



**PROVINCE OF
BRITISH COLUMBIA**

**NOTES TO ANNUAL RETURN:
EMPLOYEE SHARE OWNERSHIP PLAN**

Toll Free: 1-800-665-6597
Phone: (250) 952-0136
Fax: (250) 952-0371
Email: InvestmentCapital@gov.bc.ca

Freedom of Information and Protection of Privacy Act (FIPPA) The information collected on this form is collected under the authority of the **Employee Investment Act, RSBC 1996 c. 112 (Act)**, and is subject to the provisions of the FIPPA. The personal information will be used for the administration of the Act and the issuance of tax credits. For more information regarding this form and the FIPPA please contact the **Venture Capital Tax Credit Program, Box 9800 Stn Prov Govt, Victoria, B.C. V8W 9W1**

Amount Raised Through Employee Share Ownership Arrangements During the Past Two Years:

See Section 3(d) of the Act.

Calculation Period:

See Section 6(2) of the Regulation.

Eligible Employee:

See Section 1(1) of the Act and Section 1(5) of the Regulation.

Offences:

See Section 42 of the Act.

Salaries and Wages Paid in British Columbia:

See Section 3(b) of the Act and Section 6(1) of the Regulation.

Third Party Liability:

See Section 32 of the Act.

Total Assets of the Corporation and Affiliates:

The total assets referred to in Section 3(c) of the Act shall be based on the total assets and calculated in accordance with generally accepted accounting principles on a consolidated or combined basis. Where applicable, see definition of "affiliate" under Section 1(1) of the Act.

This form and all attachments must be mailed or couriered directly to the following address:

Attention: Administrator
Venture Capital Tax Credit Program
Employee Share Ownership Program
PO Box 9800, Stn Prov Govt
Victoria, British Columbia V8W 9W1

Toll Free: 1-800-665-6597
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Following the registration of its Employee Share Ownership Plan, the corporation must file an Annual Return with the Administrator within 180 days after the end of each of the corporation's fiscal years. The Administrator may request further information to verify all statements in this Annual Return.

SECTION 1 – TO BE COMPLETED BY DIRECTOR OR OFFICER OF THE CORPORATION

Corporation Name		Operating Name (if different from Corporation Name)	
Mailing Address		Principal Place of Business	
Registered Address		Jurisdiction of Incorporation	ESOP No.
Contact Name	Contact Phone No.	Fiscal Year End (YY / MM / DD)	Total No. of Employees
Contact Address (if different from Mailing Address)		No. of Eligible Employees	No. of Participating Employees

SECTION 2 – FINANCIAL DATA FOR THE LATEST CALCULATION PERIOD

Total salaries and wages paid to employees	\$
Salaries and wages paid in British Columbia	\$
Total assets of the corporation and affiliates	\$
Amount raised through employee share ownership arrangement in the last 2 years	\$
Total amount raised through Employee Share Ownership Plan	\$
Amount raised through other employee share ownership arrangement	\$

SECTION 3 – ATTACHMENT

<input type="checkbox"/>	Amendments to the Corporate Constitution made since the last Annual Return was filed, or, in the case where this is the first Annual Return, since the Corporation applied for registration of the ESOP.
<input type="checkbox"/>	Financial Statements (including notes) should be prepared on a consolidated or combined basis where applicable and should indicate current share capitalization.
<input type="checkbox"/>	If the Corporation's shares are not listed on a Stock Exchange, provide particulars or any requests for redemption or repurchase made under the Plan during the most recent fiscal period which were not fulfilled. (Include the reasons why the requests were not fulfilled.)

SECTION 4 – CERTIFICATION

I have read sections 32 and 42 of the *Employee Investment Act*, and I understand that it is an offense and that it may expose me to personal liability to make a false or misleading statement in this Annual Return.

I certify that I am a Director or Officer of the Corporation duly authorized to execute this Annual Return, and to the best of my knowledge all statements made and information provided in this Annual Return and attachments are true, correct, and complete.

Date	Position	Print Name	Signature

SECTION 5 – GOVERNMENT USE

Portfolio Manager	Date Received	Date Reviewed	ESOP No.
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