# Form 45-106F1 Report of Exempt Distribution

## IT IS AN OFFENCE TO MAKE A MISREPRESENTATION IN THIS REPORT

ITEM 1 - REPORT TYPE							
New report     Amended report If amen							
ITEM 2 - PARTY CERTIFYING THE	REPORT						
Indicate the party certifying the report (sele National Instrument 81-106 Investment Fu				ection 1.1 of			
Investment fund issuer							
✓ Issuer (other than an invest	stment fund)						
Item 3 - Issuer Name and Ot	HER IDENTIFIERS						
Provide the following information about th		vestment fund, about the fund.					
Full legal name	Antrim Balanced Morte						
Previous full legal name							
If the issuer's name changed in	the last 12 months provide m	ost recent previous legal name					
Website	www.antriminvestment	-	(if applicable)				
If the issuer has a legal entity identifier, pro Legal entity identifier	Svide below. Refer to Part B of t		oj legal entity taentifier				
ITEM 4 - UNDERWRITER INFORM	IATION						
If an underwriter is completing the report,	provide the underwriter's full le	gal name and firm National Reg	gistration Database (NRD	) number.			
Full legal name							
Firm NRD number	(if applicable)						
If the underwriter does not have a firm NRD number, provide the head office contact information of the underwriter.							
Street address	Street address						
Municipality		Province/State					
Country		Postal code/Zip code					
Telephone number		Website		(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 corresponds to the issuer's primary business activity. For more information on finding the NAICS industry code go to <b>Statistics Canada's NAICS industry search tool.</b>							
NAICS industry code 5 2 2 2 9 9							
If the issuer is in the <b>mining industry</b> , 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.							
Is the issuer's primary business is to invest all or substantially all of its assets in any of the following? If yes, select all that apply.           Image:							
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       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							
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.							
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 names of all exchanges on which its securities are listed. Include only the names of exchanges for which the issuer has applied for and received a listing, which excludes, for example, automated trading systems.							
Exchange name(s):							
h) Size of issuer's assets							
Select the size of the issuer's assets for its most recent financial year-end (Canadian \$). If the issuer has not existed for a full 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 \$1B or over							

ITEM 6 - INVESTMENT FUND ISSUER INFORMATION					
If the issuer is an investment fund, provide the following information.					
a) Investment fund m	anager informaiton				
Full legal name					
Firm NRD number	(if applicable)				
If the investment fund ma	nager does not have a firm NRD number, provide the head office contact information of the investment fund manager.				
Street address					
Municipality	Province/State				
Country	Postal code/Zip code				
Telephone number	Website (if applicable)				
b) Type of investmen	t fund				
Type of investment fund the	at most accurately identifies the issuer (select only one) .				
Money market	Equity Fixed income				
Balanced	Alternative strategies Other (describe)				
Indicate whether one or bot	h of the following apply to the investment fund .				
Invests primarily in	n other investment fund issuers				
Is a UCITs Fund <sup>1</sup>					
directives that allow collecti	ive Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union (EU) ve investment schemes to operate throughout the EU on a passport basis on authorization from one member state.				
c) Date of formation a	and financial year-end of the investment fund				
Date of forma	tion Financial year-end MM DD MM DD				
d) Reporting issuer s	tatus of the investment fund				
Is the investment fund a rep	porting issuer in any jurisdication of Canada? 🔲 No 🗌 Yes				
	of Canada in which the investment fund is a reporting issuer.				
e) Public listing statu	NU   ON   PE   QC   SK   YT     s of the investment fund				
If the investment fund has a	a CUSIP number, provide below (first 6 digits only)				
CUSIP number					
If the investment fund is publicly listed, provide the names of all exchanges on which its securities are listed. Include only the names of exchanges for which the issuer has applied for and received a listing, which excludes, for example, automated trading systems.					
Exchage name	·\$				
f) Net asset value (NA	AV) of the investment fund				
-	investment fund as of the date of the most recent NAV calculation (Canadian \$).				
\$0 to under \$5M	\$5M to under \$25M \$25M to under \$100M				
\$100M to under \$50					
	YYYY MM DD				

Item 7 - Information A	BOUT THE DISTRIBUTION					
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, which should 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 the currency or currencies in	which the distribution was made. Al	dollar amounts provid	ed in the report mus	st be in Canadian	dollars.	
🖌 Canadian dollar	US dollar Euro	Other (descr	ibe)			
b) Distribution date(s)						
State the distribution start and end dates. If the report is being filed for securities distributed on only one distribution date, provide the distribution date as both the start and end dates. If the report is being filed for securities distributed on a continuous basis, include the start and end dates for the distribution period covered by the report. Start date $ \begin{array}{c c} 2017 & 01 & 03 \\ \hline YYYY & MM & DD \end{array} $ End date $ \begin{array}{c c} 2017 & 01 & 10 \\ \hline YYYY & MM & DD \end{array} $						
c) Detailed purchaser inform	mation					
Complete Schedule 1 of this f	form for each purchaser and at	tach the schedule t	o the completed	report.		
d) Types of securities distri	buted					
	n for all distributions that take place he security code. If providing the CUS					
				Canadian \$		
Security code CUSIP number (if applicable)	Description of security	Number of securities	Single or lowest price	Highest price	Total amount	
PRS Cla Vc	nares - \$802,869.00 ass B Series 'B' Preferred No oting Shares - \$159,100.00	ss B Series 'B' Preferred Non- ing Shares - \$159,100.00 ss B Series 'C' Preferred Non-				
e) Details of rights and con	vertible/exchangeable securities	i				
	ns) were distributed, provide the exerc nversion ratio and describe any other				changeable securities	
Security Underlying code security code			version ratio Descr	ibe other items (if a	applicable)	
f) Summary of the distributi	ion by jurisdiction and exemptior	1				
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	Exemption relied on         Number of purchasers         Total amount (Canadian \$)					
British Columbia	NI 45-106 2.9(1) [Offering r (BC, NL)	NI 45-106 2.9(1) [Offering memorandum] (BC, NL)			2,196,514.00	
Ontario	NI 45-106 2.9(2.1) [Offering (AB, SK, ON, QC, NB, NS)	1		3,000.00		
	Total	dollar amount of sec	urities distributed		2,199,514.00	
	Total number o	f unique purchasers <sup>2</sup>	115			

<sup>2</sup>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.<sup>3</sup> 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	

<sup>3</sup>"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)

ITEM 8 - COMPENSATION INFORMATION
Provide information for each person (as defined in NI 45-106) to whom the issuer directly provides, or will provide, any compensation in connection with the distribution. <b>Complete additional copies of this page if more than one person was, or will be, compensated.</b>
Indicate whether any compensation was paid, or will be paid, in connection with the distribution.
□ No       ✓ Yes       If yes, indicate number of persons compensated.       3
a) Name of person compensated and registration status
Indicate whether the person compensated is a registrant.  No  Yes
If the person compensated is an individual, provide the name of the individual.
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 of non-individual Holliswealth Advisory Services Inc.
Firm NRD number 3 4 0 (if applicable)
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal.
b) Business contact information
If a firm NRD number is not provided in Item 8 (a), provide the business contact information of the person being compensated.
Street address
Municipality Province/State
Country Postal code/Zip code
Email address Telephone number
<ul> <li>c) Relationship to issuer or investment fund manager</li> <li>Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part</li> </ul>
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 paid, or to be paid, to the person identified in Item 8(a) in connection with the distribution. Provide all amounts in Canadian dollars. Include cash commissions, securities-based compensation, gifts, discounts or other compensation. Do not report payments for services incidental to the distribution, such as clerical, printing, legal or accounting services. An issuer is not required to ask for details about, or report on, internal allocation arrangements with the directors, officers or employees of a non-individual compensated by the issuer.
Cash commissions paid     14.93       Security codes     Security code 1       Security code 2     Security code 3
Value of all securities distributed as
compensation <sup>4</sup>
Describe terms of warrants, options or other rights
Other compensation <sup>5</sup> Describe
Total compensation paid 14.93
Check box if the person will or may receive any deferred compensation (describe the terms below)
Holliswealth Advisory Services Inc. will receive an annual trailer fee paid monthly in the amount of 1/2% on Class A Preferred Non-Voting Shares, 1% on Class B Seris 'B' Preferred Non-Voting Shares and 0% on Class B Series 'C' Preferred Non-Voting Shares.
<sup>4</sup> Provide the aggregate value of all securities distributed as compensation, <u>excluding</u> options, warrants or other rights exercisable to acquire additional securities of the issuer. Indicate the security codes for all securities distributed as compensation, <u>including</u> options, warrants or other rights exercisable to acquire additional securities of the issuer.

<sup>5</sup>Do not include deferred compensation.

a) Name of person com	ensated and registration status				
Indicate whether the perso	o compensated is a registrant. No Ves				
If the person compensated is	an individual, provide the name of the individual.				
Full legal name of indiv	idual				
	Family name         First given name         Secondary given names				
If the person compensated is not an individual, provide the following information.					
Full legal name of non-individual Raymond James Ltd.					
Firm NRD number 8 2 4 0 (if applicable)					
Indicate whether the person	compensated facilitated the distribution through a funding portal or an internet-based portal.	s			
b) Business contact info	mation				
If a firm NRD number is not	rovided in Item 8 (a), provide the business contact information of the person being compensated.				
Street address		1			
Municipality	Province/State	1			
Country	Postal code/Zip code	1			
Email address	Telephone number	]			
c) Relationship to issuer	or investment fund manager	1			
Indicate the person's relation	hip 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	e meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section.				
Connect with the issu	er or investment fund manager Insider of the issuer (other than an investment fund)				
Director or officer of t	e investment fund or investment fund manager Employee of the issuer or investment fund manager				
✓ None of the above					
d) Compensation details					
Canadian dollars. Include cas services incidental to the distr	ation paid, or to be paid, to the person identified in Item 8(a) in connection with the distribution. Provide all amounts in commissions, securities-based compensation, gifts, discounts or other compensation. Do not report payments for bution, such as clerical, printing, legal or accounting services. An issuer is not required to ask for details about, or report ments with the directors, officers or employees of a non-individual compensated by the issuer.				
Cash commissions pa	id 7.56 Security codes Security code 1 Security code 2 Security code 3	1			
Value of all securitie		1			
distributed a compensatio		J			
•	erms of warrants, options or other rights	1			
Other compensatio	<sup>5</sup> Describe	1			
Total compensation pa	d 7.56	1			
Check box if the person will or may receive any deferred compensation (describe the terms below)					
Raymond James Ltd. will receive an annual trailer fee paid monthly in the amount of 1/2% on Class A Preferred Non- Voting Shares, 1% on Class B Seris 'B' Preferred Non-Voting Shares and 0% on Class B Series 'C' Preferred Non- Voting Shares.					
additional securities of the is	of all securities distributed as compensation, <u>excluding</u> options, warrants or other rights exercisable to acquire suer. Indicate the security codes for all securities distributed as compensation, <u>including</u> options, warrants or other additional securities of the issuer. ppensation.				

a) Name of person con	pensated and	d registration statu	JS							
Indicate whether the person compensated is a registrant.										
If the person compensated i	s an individual,	provide the name of	f the indi	vidual.						
Full legal name of individual Swallow			Dar	rryl						
		Family name		First giver	n name		Seco	ndary given name	S	
If the person compensated is not an individual, provide the following information.										
Full legal nam	e of non-indiv	idual								
	Firm NRD nu	mber					(if appl	icable)		
Indicate whether the perso	n compensated	facilitated the distril	bution th	rough a funding p	portal o	r an intei	rnet-base	ed portal.	No	✓ Yes
b) Business contact inf	ormation									
If a firm NRD number is not	provided in Ite	m 8 (a), provide the	business	contact informati	on of th	ne person	being co	ompensated.		
Street address	200 - 15388	24th Avenue								
Municipality	Surrey				F	Province	/State	British Colur	nbia	
Country	Canada			P	ostal o	code/Zip	o code	V4A 2J2		
Email address	dswallow@t	elus.net			Telep	hone n	umber	6045417301		
c) Relationship to issue	c) Relationship to issuer or investment fund manager									
Indicate the person's relatio B(2) of the Instructions and				-		-		-	ected" in	Part
Connect with the iss			1.4 0/ 11		-	-	-	er than an inves	stment fu	nd)
Director or officer of		-	fund ma					or investment fu		
None of the above					Linploy		5 155001 1		na mana	gei
d) Compensation detai	c									
Provide details of all comper		to he naid to the ne	rson ider	ntified in Item 8(a)	) in con	nection v	vith the c	listribution Prov	ide all ar	nounts in
Canadian dollars. Include ca										
services incidental to the dis									ils about,	or report
on, internal allocation arran	gements with tr	e airectors, officers o	or emplo	yees of a non-ina	iviauai	compens	atea by t	ne issuer.		
Cash commissions	baid	0.51	5	Security codes		Security	code 1	Security code 2	Securit	y code 3
Value of all securit				-						
distributed compensat					L		_ I _ I	I	1 1	
		nts, options or othe	r rights							
Other compensati	on⁵	De	escribe							
Total compensation p	aid	0.51								
Check box if the person will or may receive any deferred compensation (describe the terms below)										
Darryl Swallow will receive an annual trailer fee paid monthly in the amount of 1/2% on Class A Preferred Non-Voting Shares, 1% on Class B Seris 'B' Preferred Non-Voting Shares and 0% on Class B Series 'C' Preferred Non-Voting Shares.										
<sup>4</sup> Provide the aggregate val	ue of all securit	ies distributed as co	mpensa	tion, <u>e</u> xcludina or	otions. I	warrants	or other	rights exercisab	le to aca	uire
additional securities of the	issuer. Indicate	the security codes	for all se							
rights exercisable to acquir ⁵Do not include deferred co		Junites of the ISSUER								

ITEM 9 - DIRECTORS, EXECUTIVE OFFICERS AND PROMOTERS OF THE ISSUER									
If the issuer is an inves	tment fund,	do not complete It	em 9. Procced t	o Item 10.					
Indicate whether the issu	er is any of th	e following (select o	all that apply).						
Reporting issuer in any jurisdiction of Canada									
Foreign public iss	Foreign public issuer								
Wholly owned subsidiary of a reporting issuer in any jurisdiction of Canada <sup>6</sup>									
P	Provide name of reporting issuer								
Wholly owned subsidiary of a foreign public issuer <sup>6</sup>									
Provid	le name of fo	reign public issuer							
Issuer distributing	g eligible forei	gn securities only t	o permitted clier	nts <sup>7</sup>					
If the issuer is at least	one of the al	oove, do not comp	lete Item 9(a) –	(c). Proceed to Ite	m 10.				
<sup>6</sup> An issuer is a wholly own securities that are require <sup>7</sup> Checck this box if it appl clients. Refer to the defin. ↓ If the issuer is no	ed by law to be lies to the curr itions of "eligi	e owned by its direct rent distribution eve	ctors, are benefic en if the issuer m and "permitted"	cially owned by the ade previous distri client" in Part B(1)	reporting issuer butions of other i	or the foreig types of secu	n publ	ic issue	er, respectively.
a) Directors, execut			-	item 5(u) - (c).					
Provide the following in territory; otherwise state	formation for	each director, execu	utive officer and				da, sta	te the p	rovince or
Organization or con	npany name	Family name	First given name	Secondary give names	iven Business location of non-individual or residentail jurisdiction of individual			that	
					Province o	or country	D	0	Р
		Granleese	William		British Colun	nbia	✓	✓	
		Granleese	William	R.	British Colun	nbia	✓		
		Dyck	Victor		British Colun	nbia	✓		
		Worsnup	Christopher	Gavin	British Colun	nbia	✓		
b) Promoter informa	ition								
If the promoter listed above is not an individual, provide the following information for each director and executive officer of the promoter. For locations within Canada, state the province or territory; otherwise state the country. For "Relationship to promoter", "D" – Director, "O" – Executive Officer.									
Organization or con	Organization or company name Family name Family name Residential purisdiction of individual Relationship to promoter (select one or both if applicable)								
					Province or country	D		C	>
c) Residential addre									
Complete Schedule 2 of this form providing the full residential address for each individual listed in Item 9(a) and (b) and attach to the completed report. Schedule 2 also requires information to be provided about control persons.									

## ITEM 10 - CERTIFICATION

Provide the following certification and business contact information of an officer or director 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 not be delegated to an agent or other individual preparing the report on behalf of the issuer or underwriter. If the individual completing and filing the report is different from the individual certifying the report, provide their name and contact details 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.

## IT IS AN OFFENCE TO MAKE A MISREPRESENTATION IN THIS REPORT

By completing the information below, I certify to the securities regulatory authority or regulator that:

- I have read and understand this report; and
- all of the information provided in this report is true.

Full legal name	Granleese	William	R.			
	Family name	First given name	Secondary given names			
Title	Director					
Name of issuer/underwriter/ investment fund manager	Antrim Balanced Mortgage Fund Ltd.					
Telephone number	6045302301	Email address will@	antriminvestments.com			
Signature	William R. Granleese	Date 20	17 01 13			
		YY	YY 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.

 $\checkmark$  Same as individual certifying the report

Full legal name				Title
	Family name	First given name	Secondary given names	
Name of company				
Telephone number		E	mail 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.