Statistics Canada

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 ☐

2009

Annual Return (Short Form) Radio and Television (Annual Return of Programming Undertaking Licensee)

For the broadcast year period ended August 31, 2009

Keep one copy of this return for your files and mail 3 completed copies (including financial statements) by November 30, 2009 to:

Chief, Industry Statistics and Analysis, Broadcast Analysis, Canadian Radio-television and Telecommunications Commission (CRTC), Ottawa, K1A 0N2.

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, Business Special Surveys and Technology Statistics Division, Statistics Canada, Ottawa, Telephone: (613) 951-1891; Fax: (613) 951-0009.

STC R1S

CRTC FILE

ATTN:

System Number	Calll Sign	Location	Prov.	CRTC ID

FOR INFORMATION ONLY

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

5-5300-377.1: STC/SAT-430-60110

2009-10-23

Statistics Canada Statistique Canada

Canada

LICENSEE (COMPANY) INFORMATION

Enquiries concerning this return may be referred to Dany Gravel, Unit Head, Broadcasting section, Business Special Surveys & Technology Statistics Division, Statistics Canada, Ottawa, Telephone: (613) 951-0390; Fax: (613) 951-9920; E-mail: dany.gravel@statcan.gc.ca

1. Complete name of licensee:

2. Mailing address of the licensee:

Street and Number _____

City and Province _____ Postal Code _____

Telephone _____ Fax _____ E-mail _____

3. 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 _____

Telephone _____ Fax _____ E-mail _____

4. 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:

Name _____

Street and Number _____

City and Province _____

Postal Code _____

5. If the information in this return is for a period other than 12 months ending August 31, 2009, please indicate:

From _____ To _____

6. If any undertaking(s) reported in this return was acquired or sold during the reference year ending August 31, 2009, please indicate the undertaking(s) and the name(s) of the previous owner(s)/purchaser(s):

_____

Date(s) of transaction(s):

7. Type of business organization:

- ◯ Incorporated company, shares publicly traded
- ◯ Incorporated company, shares NOT publicly traded
- ◯ Other *(specify)* _____
- ◯ Sole proprietorship/partnership
- ◯ Non-profit organization
- ◯ Co-operative
- ◯ Military Unit

8. **MANAGEMENT CERTIFICATION**

I, _____ (Name) _____ (Title), am authorized

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

_____ (Official use only)

CRTC File Number

FOR INFORMATION ONLY

5-5300-377.1: 2009-09-09

FINANCIAL SUMMARY

For the year ended August 31, 2009

				3	3

If the information in this return is for a period other than 12 months ending August 31, 2009, indicate from: _____ to: _____

(To be completed for each licensed originating station)

		$ (omit cents)
1. REVENUE		
1. Local time sales		01
2. National time sales		02
3. Network payments to station		03
4. Sales syndication of programs		04
5. Other revenue		
a) Corporate grants	05	
b) Government grants	06	
c) Subsidiary communications (includes SCMO, SCA and VBI)	07	
d) Other revenues *(specify in this category: bartered, contra, sponsorship, etc.)*	08	
e) **Total Other Revenue**		09
6. **Total Revenue**		10
2. EXPENSES		
1. Programming and Production		11
2. Technical		12
3. Sales and Promotion		13
4. Administration and General		14
5. **Total Expenses**		15
6. **Operating income (loss)** - Before depreciation and interest expense		16
7. Less: Depreciation (recorded in accounts)		17
8. Interest Expense		18
9. Other expense *(specify)* _____		19
10. **Operating income (loss) before income taxes**		20
11. Provisions for income taxes		21
12. **Net income (loss) after income taxes**		22

3. LANGUAGE OF BROADCAST (estimate percent of time devoted to serving your audience in each of the languages indicated below)

◯ English _____ % ◯ French _____ % ◯ Native _____ % ◯ Other _____ %

4. SALARIES AND OTHER STAFF BENEFITS	**23**
5. NUMBER OF EMPLOYEES (weekly average)	**24**
6. FRINGE BENEFITS (included in line 4 above)	**25**

CRTC Undertaking I.D.	CRTC File No.	Call sign

FOR INFORMATION ONLY