

	OFFICE US	SE ONLY
Entered		RECEIVED STAMP
Reviewed		
Cheque #		

Annual Information Return

CONTACT INFORMATION							
CRA NUMBER:	399816	PLAN FISCAL ENDING:	YEAR 2012 / 12 / 31	_ FILING	2013 / 6 / 28 YYYY / MM / DD		
PENSION PLAN TITLE:	Calgary Firefighters Supplementary Pension Plan						
CONTACT NAME & TITLE:	Vlad Zaitsev						
ADMINISTRATOR (SPONSOR) NAME:	Calgary Firefighters Board of Trustees						
ADDRESS:	c/o Morneau Shepell						
Address:	70 University Avenue, 4th Floor						
CITY/TOWN	Toronto	PROVINCE / STATE	ON	POSTAL CODE/ ZIP CODE	M5J 2M4		
PHONE:	(416) 445-8899	FAX:	(416) 510-0328	E-MAIL:	VZaitsev@morneaushepell.com		
THIS FORM CAN BE FILLED OUT IN PDF FORMAT AT							

http://www.finance.alberta.ca/publications/pensions/forms.html

Do you have any questions about completing this Form?

Please contact our office for assistance

The *Employment Pension Plans Act* requires that the administrator of a pension plan file an Annual Information Return no later than 180 days following the fiscal year end of the pension plan. This notice has been generated according to the information on your plan fiscal year end currently registered with our office. If your plan fiscal year end has changed, please ensure you have informed us by filing the appropriate plan amendments and file the Annual Information Return within the filing deadline of 180 days after your new plan fiscal year end. A late filing penalty of 10% will be applied to any Annual Information Returns received after the prescribed deadline.

To ease administrative burdens of plan sponsors, the office of the Alberta Superintendent of Pensions also collects the annual information required by the Canada Revenue Agency (CRA) on "Schedule A" included in the Annual Information Return. 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 subsections 147.1 (11) and (12), can revoke a plan's registration. No further notice of the filing deadline will be issued.

All items on the enclosed Annual Information Return must be completed including Schedule A. If you have any questions, please call our office or write to us.

Please return the signed form to our office, together with a remittance for the appropriate filing fee based on the fee schedule set out on page 3, and retain a copy for your records. Your cheque or money order should be made payable to the Minister of Finance of Alberta.

PAGE 1

(1) <u>CHANGE IN ASSETS</u> – This AIR can be completed on a "cash basis" (i.e. deposits / payments made **DURING** the period) **OR** on an "accrual basis" (i.e. deposits / payments **IN RESPECT OF** the period). The Superintendent seeks <u>consistency</u> in reported asset values from one AIR to another.

NEAREST DOLLAR AMOUNT

A)	Market Value Of Assets At Beginning Of Plan Year	\$	119,953,521			
	MEMBER CONTRIBUTIONS					
В)	Required Contributions (Base contributions plus any amounts attracting an additional employer contribution)	\$	2,275,628			
C)	Additional Voluntary Contributions (May include member-paid past service)	\$	107,364			
D)	Optional Ancillary Contributions (DB provisions only)	\$				
	EMPLOYER CONTRIBUTIONS					
E)	Required Contributions for DB Normal Cost and/or DC provisions	\$	2,781,610			
F)	Excess Assets Used to Offset Employer Required Contributions	\$				
G)	Forfeiture Credits Used to Offset Employer Required Contributions	\$				
H)	Contributions Credited to Contingency Reserve (Collectively Bargained Defined Benefit Plans only)	\$				
l)	Contributions toward Unfunded Liability Payments (DB provisions only)	\$	2,725,806			
J)	Contributions toward Solvency Deficiency Payments (DB provisions only)	\$				
	OTHER AMOUNTS					
K)	Amounts Transferred IN from other plans (RPP, RRSP, RRIF, LIRA, LIF)	\$				
L)	Amounts Transferred OUT to other plans (RPP, RRSP, RRIF, LIRA, LIF)	\$	(222,981)			
M)	Net Investment Earnings / (Losses)	\$	11,361,355			
N)	Benefits Paid (i.e. pensions, cash settlements, etc. not included in (L) above)	\$	(10,387,088)			
O)	Expenses Paid from the Fund	\$	(765,977)			
P)	Market Value of Assets at End of Plan Year [Sum of (A) through (O)]	\$	127,829,238			

(2) MARKET VALUE OF THE FUND FOR WHICH THE PLAN SPONSOR CONTROLS
THE INVESTMENT DECISION (If members make all investment decisions, this amount will be \$0)

\$ 127,829,238

(3) <u>SPECIFIED MULTI-EMPLOYER PENSION PLANS (SMEPPs) ONLY</u> Total hours of covered employment relating to contributions above



(4) CURRENT PORTFOLIO MIX – ONLY IF REQUIRED AS PER QUESTION #2 ABOVE

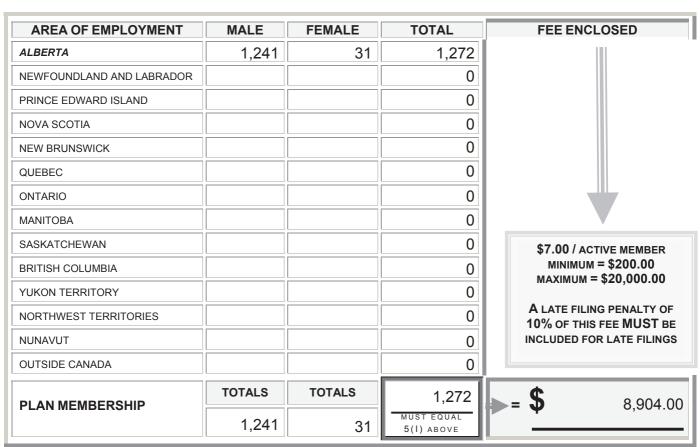
COMPLETE ONLY FOR EMPLOYER-DIRECTED ASSETS						
(A)	(A) Cash and Equivalents					
	Fixed Income					
(B)	Bonds	34.32 %				
(C)	Other Fixed Income (including Mortgages, etc.)	%				
	Equities					
(D)	Domestic	23.27 %				
(E)	Foreign	31.05 %				
(F)	Real Estate	9.43 %				
(G)	Other – Describe (e.g. Balanced / Diversified / Life Cycle Target / Asset Allocation Funds, etc)	%				
	TOTAL [Sum of (A) through (G)]	100.00%				
	What was the Net Fund Rate of Return for this Plan Year?	8.83 %				

(5) MEMBERSHIP RECONCILIATION

(A)	Number of Members Accruing Benefits as at the End of the prior Plan Year	1,251
(B)	New Members (include people returning from non-accruing status and any new persons who accrued a benefit during the plan year)	88
	Exits from Active Membership due to:	
(C)	Individual Termination (including those that chose Deferred Vested Retirement)	30
(D)	Change to Suspended Status	1
(E)	Change to Disabled Retiree Status (i.e. now receiving Disability Pension)	
(F)	Bulk Termination (location closures, termination of identifiable groups, etc)	
(G)	Retirements	36
(H)	Deaths	
(1)	Number of Members Accruing Benefits as at the End of this Plan Year [Sum (A) though (H)] - MUST MATCH TOTAL PLAN MEMBERSHIP IN (6) BELOW	1,272

Number of Deferred Vested Members at the end of this Plan Year	86
Number of Suspended Members at the end of this Plan Year	
Number of Disabled Members at the end of this Plan Year (receiving a pension from the fund)	1
Number of Retired Members at the end of this Plan Year (receiving a pension from the fund)	837

(6) AREA OF EMPLOYMENT OF ACTIVE MEMBERSHIP



PROCEED TO CRA SCHEDULE A ON PAGE 5 AND CERTIFICATION ON PAGE 6

INSTRUCTIONS FOR COMPLETING CRA SCHEDULE A

- 2. Total Actuarial Liability based on a funding method that matches contributions with accrued benefits on a reasonable basis.
- 3. Date of the last calculation of actuarial liability from plan obligations.
- 4. A plan terminates when contributions have ceased and members have ceased to accrue benefits. An inactive plan under the *Income Tax Act* is one that has been terminated by the plan sponsor but the total plan funds have not been disbursed. Examples of inactive plans include those that:
 - have no active plan membership, but the employer is continuing to pay pension benefits from the fund;
 - are on a paid-up basis but retain their registration with Canada Revenue Agency.

Note: Under sections 70(2) and 76(1) of the *Employment Pension Plans Act*, inactive plans, other than PSIs, are deemed to be terminated and must be wound up.

5. An active member is an employee who accrues benefits in a defined benefit plan or on whose behalf the employer makes contributions to a money purchase plan.

According to the *Income Tax Regulation* 8500(3) a **connected person** is generally one who:

- Owns directly or indirectly, 10% or more of the issued shares of any class of the capital stock of the employer
 or a related corporation; or
- Does not deal at arm's length with the employer (see section 251 of the *Income Tax Act*); or
- Is a specified shareholder of the employer by reason of subsection 248(1) of the *Income Tax Act*.

For a complete definition of **connected person**, see subsection 8500(3) of the *Income Tax Regulations*.

After section 6, multi-employer plans go to section 11

A Multi-Employer Plan under the *Income Tax Act* (Canada) is a plan for which, at the beginning of the year, it is reasonable to expect that at no time in the year will more than 95% of the active plan members be employed by a single employer or by a related group of participating employers. For a complete definition of a Multi-Employer Plan, please refer to section 8500(1) of the *Income Tax Regulations*.

After section 6, specified multi-employer plans proceed to Certification on Page 6.

A Specified Multi-Employer Plan (SMEP) under the Income Tax Act (Canada) has the following characteristics:

- the plan is a Multi-Employer Plan (see definition above);
- employers participate in the plan under a collective bargaining agreement and contributions are according to a negotiated formula;
- employer contributions are based on hours worked by employees or some other similar measure;
- all or nearly all (90% is acceptable) of the employers are taxable entities; and
- it is expected that at least 15 non-related employers will contribute to the plan in the year, or at least 10% of the active members of the plan will be employed in the year by more than one participating employer.

Under certain conditions on application by the plan administrator, the Minister of National Revenue may designate a plan to be a SMEP under 8510(2)(b) of the *Income Tax Regulations*. For a complete definition of a SMEP, please refer to section 8510 of the *Income Tax Regulations*.

- 9. See definition of connected person in the explanation of section 5 above.
- 10. If the sponsor providing the plan is a corporation, indicate if the corporation underwent a change of control during the plan year being reported. When the sponsor is not a corporation, check the box for "Not Applicable".

PAGE 4

CANADA REVENUE AGENCY - SCHEDULE A

(Must be completed in FULL)

QUESTIONS RELATING TO SCHEDULE A SHOULD BE DIRECTED TO THE CANADA REVENUE AGENCY AT:
Registered Plans Division, General Enquiries Services: (613) 954-0419

CRA	REGISTRATION NUM	BER: 399816								
		ooks and records different than plan information to the following, otherwise leave blank.	n on page 1?					YES	√	NO
NAM	ME OF ADMINISTRATOR:									
	CONTACT PERSON:									
	MAILING ADDRESS:									
	CITY:		PROVINCE:				Post			
2.		resulting from plan obligations: defined benefit provisions only)				\$		142,0	53,00	0.00
3.	Date of Actuarial I	Liability Assessment shown in #2		YEA				MONTH		AY
4	Did the pension of	Jan tarminata ar basama inastiva	2	0	1	0	1	2	3	1
4.	prior to or in this	plan terminate or become inactive reporting period?		YEA		ENTER DA		RMINATION MONTH	D	AY
	YES	√NO								
	If all the assets we	ere distributed pursuant to the				E OF FINA	L DISTRIB		_	
		plan, enter the date of final distribution.		YEA	.R		IV	MONTH	D/	AY
_										
5.	·	members were <i>persons connected</i> with the en								0
6.	How many <i>emplo</i>	pyers participated in the plan at the end of the re	eporting period	d? (must	be at le	east "1")				1
		Note: Multi-employer plans, complete section 11 Specified multi-employer plans, go to Certification on page 6 All other plan types continue with section 7								
7.	Did any member of provided by this p	of this plan participate in any other registered pelan sponsor?	ension plan or	deferred	d profit s	sharing p	lan	YES	✓	NO
8.		of this plan participate in any other registered per sponsor who does not deal at arm's length with			d profit s	sharing		YES	✓	NO
9.	Have any connect	eted persons joined or left the plan in this reporti	ing period?					YES	√	NO
10.	During this reporti sponsoring the pe	ing period, has a person or group acquired cont ension plan?	trol of the corp	oration t	hat is		N/A	YES	✓	NO
No	ote: defined contribution	n (money purchase) plans, complete no further questions as	and proceed to Cer	rtification o	on page 6	; all other p	lan types, o	continue with se	ction 11 ar	nd 12
11.	Were any plan me	embers provided with post-1989 past service be	enefits in this re	eporting	period?)		✓ YES		NO
12.	Have any plan me benefits in this rep	embers who are connected persons been provious porting period?	ded with pre-19	992 past	t service)		YES	✓	NO

PROCEED TO CERTIFICATION ON PAGE 6

CERTIFICATION (complete all of this form including Schedule A before making your certification)

I hereby certify that to the best of my knowledge:

- a) The contributions paid to the pension plan have been at least equal to those required by the current plan document and/or cost certificate filed with the office of the Alberta Superintendent of Pensions, and they have been remitted within the time period required by the *Employment Pension Plans Act and Regulation*.
- b) The plan has been administered in accordance with the requirements of the plan and the *Employment Pension Plans Act and Regulation*.
- c) The plan's investments have been made and managed in accordance with the Statement of Investments Policies and Procedures (SIPP) and the *Employment Pension Plans Act and Regulation*.
- d) The SIPP was reviewed in the last fiscal year and where applicable, a copy of it was filed with the plan actuary.
- e) Where the members are making individual investment decisions, they have been provided with sufficient information to make informed investment decisions.
- f) Where applicable, the Audited/Certified Financial Statement for the fiscal year covered by this Return was filed with the office of the Alberta Superintendent of Pensions, and
- g) The details entered on this Annual Information Return (including Schedule A) are true and correct.

Only the Administrator (Sponsor) is authorized to sign this Certification (A Plan Consultant or Third Party Administrator cannot sign this form)

AUTHORIZED SIGNATURE OF ADMINISTRATOR

Comments (if any)

PRINTED NAME

Ronald D. Bercov

TITLE OR POSITION

Chair, Board of Trustees

Comments (if any)

DATE

2013 , 6 , 25

YYYY MM DD

PLEASE ATTACH AN UP-TO-DATE CONTACT INFORMATION SHEET FOR THE FUNDHOLDER, CUSTODIAN, THIRD PARTY ADMINISTRATOR, ACTUARY, PLAN AUDITOR AND ANY OTHER CONSULTANT FOR THE PENSION PLAN.

COMPANY, ASSOCIATION OR BOARD OF TRUSTEES

Calgary Firefighters Supplementary Pension Plan

NOTE: Information collected on this form, except for Schedule A, may be released to individuals, upon request, in accordance with the requirements, terms and conditions of the *Freedom of Information and Protection of Privacy Act*.

PAGE 6