroll	
	Male	Female
Alberta		
British Columbia		
Manitoba		
New Brunswick	376	454
Newfoundland and Labrador	NOTE: ACTIVE MEMBERS WHO WERE NOT CONTRIBUTING AT DEC. 31/17 WERE ON LEAVE WITHOUT PAY	
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.	
<u>Number of Active Plan Members</u>	<u>Fee</u>
1 – 16	\$ 120.00 (minimum)
17 – 2499	\$ 7.20 (per member)
2500 and over	\$18,000.00 (maximum)
<i>(Example: 17 employees x \$7.20 = \$122.40)</i>	
Filing fee remitted \$ <u>5,976.00</u>	

Section 7 - INDEXATION

INDEXATION (Defined Benefits Provision Only)	
Were adjustments made to pensions in pay during the plan year covered by this return?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Reason for adjustment(s)	
<input checked="" type="checkbox"/> regular adjustment of benefits as required by plan document	
<input type="checkbox"/> pursuant to a collective agreement	
<input type="checkbox"/> voluntarily by employer	
<input type="checkbox"/> other (explain) _____	
Basis for adjustment(s)	
<input type="checkbox"/> full Consumer Price Index	
<input type="checkbox"/> partial Consumer Price Index	
<input checked="" type="checkbox"/> excess interest formula (adjustments based on excess earnings on the pension fund)	
<input type="checkbox"/> percentage increase (not based on CPI)	
<input type="checkbox"/> flat dollar amount \$ _____ annually	
<input type="checkbox"/> 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 30/18
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	LADREL REPSKI	A + E	
2	MURRAY WIEGAND	A		12	LORNE HILTON	A	
3	HANS WERNER	A		13	BILL EVANS	A	
4	EDWARD BYARD	A		14	TREVOR YURLY	A	
5	MARK BETCHER	A					
6	HENRY HUDER	A					
7	RAY ERB	A					
8	RON YOUNGSON	A					
9	MICHAEL EMSLIE	A + E					
10	COLIN MORRISON	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>72,431.08</u>
Net investment earnings (losses)	Line 2	<u>20,331.52</u>
Payment of benefits	Line 3	<u>10,845,049.63</u>
Transfer of benefits to other plans	Line 4	<u>5,196,185.84</u>
Assets (market value) at beginning of the plan year	Line 5	<u>199,856,216.</u>
Assets (market value) at end of plan year	Line 6	<u>214,682,434.</u>
Actuarial Liabilities resulting from plan obligations.....	Line 7	<u>230,451,083.</u>
Date of actuarial liability assessment	Line 8	<u>2016/12/31</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)

RECEIVED

MAY 17 2016

November 2016

HUMAN RESOURCES