## 2002 Annual Return (Short Form) Radio and Television

(Annual Return of "Programming Undertaking" Licensee)

## For the fiscal period ended August 31, 2001

Keep one copy of this return for your files and mail 3 completed copies including your financial statements by **November 30, 2001** to:

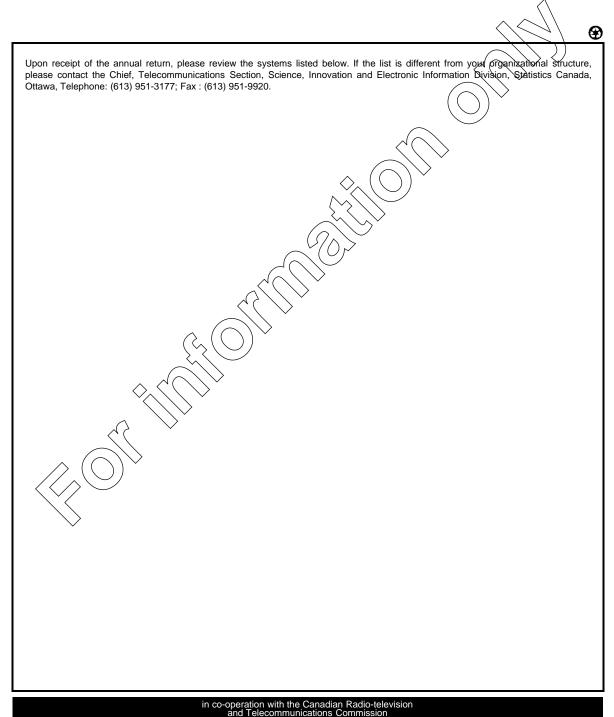
Chief, Industry Statistics and Analysis, Broadcast Analysis, Canadian Radio-television and Telecommunications Commission (CRTC), Ottawa, ON, K1A 0N2.

Confidential when completed

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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 □



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LICENSE	E (COMPANY) INFORMATION	
Enquiries concerning this return may be referred to the Information Division, Statistics Canada, Ottawa, Teleph		
Enquiries pertaining to Licence Fees should be referred Telephone: (819) 997-4384, Fax: (819) 951-5107.	d to the Canadian Radio-television and	d Telecommunications Commission, Hull
1. Complete name of licensee:		
2. Mailing address of the licensee:		
Street and Number		
City and Province	I	Postal Code
Telephone Fax	x I	E-mail
3. Person to be contacted in connection with this return		
Mr. [ ], Mrs. [ ], Miss [ ], Ms. [ ],		
(Name) Address (if different from licensee address)		(Title)
Street and Number		
City and Province	(	Postal Code
		$\setminus$ $\checkmark$
Telephone         Fax           4. If, during the period covered by this return, the licens		E-mail
please indicate:		
Name		
Street and Number		
City and Province		
Postal Code		
5. If the information in this return is for a period other the	an the 12 months ending August 31, 2	2001, please indicate:
	$\langle \rangle$	
6. If any undertaking(s) reported in this return was acqu	To	r onding August 31, 2001, ploase indicate
the undertaking(s) and the name(s) of the previous of	wner(s)/purchaser(s):	n enaling August 51, 2001, please indicate
Date(s) of transaction(s):		
7. Type of business orbanization:	Sole proprietorship/partnersh	
Incorporated company, shares publicly	Sole proprietorship/partnersh	ip () Co-operative
Incorporated company, shares NOT publicly	Non-profit organization	O Military Unit
O other (specify)	NAGEMENT CERTIFICATION	
I, (Name)	(Title)	, am authorized to
certify on behalf of	(Licensee)	
that the information shown on this return and all the knowledge and belief.	attachments thereto are true and com	plete in all respects to the best of my
(Signature)	(Date)	(Telephone and Area Code)
Date received		CRTC File Number
(Official use only)		

FINANCIAL SUMMARY For the year ended August 31, 2001	
	3 3
If the information in this return is for a period other than the 12 months ending August 31, 2001, indicate from:	to
(To be completed for each licensed originating station)	
1. REVENUE	\$ (omit cents)
1. Local Time Sales	01
	02
2. National Time Sales	03
3. Network Payments to Station	04
4. Sales Syndication of Programs 05	
5. Other Revenue	
(a) Corporate Grants 06	
(b) Government Grants 07	$\sum \bigvee \bigvee$
(c) Subsidiary Communications (includes SCMO, SCA and VBI)	$\downarrow >$
(d) Other revenue (specify in this category: bartered, contra, sponsorship, etc.)	$\rightarrow$
	-
	09
(e) Total Other Revenue	10
6. Total Revenue	
2. EXPENSES	11
1. Programming and Production	12
2. Technical	13
3. Sales and Promotion	
4. Administration and General	14
5. Total Expenses	15
$(\langle ( ) \rangle)^{\vee}$	16
6. Operating income (loss) – Before depreciation and interest expense	17
7. Less: Depreciation (recorded in accounts)	18
8. Interest expense	19
9. Other expenses (specify)	20
10. Operating fincome (loss) before income tax 6. FRINGE BENEFITS (included in line 4 above)	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 lar	nguages indicated below) r %
	23
4. SALARIES AND OTHER STAFF BENEFITS	
5. NUMBER OF EMPLOYEES (weekly average)	24
6. FRINGE BENEFITS (included in line 4 above)	25

CRTC Undertaking ID			CRTC File Number			_	Call Sign			
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