

Annual Information Return



1	Plan number					2 Fiscal year	
3	Name of the plan						
4	Administrator of the plan						
	Name and address of the financial	institution that adminis	ters the plan:				
	Name						
	Number	Street			Municipality		
	Province or territory		Country				Postal code
5 .	Identification of the person	n to contact for	any informati	ion conce	rning the plan		
	Mr. Family name		Given name			Telephone Area code	
	Name of the contact's employer, if applicable.					Fax Area code	
Į.	Plan correspondence should be sent		nistrator's address	indicated in	section 4:		─
ſ	Number		ing address		1		
	Number	Street			Municipality		
	Province or territory		Country				Postal code
6	Number and names of emp	ployers that are	parties to the	plan			
	Number of participating employer	s at the end of the pre	ceding fiscal year	-			1
	Number of employers that joined	the plan during the fise	cal year				2
						Total of lines 1 and 2	3
	Number of employers whose part						4
	Number of participating employer Also complete Appendix 1.	s at the end of the fisc	al year			Balance (line 3 less line 4)	5
7 :	Statement of financial posi	tion and report	on investmer	nts			
	Complete Appendix 2.	tion and roport					
3	Changes in the plan's activ	ve membership					7
	Number of active members at the	end of the preceding	fiscal year				6
	Number of members who joined t	he plan during the fisc	al year			T. 1 (1) 0 17	
						Total of lines 6 and 7	⁸
	Number of cessations of active m Cessations with locking-in or	· -	tiscal year:				9
	Cessations without locking-in						10
						Total of lines 9 and 10	11
	Number of active members at the	end of the fiscal year				Balance (line 8 less line 11)	12
9	Calculation of fees	I alo noodi yodi					
-	Basic fee:						1 000,00 \$ 13
	Total number of active members	(line 12):		X 4	·,50 \$: ———	.	\$ 14
	Required fees:	L		Tota	al of lines 13 and 14		\$ 15
		(Fne	lose a cheque m			♥ u Québec for the amount ente	
10	Certificate of the financia					rized by the financial institution	
	I certify that:		•	rs the plan.)			
the information given in this return, Appendix 1 and sections 1 to 3 of Appendix 2 are true, exact and complete and faithfully represent the plan's financial position. the plan was administered in accordance with the Supplemental Pension Plans Act and the Regulation respecting plans exempted from the application of certain provisions of the Supplemental Pension Plans Act, except for any irregularities mentioned in this return.						the plan's	
						the	
Authorized person's full name (please print) Authorized person's capacity (please print)					City (please print)		
						Year	Month Day
S	ignature					Date	

Appendix 1 Names of the employers that are parties to the plan Provide the names of all employers that are parties to the plan. If more space is needed, use additional sheets and attach them to this form.

The information required in this appendix for the fiscal year must be determined according to generally accepted accounting principles. Sections 1 to 3 of this appendix must be completed by the financial institution that administers the plan. Section 4 of this appendix must be completed and signed by an accountant. 1 Statement of changes in the plan's net assets 1.1 Increase in assets Income and net gains (or losses) on investments \$ 201 Contributions: \$ 202 Locked-in member contributions \$ 202.1 Not locked-in member contributions \$ 203 Employer contributions \$ 204 Total of lines 202, 202.1 and 203 205 Transfers to the pension fund Other sources of \$ 206 increase (specify) \$ 207 \$ 208 Total of lines 206 and 207 **TOTAL INCREASE IN ASSETS** Total of lines 201, 204, 205 and 208 209 \$ 1.2 Decrease in assets Expenses related to the investments \$ 210 Costs of plan administration \$ \$ 212 Total of lines 210 and 211 Payments to members and assigns \$ 213 Transfers from the pension fund \$ Other sources of \$ 215 decrease (specify) \$ Total of lines 215 and 216 \$ 217 **TOTAL DECREASE IN ASSETS** Total of lines 212 to 214 and 217 \$ 218 Balance (line 209 less line 218) 219 **CHANGE IN NET ASSETS** (Indicate net assets at end of preceding fiscal year.) NET ASSETS AT BEGINNING OF FISCAL YEAR 220 Total of lines 219 and 220 **NET ASSETS AT END OF FISCAL YEAR** \$ 221

Statement of financial position and report on plan investments

Appendix 2

Net asset	s				
2.1 Assets	5				
2.1.1	Cash				
	Cash on hand:				\$ 222
2.1.2	Investments				
	Debt securities:				
	Money market mutual funds		\$	223	
	Bonds and other debt securiti or a Canadian province	es issued or guaranteed by Québec, Canada	\$	224	
	Fixed-income mutual funds:				
	- Bond mutual funds		\$	225	
	- Hypothecary (mortgage)	mutual funds	\$	226	
	Amounts deposited in the gen	eral fund of an insurer	\$	227	
	Term deposits guaranteed in v l'assurance-dépôts du Québe	whole or in part by the Régie de	\$	228	
	rassurance-depois du Quebe	to d'a similar body	Total of lines 223 to 228		\$ 229
	Equity securities:		10tai 0i iiiles 223 to 226		
	Stock mutual funds		\$	230	
	Immovables (real estate) mut	ual funds	\$	231	
			Total of lines 230 and 231		\$ 232
			Total of lines 200 and 201		
	Balanced mutual funds			\$	\$ 233
	Other investments (specify)]		\$ 234
	(Specify)		1		\$ 235
			-		236
			-		-
				· ·	237
0.4.0		Total	of lines 229 and 232 to 237		\$ 238
2.1.3	Accounts receivable				
	Contributions receivable:			1	
	Member contributions		\$	239	
	Employer contributions		\$	240	_
			Total of lines 239 and 240		\$ 241
					\$ 242
	Investment income receivable			1	<u> </u>
	Other amounts receivable (specify)		\$	243	
			\$	244	
	_		Total of lines 243 and 244	'	\$ 245
2.1.4	Other assets				
2	Other (specify)		\$	246	
	_		\$	247	
			Total of lines 246 and 247		\$ 248
TOTAL A	ASSETS	Total of lines 222,	238, 241, 242, 245 and 248		\$ 249
2.2 Liabili	ties				_
2.2.1	Accounts payable				
· •	Payments and transfers payable			250	
	Other amounts		\$	250	
	payable (specify)		\$	251	
			\$	252	
TOTAL	LIABILITIES		Total of lines 250 to 252	o d	253
IOIAL	. L.A.D.E.TTEO		10ta 01 iii 65 200 l0 202]
NET A	SSETS	Bal	ance (line 249 less line 253)	9	254

3 Investments			
Have the assets of any mutu during the fiscal year?	al fund offered to the members been used to make de	rivative instrument transactions	Yes No 255
= -	he assets of any mutual fund offered to the members boured by a hypothec (mortgage) that is not a first hypot		Yes No 256
Are the investments that are investments?	offered to the members in conformity with the rules that	at govern simplified pension plan	Yes No 257
	ed to the members have a prospectus for which the Au If No, answer the following questions:	itorité des marchés financiers	Yes No 258
	assets of each of these funds composed of securities tet or securities whose resale is entirely unrestricted?	raded on a stock exchange or	Yes No 259
	the assets of any of these funds exceed 5% of the furested in hypothecary (mortgage) loans?	nd's total assets, or 10% if more	Yes No 260
one of the following: a strust, partnership or other	of these funds been invested in a proportion greater the single asset, one or more loans to a single borrower, are body or group lacking juridical personality? (You dos between natural persons or corporations.)	a single legal entity, a single	Yes No 261
Have the financial state	ments of each mutual fund been audited by an accoun	tant?	Yes
Accountant's certifica	te (This section must be completed and signed	ed by an accountant.)	
	nat administers the plan has tangible proof allowing it to icant decrease or interruption in payment of contribution		Yes No 263
The financial institution the	nat administers the plan has tangible proof allowing it to opriate accounts.	o show that the contributions have	Yes No 264
	nat administers the plan has a register in which are ent by way of payments or transfers.	ered all the amounts paid to each	Yes No 265
	nat administers the plan has tangible proof allowing it to subsections 2.1.1 and 2.1.2 of this appendix are regist		Yes No 266
	er advantages granted to the plan were credited to the tled to them.	account of each member as soon	Yes No 267
	y of the above affirmations, please explain below: additional sheets and attach them to this appendix.		
			26
Accountant's full name (please prin	ti	Professional title (please print)	
(press press	,	1 Totessional title (piease pinn)	
Name and address of the account	Intant's office (please print)		
Name			Telephone Area code
Number	Street	Municipality	Fax Area code
Province or territory	Country		Postal code
			Year Month Day
Signature		Date	