



Ancillary fund return 2025

Specify period if part year or approved substitute period

Day	Month	Year		Day	Month	Year

to

! Any substituted accounting period must be approved by the ATO before lodging of your return.

! 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 2025](#) (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 2022* for public ancillary funds and the *Private ancillary fund guidelines 2019* for private ancillary funds.

! This form should be used for the 2025 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.

Section A: Fund information

1 Name of fund

2 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.

3 Address for notices

Suburb or town

State/territory

Postcode

4 Email address

Trustee details

5 If the trustee is a constitutional corporation show details here

Name

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

6 If the trustee is an individual show details here

Title: Mr Mrs Miss Ms Other

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

7 Donations received

Cash received

A \$.~~X~~

Value of shares in publicly listed entities received

B \$.~~X~~

Value of shares in unlisted entities received

C \$.~~X~~

Combined value of collectibles, land, buildings and other property received

D \$.~~X~~

Total value of donations received (total of labels A to D)

E \$.~~X~~

Section 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

B \$

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)

E \$

Total expenses (label D plus label E)

F \$

10 Net income

Total net income/loss (label C less label F)

G \$

Section D: Distributions made

Combine all distributions made to the same recipient. If there is still insufficient space, use an extra Section D page.

11 Distributions made

A	B	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 \$

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

12 Assets

Cash and term deposits	A \$		•X
Listed shares	B \$		•X
Unlisted shares and managed funds	C \$		•X
Loans	D \$		•X
Land, buildings and any other assets	E \$		•X
Total market value of the fund's gross assets at the end of the financial year (total of labels A to E)	F \$		•X

13 Liabilities

Borrowings	G \$		•X
Other liabilities	H \$		•X
Total liabilities at the end of the financial year (label G plus label H)	I \$		•X

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)	J \$		•X
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Section F: Information relating to entitlement to endorsement

A	Have the fund's financial statements been audited or reviewed?	Yes ☐	No ☐
B	Has the Commissioner been advised of any changes to the fund's governing rules?	Yes ☐	No ☐
C	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 ☐

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

Day	Month	Year

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 phone number (include area code)

Tax agent's reference number

Client's reference

Signature

Date

Day	Month	Year

How to lodge this form

Send the completed form by the lodgment due date to:

Australian Taxation Office

GPO Box 9845

[insert the name and postcode of your capital city]

For example:

Australian Taxation Office

GPO Box 9845

SYDNEY NSW 2001