



# 2006 Annual Return (Short Form) Radio and Television

*(Annual Return of " Programming Undertaking"  
Licensee)*

**For the broadcast year period ended August 31, 2006**

Keep one copy of this return for your files and mail 3 completed copies (including financial statements) by November 30, 2006 to:

Chief, Industry Statistics and Analysis, Broadcast Analysis, Canadian Radio-television 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



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, Broadcasting Section, Science, Innovation and Electronic Information Division, Statistics Canada, Ottawa, Telephone: (613) 951-3177; Fax: (613) 951-9920.

**STC**

**CRTC FILE**

**ATTN:**

System  
Number

Call  
Sign

Location

Prov. CRTC ID

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

## 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

Enquiries pertaining to Licence Fees should be referred to Lise Parent, Canadian Radio-television and Telecommunications Commission, Gatineau, Telephone: (819) 997-4384, Fax: (819) 953-5107

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 \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ 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:

Name \_\_\_\_\_

Street and Number \_\_\_\_\_

City and Province \_\_\_\_\_

Postal Code \_\_\_\_\_

If the information in this return is for a period other than 12 months ending August 31, 2006, please indicate:

From \_\_\_\_\_ To \_\_\_\_\_

If any undertaking(s) reported in this return was acquired or sold during the reference year ending August 31, 2006, 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, shares publicly traded     
  Sole proprietorship/partnership     
  Co-operative  
 Incorporated company, 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)

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# FINANCIAL SUMMARY

For the year ended August 31, 2006

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If the information in this return is for a period other than 12 months ending August 31, 2006, indicate from: \_\_\_\_\_ to: \_\_\_\_\_  
 (To be completed for each licensed originating station)

1. REVENUE		\$ (omit cents)
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	05	
a) Corporate grants	06	
b) Government grants	07	
c) Subsidiary communications (includes SCMO, SCA and VBI)	08	
d) Other revenues ( <i>specify in this category: bartered, contra, sponsorship, etc.</i> )	08	
<b>e) Total Other Revenue</b>		09
<b>6. Total Revenue</b>		10

<b>2. EXPENSES</b>		
1. Programming and Production		11
2. Technical		12
3. Sales and Promotion		13
4. Administration and General		14
<b>5. Total Expenses</b>		15
<b>6. Operating income (loss) - Before depreciation and interest expense</b>		16
7. Less: Depreciation (recorded in accounts)		17
8. Interest Expense		18
9. Other expense ( <i>specify</i> ) _____		19
<b>10. Operating income (loss) before income tax</b>		20
11. Provisions for income taxes		21
<b>12. Net income (loss) after income taxes</b>		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 \_\_\_\_\_ %

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

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