Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 8857911

ITEM 1 - REPORT TYPE											
✓ New report											
Amended report	If amer	ided, provid	e filing date	of report	that is being a	mended	(YYYY-MM-DD)				
ITEM 2 - PARTY CERTIFY	YING THE	REPORT									
	Indicate the party certifying the report (select only one). For guidance regarding whether an issuer is an investment fund, refer to section 1.1 of National Instrument 81-106 Investment Fund Continuous Disclosure and the companion policy to NI 81-106.										
Investment fund issuer											
✓ Issuer (other than an investment fund)											
ITEM 3 - ISSUER NAME	AND OT	HER IDENTI	FIERS								
Provide the following informati	ion about th	e issuer, or if th	e issuer is an i	nvestment fu	nd, about the fund						
Full legal name Antrim Balanced Mortgage Fund Ltd.											
Previous full legal name											
If the issuer's name changed in the last 12 months, provide most recent previous legal name.											
	Website	www.antrir	ninvestmer	ts.com	(if applic	able)					
If the issuer has a legal entity is	dentifier, pro	vide below. Re	fer to Part B of	the Instructi	ons for the definition	on of "legal entity ide	entifier".				
Legal entity	identifier										
If two or more issuers distribute	ed a single s	ecurity, provide	the full legal i	name(s) of th	e co-issuer(s) other	than the issuer name	ed above.				
Full legal name(s) of co	-issuer(s)				(if applica	ible)					
ITEM 4 - UNDERWRITER	INFORM	IATION									
If an underwriter is completing	the report, p	provide the und	erwriter's full l	egal name a	nd firm NRD numb	er.					
Full legal name											
Firm NRD number					(if applicable)						
If the underwriter does not hav	e a firm NRI	D number, prov	ide the head o	ffice contact	information of the	underwriter.					
Street address											
Municipality					Province/State	e					
Country				Pos	tal code/Zip cod	e					
Telephone number					Websit	e	(if applicable)				

ITEM 5 - ISSUER INFORMATION									
If the issuer is an investment fund, do not complete Item 5. Proceed to Item 6.									
a) Primary industry									
Provide the issuer's North American Industry Classification Standard (NAICS) code (6 digits only) that in your reasonable judgment most closely corresponds to the issuer's primary business activity.									
NAICS industry code 5 2 2 2 9 9									
If the issuer is in the mining industry , indicate the stage of operations. This does not apply to issuers that provide services to issuers operating in the mining industry. Select the category that best describes the issuer's stage of operations. Exploration Production									
Is the issuer's primary business to invest all or substantially all of its assets in any of the following? If yes, select all that apply.									
🖌 Mortgages 🗌 Real estate 🔄 Commercial/business debt 📄 Consumer debt 📄 Private companies									
Cryptoassets									
b) Number of employees									
Number of employees: 🔽 0 - 49 🗌 50 - 99 🗌 100 - 499 🗌 500 or more									
c) SEDAR profile number									
Does the issuer have a SEDAR profile?									
No ✓ Yes If yes, provide SEDAR profile number 0 0 0 3 8 5 6 8									
If the issuer does not have SEDAR profile complete item 5(d) - (h).									
d) Head office address									
Street address Province/State									
Municipality Postal code/Zip code									
Country Telephone number									
e) Date of formation and financial year-end									
Date of formation Financial year-end YYYY MM DD									
f) Reporting issuer status									
Is the issuer a reporting issuer in any jurisdication of Canada? No Yes									
If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.									
AII AB BC MB NB NL NT									
NS NU ON PE QC SK YT									
g) Public listing status									
If the issuer has a CUSIP number, provide below (first 6 digits only)									
CUSIP number									
If the issuer is publicly listed, provide the name of the exchange on which the issuer's equity securities primarily trade. Provide only the name of an exchange and not a trading facility such as, for example, an automated trading system.									
Exchange name									
h) Size of issuer's assets									
Select the size of the issuer's assets based on its most recently available annual financial statements (Canadian \$). If the issuer has not prepared annual financial statements for its first financial year, provide the size of the issuer's assets at the distribution end date.									

\$0 to under \$5M	\$5M to under \$25M	□ \$25M to under \$100M
S100M to under \$500M	S500M to under \$1B	S1B or over

If the issue is an investment fund, provide the following information: a) Investment fund manager information Full legal name Furn NRD number If the investment fund manager does not have a firm NRD number, provide the head office contact information of the investment fund manager. Street address Municipality Province/State Guntry Postal code/Zip code Telephone number D Type of investment fund Tree of investment fund that most accurately identifies the issuer (select only one). Alternative strategies Cryptoasset Other (describe) Indicate whether one or both of the following apply to the investment fund. Investment fund that most accurately identifies the issuer (select only one). Alternative strategies Cryptoasset Other (describe) Indicate whether one or both of the following apply to the investment fund. Investment fund that most accurately identifies the issuer (select only one). Indicate whether one or both of the following apply to the investment fund. Investing in the investment fund issuers Is a UCIT's Fund's) Understaining for the Collective Investment fund issuers Is a UCIT's Fund's) are investment fund issuers Is a UCIT's Fund's) are investment fund is reporting issuer in any jurkdication of Canada? No
Full legal name
Firm NRD number (if applicable) If the investment fund manager does not have a firm NRD number, provide the head office contact information of the investment fund manager. Street address Municipality Province/State
If the investment fund manager does not have a firm NRD number, provide the head office contact information of the investment fund manager. Street address Municipality County Postal code/Zip code County Telephone number Postal code/Zip code Do Type of investment fund Type of investment fund Type of investment fund that most accurately identifies the issuer (select only one). Do Type of investment fund that most accurately identifies the issuer (select only one). Do Money market De Quity De County De C
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CUSIP number
name of an exchange and not a trading facility such as, for example, an automated trading system
Exchange name
f) Net asset value (NAV) of the investment fund
Select the NAV range of the investment fund as of the date of the most recent NAV calculation (Canadian \$).
L L \$\the under \$\mathbf{S}M \qquad L \qquad \mathbf{S}M \text{ to under \$\mathbf{S}M \qquad \text{ to under \$\mathbf{S}M \qquad \text{to under \$\mathbf{S}M
\$0 to under \$5M \$5M to under \$25M \$25M to under \$100M \$100M to under \$500M \$500M to under \$1B \$1B or over Date of NAV calculation:

ITEM 7 - INFORMATION ABOUT THE DISTRIBUTION

purch conne	If an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include in Item 7 and Schedule 1 information about purchasers resident in that jurisdiction of Canada only. Do not include in Item 7 securities issued as payment of commissions or finder's fees in connection with the distribution, which must be disclosed in Item 8. The information provided in Item 7 must reconcile with the information provided in Schedule 1 of the report.												
	a) Currency												
Select	Select the currency or currencies in which the distribution was made. All dollar amounts provided in the report must be in Canadian dollars.												
✓ C	✓ Canadian dollar US dollar Euro Other (describe)												
b)	Dist	ibution date(s)										
State as bot	the d th the	istribution start of start and end d period covered	and er ates. I	f the report is b e report.			securities distributed c distributed on a contir End da	nuous				e the distribution date d dates for the	
				YYYY	MM	DD		L	ΥΥΥΥ	MM	DD		
C)	c) Detailed purchaser information												
Com	Complete Schedule 1 of this form for each purchaser and attach the schedule to the completed report.												
d)	Туре	es of securities	s disti	ributed									
	 d) Types of securities distributed Provide the following information for all distributions reported on a per security basis. Refer to Part A(12) of the Instructions for how to indicate the security code. If providing the CUSIP number, indicate the full 9-digit CUSIP number assigned to the security being distributed. 												
											Canadian \$	i	
Secu		CUSIP number (if applicable)		Descripti	rity	Number of securities		Single or lowest H price		phest price	Total amount		
PF	s		Clas Sha	ss A Preferr res	ed Non	-Voting	256,585.0	00	1.0000			256,585.00	
ΡF	s			ss B Series ng Shares	'B' Pref	erred Non-	45,393.0	00	1.000	0		45,393.00	
PF	P R S Class B Series 'C' Preferred Non- Voting Shares. 1,764,907.00 1.0000 1,764,907.00								1,764,907.00				
e)													
					•		se price and expiry dat erms for each converti		0			exchangeable securities	
excha	vertibl angea rity co	ble Underlyin		Exer (Ca Lowest	rcise price nadian \$) Hi	ighest	Expiry date (YYYY- MM-DD)	Co	Conversion ratio Describe other			items (if applicable)	
				2011001		.9.1001							
f) \$	Sum	mary of the dis	stribu	tion by jurisdi	ction an	d exemption							
purch distrit This to purch jurisd	 f) Summary of the distribution by jurisdiction and exemption State the total dollar amount of securities distributed and the number of purchasers for each jurisdiction of Canada and foreign jurisdiction where a purchaser resides and for each exemption relied on in Canada for that distribution. However, if an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include distributions to purchasers resident in that jurisdiction of Canada only. This table requires a separate line item for: (i) each jurisdiction where a purchaser resides, (ii) each exemption relied on in the jurisdiction where a purchaser resides, if a purchaser resides in a jurisdiction of Canada, and (iii) each exemption relied on in Canada, if a purchaser resides in a foreign jurisdiction. For jurisdictions within Canada, state the province or territory, otherwise state the country. 												
		Province or country			Exe	emption relied c	n	Nu	mber of uniqu purchasers	Je ^{2<u>a</u>}	Total a	mount (Canadian \$)	
	Briti	sh Columbia		NI 45-106	2.3 [Acc	credited inv	estor]			5		1,387,222.00	
	Briti	sh Columbia		NI 45-106 NL)	2.9(1) [(Offering me	emorandum] (BC,	'		14	535,163.00		
		Ontario		NI 45-106	2.3 [Acc	credited inv	restor]			1		65,000.00	
		Ontario		NI 45-106 (AB, SK, C			nemorandum]			4		49,500.00	

Québec	NI 45-106 2.3 [Accredited investor]	1	30,000.00
	Total dollar amount of se	curities distributed	2,066,885.00
	Total number of unique purchasers ^{2b}	25	

^{2a} In calculating the number of unique purchasers per row, count each purchaser only once. Joint purchasers may be counted as one purchaser.

^{2b} In calculating the total number of unique purchasers to which the issuer distributed securities, count each purchaser only once, regardless of whether the issuer distributed multiple types of securities to, and relied on multiple exemptions for, that purchaser.

g) Net proceeds to the investment fund by jurisdiction

If the issuer is an investment fund, provide the net proceeds to the investment fund for each jurisdiction of Canada and foreign jurisdiction where a purchaser resides.³ If an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include net proceeds for that jurisdiction of Canada only. For jurisdictions within Canada, state the province or territory, otherwise state the country.

Province or country	Net proceeds (Canadian \$)
Total net proceeds to the investment fund	

³"Net proceeds" means the gross proceeds realized in the jurisdiction from the distributions for which the report is being filed, less the gross redemptions that occurred during the distribution period covered by the report.

h) Offering materials - This section applies only in Saskatchewan, Ontario, Québec, New Brunswick and Nova Scotia.

If a distribution has occurred in Saskatchewan, Ontario, Québec, New Brunswick or Nova Scotia, complete the table below by listing the offering materials that are required under the prospectus exemption relied on to be filed with or delivered to the securities regulatory authority or regulator in those jurisdictions.

In Ontario, if the offering materials listed in the table are required to be filed with or delivered to the Ontario Securities Commission (OSC), attach an electronic version of the offering materials that have not been previously filed with or delivered to the OSC.

	Description	Date of document or other material (YYYY-MM-DD)	Previously filed with or delivered to regulator? (Y/N)	Date previously filed or delivered (YYYY-MM-DD)
1.	Offering Memorandum	2018-10-05	Y	2018-10-10

Ітем 8 - Со	MPENSATION	INFORMATION	
		on (as defined in NI 45-106) to whom the issuer directly provides, o tional copies of this page if more than one person was, or will	
Indicate whet	her any compensa	tion was paid, or will be paid, in connection with the distribution.	
🗌 No	✓ Yes	If yes, indicate number of persons compensated.	2

a) Name of person compensa	ted and registrati	on status												
Indicate whether the person compens	ated is a registrant.			No		\checkmark	Yes							
If the person compensated is an indiv	idual, provide the n	ame of the	individ	ual.										
Full legal name of individual														
	Famil	y name			First	t given n	ame			Sec	ondary (given na	ames	
If the person compensated is not an i	If the person compensated is not an individual, provide the following information.													
Full legal name of no	on-individual Ind	ustrielle A	Illiance	e Valeurs	Mobil	lieres I	nc.							
Firm N	RD number 1	5	4	0	0			(if a	applic	able)				
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. No 🗸 Yes														
b) Business contact information														
If a firm NRD number is not provided	in Item 8 (a), provid	de the busir	ness cor	ntact infor	mation	of the	person	being	сотр	ensated.				
Street address														
Municipality						Р	rovinc	e/Sta	te					
Country					Р	ostal c	ode/Z	ip coc	de					
Email address						Telep	hone	numb	er					
c) Relationship to issuer or in	vestment fund ma	anager]											
Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section.														
	investment lund ma	inager				Insider	or the i	ssuer	(othe	r man a	Tinvesi	menti	una)	
Director or officer of the inv	estment fund or inv	estment fu	ind mar	nager		Employ	ee of t	he issu	uer or	· investn	nent fun	d man	ager	
None of the above														
d) Compensation details														
Provide details of all compensation po Canadian dollars. Include cash comm incidental to the distribution, such as allocation arrangements with the dire	issions, securities-bo clerical, printing, leg	ised compe al or accou	nsation Inting s	, gifts, dis ervices. A	counts n issuer	or othei r is not i	r compo required	ensatio d to as	on. Do	o not rep	ort payı	ments f	for sei	rvices
Cash commissions paid	1.2	3					Securit	v code	1	Security	ode 2	Secu	rity coo	de 3
Value of all securities			6	o ouritu (o o	doo			,						
distributed as compensation ⁴			5	ecurity co	ues							II		
Describe terms	of warrants, options	s or other r	ights											
Other compensation ⁵		Dese	cribe											
Total compensation paid	1.2	3												
\checkmark Check box if the person	will or may receive	any deferre	ed comp	pensation	(descr	ibe the	terms	oelow))					
Industrielle Alliance Va Preferred Non-Voting Preferred Non-Voting														A
⁴ Provide the aggregate value of all s additional securities of the issuer. In rights exercisable to acquire addition ⁵ Do not include deferred compensations.	dicate the security of the security of the securities of the	codes for a												r

a) Name of person comp	pensated and regis	stration	status												
Indicate whether the person co	mpensated is a regist	trant.			🗌 No		\checkmark	Yes							
If the person compensated is a	n individual, provide	the nam	e of the ir	ndivid	dual.										
Full legal name of indiv	Full legal name of individual														
	Family name First given name Secondary given names														
If the person compensated is not an individual, provide the following information.															
Full legal name	Full legal name of non-individual Raymond James Ltd.														
F	irm NRD number	8	2	4	0				(if	appli	cable)				
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. 🗌 No 🖌 Yes															
b) Business contact information															
If a firm NRD number is not pr	ovided in Item 8 (a), j	provide t	the busine	ess co	ontact info	rmation	of the	person	being	сот	pensated				
Street address															
Municipality							F	Provinc	ce/Sta	ate					
Country						Ρ	ostal o	code/Z	Zip co	de					
Email address							Telep	hone	numt	ber					
c) Relationship to issuer	or investment fun	d mana	ager								<u> </u>				
Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section.															
	Connect with the issuer or investment fund manager Insider of the issuer (other than an investment fund)														
Director or officer of the investment fund or investment fund manager Employee of the issuer or investment fund manager															
✓ None of the above					-									-	
d) Compensation details															
Provide details of all compensation Canadian dollars. Include cash incidental to the distribution, su allocation arrangements with th Cash commissions pa	commissions, securiti ch as clerical, printin ne directors, officers c	es-based g, legal	d compen or accoun	satio ting :	n, gifts, dis services. A	counts o n issuer	or othe is not i	r comp require	ensati d to a	ion. D	o not rep	ort pay	ments	for se	rvices
Cash commissions p		1.09					_	Securit	y code	e 1	Security	code 2	Secu	rity co	de 3
Value of all securition distributed as compensation				S	Security co	des									
Describe	erms of warrants, o	otions or	r other rig	hts											
Other compensation	n ⁵		Descr	ibe											
Total compensation pa	id	1.89													
Check box if the pe	erson will or may rec	eive any	deferred	l com	pensation	(descr	ibe the	terms	below	/)					
	Ltd. will receive a % on Class B Seri														-
⁴ Provide the aggregate value additional securities of the iss rights exercisable to acquire a ⁵ Do not include deferred comp	uer. Indicate the sec dditional securities o	urity cod	ies for all												er

ITEM 9 - DIRECTORS, EXECU	ITIVE OFFICERS	AND PROMOT	ERS OF THE ISS	UER								
If the issuer is an investment fun	d, do not complete	Item 9. Procced to	ltem 10.									
Indicate whether the issuer is any o	f the following (seled	t the one that applie	es - if more than one	applies, select onl	y one).							
Reporting issuer in any juri	sdiction of Canada											
Foreign public issuer												
Wholly owned subsidiary of	f a reporting issuer i	n any jurisdiction of	Canada ⁶									
Provide nar	me of reporting issue	er										
Wholly owned subsidiary of	Wholly owned subsidiary of a foreign public issuer ⁶											
Provide name of foreign public issuer												
Issuer distributing only eligi	ble foreign securitie	s and the distributio	n is to permitted clie	nts only7								
If the issuer is at least one of the	above, do not com	plete Item 9(a) – (d	c). Proceed to Item	10.								
⁶ An issuer is a wholly owned subsidiary of a reporting issuer or a foreign public issuer if all of the issuer's outstanding voting securities, other than securities that are required by law to be owned by its directors, are beneficially owned by the reporting issuer or the foreign public issuer, respectively. ⁷ Check this box if it applies to the current distribution even if the issuer made previous distributions of other types of securities to non-permitted clients. Refer to the definitions of "eligible foreign security" and "permitted client" in Part B(1) of the Instructions.												
If the issuer is none of the above, check this box and complete Item 9(a) - (c).												
a) Directors, executive officers and promoters of the issuer												
Provide the following information for each director, executive officer and promoter of the issuer. For locations within Canada, state the province or territory; otherwise state the country. For "Relationship to issuer", "D" – Director, "O" – Executive Officer, "P" – Promoter.												
Organization or company name	Family name First given name		Secondary given names	Business loc non-individe resident jurisdictio individu	ual or ail n of		issuer apply)					
				Province or	D	0	Р					
	Granleese	William		British Columb	a	~	~					
	Granleese	William	R.	British Columb	a	~						
	Worsnup	Christopher	Gavin	British Columbia								
b) Promoter information												
If the promoter listed above is not ar within Canada, state the province or												
Organization or company name	anization or company name Family name		Secondary given names	Residential jurisdiction of individual	Relationship to pro (select one or both if a							
				Province or country	D		0					
c) Residential address of sea	h individual											
c) Residential address of eac		racidantial address	for each individua-	listed in Item 0	(a) and (L)) and at	ach to t	ha				
Complete Schedule 2 of this form completed report. Schedule 2 also					u) una (D)	, ana ati						

ITEM 10 - CERTIFICATION

Provide the following certification and business contact information of an officer, director or agent of the issuer or underwriter. If the issuer or underwriter is not a company, an individual who performs functions similar to that of a director or officer may certify the report. For example, if the issuer is a trust, the report may be certified by the issuer's trustee. If the issuer is an investment fund, a director or officer of the investment fund manager (or, if the investment fund manager is not a company, an individual who performs similar functions) may certify the report if the director or officer has been authorized to do so by the investment fund.

The certification may be delegated, but only to an agent that has been authorized by an officer or director of the issuer or underwriter to prepare and certify the report on behalf of the issuer or underwriter. If the report is being certified by an agent on behalf of the issuer or underwriter, provide the applicable information for the agent in the boxes below.

If the individual completing and filing the report is different from the individual certifying the report, provide the name and contact details for the individual completing and filing the report in Item 11.

The signature on the report must be in typed form rather than handwritten form. The report may include an electronic signature provided the name of the signatory is also in typed form.

Securities legislation requires an issuer or underwriter that makes a distribution of securities under certain prospectus exemptions to file a completed report of exemt distribution.

By completing the information below, I certify, on behalf of the issuer/underwriter/investment fund manager, to the securities regulatory authority or regulator, as applicable, that I have reviewed this report and to my knowledge, having exercised reasonable diligence, the information provided in this report is true and, to the extent required, complete.

Name of issuer/underwriter/ investment fund manager/agent	Antrim Balanced Mortgage Fund Ltd.							
Full legal name	Granleese	William		R.				
	Family name	First given name		Secondary given names				
Title	Portfolio Manager							
Telephone number	6045302301	Email address	will@antriminvestments.com					
Signature	"William Granleese"	Date	2019	06	28			
			YYYY	MM	DD			

ITEM 11- CONTACT PERSON

Provide the following business contact information for the individual that the securities regulatory authority or regulator may contact with any questions regarding the contents of this report, if different than the individual certifying the report in Item 10.

Same as individual certifying the report

Full legal name				Title	
·	Family name	First given name	Secondary given names		
Name of company					
Telephone number		Er	nail address		

Notice - Collection and use of personal information

The personal information required under this form is collected on behalf of and used by the securities regulatory authority or regulator under the authority granted in securities legislation for the purposes of the administration and enforcement of the securities legislation.

If you have any questions about the collection and use of this information, contact the securities regulatory authority or regulator in the local jurisdiction(s) where the report is filed, at the address(es) listed at the end of this form.

The attached Schedules 1 and 2 may contain personal information of individuals and details of the distribution(s). The information in Schedules 1 and 2 will not be placed on the public file of any securities regulatory authority or regulator. However, freedom of information legislation may require the securities regulatory authority or regulator to make this information available if requested.

By signing this report, the issuer/underwriter confirms that each individual listed in Schedule 1 or 2 of the report who is resident in a jurisdiction of Canada:

- a) has been notified by the issuer/underwriter of the delivery to the securities regulatory authority or regulator of the information
 pertaining to the individual as set out in Schedules 1 or 2, that this information is being collected by the securities regulatory
 authority or regulator under the authority granted in securities legislation, that this information is being collected for the purposes of
 the administration and enforcement of the securities legislation of the local jurisdiction, and of the title, business address and
 business telephone number of the public official in the local jurisdiction, as set out in this form, who can answer questions about the
 security regulatory authority's or regulator's indirect collection of the information, and
- b) has authorized the indirect collection of the information by the securities regulatory authority or regulator.