

Ancillary fund return 2020

Specify period if part year or approved substitute period

Day	Month	Year		Day	Month	Year
	//		to			
	/ substituted ging of your	accounting peri	od r	nust be ap	proved by	the ATO before

Do not complete this form if your ancillary fund is a registered charity.

Who should complete this form

Complete this form if your ancillary fund is NOT registered with the Australian Charities and Not-for-profits Commission (ACNC).

Registered charities should not complete this form but are required to answer some additional questions when completing the ACNC's annual information statement. The ACNC annual information statement is the approved ancillary fund return for registered charities and the ACNC will provide ATO with the relevant data.

When completing this form

Use the *Ancillary fund return instructions 2020* (instructions) available on our website at **ato.gov.au** when completing this form.

See the privacy note at **Completing and lodging the return** in the instructions for further information.

The guidelines referred to are the *Public ancillary fund guidelines* 2011 as amended in June 2020 for public ancillary funds and the *Private ancillary fund guidelines* 2019 as amended in June 2020 for private ancillary funds.

1 This form should be used for the 2020 reporting year only. If you need to lodge a return for an earlier year please download and complete the form for that year from the ATO website.

	Name of fund
)	Australian business number (ABN) of fund
	Information is collected for the purposes of the A New Tax System (Australian Business Number) Act 1999 and may be used to update your details on the Australian Business Register. See the privacy note at Completing and lodging the return in the instructions for further information.
}	Address for notices

Trustee details

If the trustee is a constitutional corporation show details here Australian Company Number, association number or incorporation number Tax file number (TFN) We are authorised by the Taxation Administration Act 1953 to collect your TFN. See the privacy note at Completing and **lodging the return** in the instructions for further information. Daytime contact phone number If the trustee is an individual show details here Other Title: Mr Family name First given name Other given name/s TFN We are authorised by the Taxation Administration Act 1953 to collect your TFN. See the privacy note at Completing and lodging the return in the instructions for further information. Daytime contact phone number Section B: **Donations received Donations received** A \$ -000 Cash received -00 **B** \$ Value of shares in publicly listed entities received -90 Value of shares in unlisted entities received Combined value of collectibles, land, buildings and other -⊠ property received E \$ · X **Total value of donations received** (total of labels A to D)

Se	ection C: Income				
8	Income				
	Do not include donations received at this question. Donations received should be reported at question 7.				
	Gross income (includes interest, dividends, franking credits, rent and other leasing and hiring income, distributions from a trust, and other gross income)	A	\$		•∞
	Net gain on the disposal of assets	В	\$		-∞
	Total income (label A plus label B)	C	\$[]∙≫
9	Expenses				
	Do not include distributions made at this question. Distributions made should be reported at question 11.				
	Salary	D	\$		·%
	Other expenses (includes rent, management, administration, valuation fees, audit fees, and other expenses)	Е	\$		·×
	Total expenses (label D plus label E)	F	\$[]∙≫
10	Net income				
	Total net income/loss (label C less label F)	G	\$[]•∞
Se	ection D: Distributions made				
	① Combine all distributions made to the same recipient. If the	ere is	still i	insufficient space, use an extra S	Section D page.

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A	В	C	D
Name of recipient	ABN of recipient	Money distributed	Market value of property distributed
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

Total value of distributions made (total of all C and D amounts)	E \$	
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·×

Section E: Market value of the fund's net assets at the end of the

financial year 12 Assets

Cash and term deposits	A \$	·×
Listed shares	В \$	·%
Unlisted shares and managed funds	C \$	·%
Loans	D \$	·×
Land, buildings and any other assets	E \$	·×
Total market value of the fund's gross assets at the end of the financial year (total of labels A to \to)	F \$	·×
Liabilities		
Borrowings	G \$	·%
Other liabilities	H \$	·%
Total liabilities at the end of the financial year (label G plus label H)	\$	·×

O	Section F. Information relating to entitlement to endorsement				
Α	Have the fund's financial statements been audited or reviewed?	Yes	No		
В	Has the Commissioner been advised of any changes to the fund's governing rules?	Yes	No		
С	Has the fund entered into a financial dealing with a person or entity associated with the founder or trustees of the fund?	Yes	No		
D	Has the fund's auditor or reviewer confirmed compliance with the ancillary fund guidelines relating to the relevant reporting period?	Yes	No		
E	Does the fund maintain a current written investment strategy?	Yes	No		
F	Did the fund wind up or cease to be a public or private ancillary fund?	Yes	No		

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14 Market value of the fund's net assets Market value of the fund's net assets at the end of the financial year (label F less label I)

Section G: Declarations Penalties may be imposed for giving false or misleading information. In addition, penalties may be imposed for non-compliance with the Public ancillary fund guidelines or the Private ancillary fund guidelines. Refer to the privacy note at Completing and lodging the return in the instructions for further information. This declaration must be signed by a trustee, director or public officer authorised to sign on behalf of the trustee. **Declaration** I declare that the information in this return is true and correct. Name of signatory Position held Signature of authorised trustee or director or public officer Date Tax agent's declaration I declare that this return has been prepared in accordance with the information provided by the trustee, that the trustee has given me a declaration stating that the information provided to me is true and correct, and that the trustee has authorised me to lodge this return. Contact name

Tax agent's reference number

Date

How to lodge this form

Send the completed form by the lodgment due date to:

Australian Taxation Office GPO Box 9845 IN YOUR CAPITAL CITY

Client's reference

Signature

The address must appear as shown above.

Tax agent's phone number (include area code)