

2007

Annual Return (Short Form) Radio and Television

(Annual Return of " Programming Undertaking" Licensee)

For the broadcast year period ended August 31, 2007

Keep one copy of this return for your files and mail 3 completed copies (including financial statements) by November 30, 2007 to:

Chief, Industry Statistics and Analysis, Broadcast Analysis, Canadian Radiotelevision and Telecommunications Commission (CRTC), Ottawa, K1A 0N2. Confidential when completed

Collected under the authority of the Statistics Act, Revised Statutes of Canada, 1985, Chapter S19.

Completion of this questionnaire is a legal requirement under the Statistics Act.

See page 1, Reporting Guide for notice of agreements made by Statistics Canada under Sections 11 and 12 of the Statistics Act with other federal and provincial government bodies concerning information contained in the Annual Return.

Si vous préférez un questionnaire en français, veuillez cocher $\hfill \square$



Upon receipt of this annual return, please review the systems listed below. If the list is different from your organizational structure. please contact the Chief, Broadcast ing Section, Science, Innovation and Electronic Information Division, Statistics Canada, Ottawa, Telephone: (613) 951-3177; Fax: (613) 951-9920.

ATTN:
System CallI Location Prov. CRTC ID
Number Sign

in co-operation with the Canadian Radio-television and Telecommunications Commission



Statistics Canada

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LICENSEE (COMPANY) INFORMATION Enquiries concerning this return may be referred to Dany Gravel, Unit Head, Broadcasting section, Science, Innovation and Electronic Information Division, Statistics Canada, Ottawa, Telephone: (613) 951-0390; Fax: (613) 951-9920 Complete name of licensee: Mailing address of the licensee: Street and Number City and Province _ Postal Code Telephone _ Fax _ E-mail Person to be contacted in connection with this return: Mr. [] Mrs.[] Miss [] Ms. [] (Name) (Title) Address (if different from licensee address) Street and Number City and Province Postal Code Fax Telephone E-mail If, during the period covered by this return, the licensee conducted business under a name or address other than that listed in 1 or 2, please indicate: Street and Number City and Province If the information in this return is for a period other than 12 nor the ending August 31, 2007, please indicate: If any undertaking(s) reported in this return was ac vuiled or sold during the reference year ending August 31, 2007, please indicate the undertaking(s) and the name(s) of the previous owner(s)/purchaser(s): Date(s) of transaction(s): Type of business organization: Incorporated company, so ares publicly traded Sole proprietorship/partnership Co-operative Incorporated compan, shares NOT publicly traded Non-profit organization Military Unit Other (specify) **MANAGEMENT CERTIFICATION** __ , am authorized (Name) (Title) to certify on behalf of (Licensee) that the information shown on this return and all the attachments thereto are true and complete in all respects to the best of my knowledge and belief. (Signature) (Date) (Telephone and Area Code) Date received **CRTC File Number** (Official use only)

FINANCIAL SUMMARY For the year ended August 31, 2007 3 | 3 If the information in this return is for a period other than 12 months ending August 31, 2007, indicate from: _____ to: ___ to: ___ (To be completed for each licensed originating station) \$ (omit cents) 1. REVENUE 1. Local time sales 02 2. National time sales 03 3. Network payments to station 04 4. Sales syndication of programs 5. Other revenue a) Corporate grants 06 b) Government grants c) Subsidiary communications (includes SCMO, SCA and VBI) d) Other revenues (specify in this category: bartered, contra, sponsorship, etc.) e) Total Other Revenue 10 6. Total Revenue 2. EXPENSES 1. Programming and Production 12 2. Technical 13 3. Sales and Promotion 14 4. Administration and General 15 5. Total Expenses 16 6. Operating income (loss) - Before diagramation and interest expense 17 7. Less: Depreciation (recorded in accounts) 18 Interest Expense 19 Other expense (specify) _ 20 10. Operating income (lc :s) before income tax 21 11. Provisions for income taxes 22 12. Net income (loss) after income taxes 3. LANGUAGE OF BROADCAST (estimate percent of time devoted to serving your audience in each of the languages indicated below) French ______ % O English ______% O Native ______ % Other __ 23 4. SALARIES AND OTHER STAFF BENEFITS 5. NUMBER OF EMPLOYEES (weekly average) 6. FRINGE BENEFITS (included in line 4 above) CRTC Undertaking I.D. CRTC File No. Call sign