Australian Government



Australian Taxation Office Ancillary fund return 2014

Specify period if part year or approved substitute period



WHO SHOULD COMPLETE THIS FORM

Only public and private ancillary funds should complete this form. This includes those private ancillary funds that were formerly prescribed private funds (PPFs).

WHEN COMPLETING THIS FORM

Use the *Ancillary fund return instructions 2014* 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* for public ancillary funds and the *Private ancillary fund guidelines 2009* for private ancillary funds including former prescribed private funds.

HOW TO COMPLETE THIS FORM

- Read the instructions on how to complete this form.
- You may type directly into this form before printing or you may print the form and write the information.
- If typing, first check that you can save a copy of the completed form to your computer by entering text into the first field, saving and closing the file, then re-opening it to check that the text you entered is displayed.
- If you cannot save the form, print a completed copy before you close it.
- If writing, use BLOCK LETTERS.
- Place $|\mathcal{X}|$ in ALL applicable boxes.
- Show whole dollars only, do not show cents.
- All funds must complete sections A, B, C, D, F, G, H, I and J.
- If the fund is a former prescribed private fund distributing under the transitional distribution rules it must also complete section E.
- Print and sign the form.

Section A: Fund information

1 Name of fund

0	Australian business number (ABN) of fund		Γ		[]			
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 *Ancillary fund return instructions 2014* for further information.

3 Current postal address

Suburb or town	State/territory	Postcode
Type of fund		

Public ancillary fund

4

ADDRESS FOR NOTICES

5 If the trustee is a constitutional corporation or a public trustee of a state or territory show details here Name

Australian Company Number, association	
Tax file number (TFN)	Australian Company Number, association
Current postal address Suburb or town State/Peritory Pectocode Email address	Tax file number (TFN)
Email address Email address Phone number (include area code) Preferred director of the constitutional corporation Title: Mrs Mrs Mss First given name Other given name/s Email address Email address Phone number (include area code) Is the preferred director a responsible person for the fund? No Yes If the trustee is an individual show details here Title: Mrs Mrs Mss Miss Ms Other given name/s Enaily name Other given name/s TFN Mrs Miss Ms Other given name/s Enaily name Other given n	
Email address Email address Phone number (include area code) Itie: Mrs Mrs Mss Mrs Mss First given name Other given name/s Email address Phone number (include area code) Is the preferred director a responsible person for the fund? No Yes If the trustee is an individual show details here Title: Mrs First given name Other If the trustee is an individual show details here Title: Mrs Mrs Miss Miss Ms Other given name/s Its the preferred director a responsible person for the fund? No Yes If the trustee is an individual show details here Title: Mrs Mrs Miss Mrs Other given name/s Email name Other given name/s Its given name Other given name/s Error Its concluster the concluster the nume/s Its given name Other given name/s	
Phone number (include area code)	Suburb or town State/territory Postcode
Phone number (include area code)	
Preferred director of the constitutional corporation Title: Mrs Miss Ms Other Family name	Email address
Title: Mrs Miss Ms Other Family name Family name First given name Other given name/s Email address Email address Phone number (include area code) Is the preferred director a responsible person for the fund? No Yes If the trustee is an individual show details here Title: Mrs Miss Ms Other given name/s First given name Other First given name Other given name/s TrN Image: Comparison of the privacy note at Completing and lodging the return in the Ancillary fund return instructions 2014 for further information. Current postal address Suburb or town State/territory Postcode	Phone number (include area code)
Family name Other given name/s First given name Other given name/s Email address Email address Phone number (include area code) Image: State (State (State)) Is the preferred director a responsible person for the fund? No Yes If the trustee is an individual show details here Image: State (State) Image: State (State) If the trustee is an individual show details here Image: State/Terming (State) Image: State/Terming (State) Frist given name Other given name/s Image: State/Terming (State) Image: State/Terming (State) If the constant address Image: State/Terming (State) Image: State/Terming (State) Image: State/Terming (State) Suburb or town State/Terming (State) Image: State/Terming (State) Image: State/Terming (State) Suburb or town State/Terming (State) Image: State) Image: State) Image: State) Suburb or town State/Terming (State) Image: State) Image: State) Image: State)	Preferred director of the constitutional corporation
First given name Other given name/s Email address	
Email address Email address Phone number (include area code) Is the preferred director a responsible person for the fund? No Yes 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 Other given name/s Current postal address Suburb or town State/territory Postcode	
Phone number (include area code)	First given name Other given name/s
Phone number (include area code)	
Is the preferred director a responsible person for the fund? No Yes 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 Other Given name/s Suburb or town State/territory Postcode Other Given No	
If the trustee is an individual show details here Title: Mr Mrs Miss Ms Other Family name	Phone number (include area code)
Title: Mrs Miss Ms Other Family name First given name Other given name/s First given name Other given name/s TFN Other given name/s TFN Other given name/s Other given name/s Other given name/s TFN Other given name/s Other given name/s Other given name/s TFN Other given name/s Other given name/s Other g	Is the preferred director a responsible person for the fund? No Yes
Family name First given name Other given name/s Image: State/territory Postcode Suburb or town State/territory Postcode	If the trustee is an individual show details here
First given name Other given name/s First given name Other given name/s TFN Image: Complexity of the second se	
TFN Image: Constraint of the second seco	
Your TFN. See the privacy note at Completing and lodging the return in the Ancillary fund return instructions 2014 for further information. Current postal address Suburb or town State/territory Postcode	First given name Other given name/s
Suburb or town State/territory Postcode	
Suburb or town State/territory Postcode	your TFN. See the privacy note at Completing and lodging the return in
	Current postal address
Email address	Suburb or town State/territory Postcode
Email address	
	Email address
Phone number (include area code)	Phone number (include area code)
Is the trustee a responsible person for the fund? No Yes	Is the trustee a responsible person for the fund? No Yes

6

Section B: Estimated market value of the fund's net assets at the end of the previous financial year

7 Estimated market value of the fund's gross assets Estimated market value of the fund's gross assets at the end of the previous financial year

8 Liabilities

Borrowings at the end of the previous financial year

Other liabilities at the end of the previous financial year

Total liabilities at the end of the previous financial year (total of labels ${\sf B}$ to ${\sf C})$

9 Estimated market value of the fund's net assets Estimated market value of the fund's net assets at the end of the previous financial year (label A less label D)



Section C: Donations received

10 Donations received

Total of money received

Total of the value of shares in a publicly listed entity received

Total of the value of shares in an unlisted entity received

Total of the value of collectibles received

Total of the value of land and buildings received

Total of the value of other property received

Total of the value of donations received (total of labels A to F)



Section D: Income

Do not include an unrealised loss or gain under Income or Expenses. These would be reflected in the estimated market value of the fund's assets.

11 Income

	Do not include donations in Inco	ome			
	Gross interest	Α	\$	•!	×
	Franked dividends	В	\$		×
	Unfranked dividends	С	\$		×
	Dividend franking credits	D	\$	•	×
	Gross rent and other leasing and hiring income	Е	\$		×
	Gross distribution from a trust	F	\$	-	×
	Other gross income	G	\$		×
	Sub total (total of labels A to G)	Н	\$		×
	Net capital gain	I	\$		×
	Total income (total of labels H to I)	J	\$		×
12	Expenses Do not include distributions in E 	Expe	nse	S.	
12			nse: \$	[] .	×
12	Do not include distributions in E			•	×
12	Do not include distributions in E Salary	K	\$	·	
12	 Do not include distributions in E Salary Rent 	K	\$ \$	۰ ۱ ۱ ۱	×
12	 Do not include distributions in E Salary Rent Management and administration 	K L M	\$ \$ \$	۰ ۱۰ ۱۰ ۱۰	× ×
12	 Do not include distributions in E Salary Rent Management and administration Valuation fees 	K L M	\$ \$ \$ \$		× ×
12	 Do not include distributions in E Salary Rent Management and administration Valuation fees Audit fees 	K L M	\$ \$ \$ \$		× × ×
12	 Do not include distributions in E Salary Rent Management and administration Valuation fees Audit fees Other expenses Total expenses 	K L M N O P	\$ \$ \$ \$		× × × ×

Section E: Former Prescribed Private Funds (PPFs) distributing under the transitional distribution rules

Complete this section only if you are a former PPF distributing under the transitional distribution rules.

14 Amount of trust income retained

Amount of trust income retained under private ancillary ${\tt A}~$ fund guideline 55 to reflect movements in the CPI ${\tt A}~$

-20

Section F: Distributions made

Show distributions made in the financial year. Combine distributions made to the same recipient. If there is insufficient space add an additional section F page by printing an extra page.

15 Distributions made

A	В	С	D
Name of recipient	ABN of recipient	Money distributed	Value of property distributed
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

Total value of distributions made (total of all C and D amounts)

E \$

· 80

Section G: Estimated market value of the fund's net assets at the end of the financial year

16 Assets

Cash

Estimated market value of shares in a publicly listed entity

Estimated market value of shares in an unlisted entity

Loans

Estimated market value of land and buildings

Estimated market value of other property

Estimated market value of other investments

Total estimated market value of the fund's gross assets at the end of the financial year (total of labels A to G)

17 Liabilities

Borrowings

Other liabilities

Total liabilities at the end of the financial year (total of labels I to J)

18 Estimated market value of the fund's net assets Estimated market value of the fund's net assets at the end of the financial year (label H less label K)



Section H: Trustees

WHERE THE TRUSTEE IS A CONSTITUTIONAL CORPORATION

19 Show the details of any director of the constitutional corporation who is a responsible person for the fund and is not shown in Section A: Fund Information.

If there is insufficient space, print additional copies of this page or attach a spreadsheet or document containing all additional director details for question 19.
Name
Title: Mr Miss Miss Other
Family name
First given name Other given name/s
Current postal address
Suburb or town State/territory Postcode
Email address
Phone number (include area code)
Name
Title: Mr Mrs Miss Ms Other
Family name
First given name Other given name/s
Current postal address
Suburb or town State/territory Postcode
Email address
Phone number (include area code)

Name			
Title: Mr Mrs Miss Ms Other			
Family name			
First given name	Other given name/s		
Current postal address			
Suburb or town		 State/territory	Postcode
Email address			
Phone number (include area code)			
Nege			
Title: Mr Mrs Miss Ms Other			
First given name	Other given name/s		
Current postal address			
Suburb or town		 State/territory	Postcode
Email address			
Phone number (include area code)			
Name			
Title: Mr Mrs Miss Ms Other			
Title: Mr Miss Ms Other Family name			
	Other given name/s		
Family name	Other given name/s		
Family name	Other given name/s		
Family name	Other given name/s		
Family name	Other given name/s		
Family name	Other given name/s		Postcode
Family name First given name Current postal address	Other given name/s	State/territory	Postcode
Family name First given name Current postal address	Other given name/s	State/territory	Postcode
Family name First given name Current postal address Suburb or town	Other given name/s	State/territory	Postcode
Family name First given name Current postal address Suburb or town	Other given name/s	State/territory	Postcode

WHERE THE TRUSTEE IS AN INDIVIDUAL

20 Show the details of any trustee who is an individual who is not shown in Section A: Fund information.

If there is insufficient space, print additional copies of this page, or attach a spreadsheet or document containing all additional director details for question 20.
Name Title: Mrs Miss Ms Other Family name
First given name Other given name/s
TFN We are authorised by the <i>Taxation Administration Act 1953</i> to collect your TFN. See the privacy note at Completing and lodging the return in the <i>Ancillary fund return instructions 2014</i> for further information.
Current postal address
Suburb or town State/territory Postcode
Email address
Phone number (include area code)
Is the trustee a responsible person for the fund? No Yes
Name Title: Mrs Miss Ms Other Family name
First given name Other given name/s
TFN We are authorised by the <i>Taxation Administration Act 1953</i> to collect your TFN. See the privacy note at Completing and lodging the return in the <i>Ancillary fund return instructions 2014</i> for further information.
Current postal address
Suburb or town State/territory Postcode
Email address
Phone number (include area code)
Is the trustee a responsible person for the fund? No Yes

Name
Title: Mr Miss Ms Other
Family name
First given name Other given name/s
TFN We are authorised by the <i>Taxation Administration Act 1953</i> to collect your TFN. See the privacy note at Completing and lodging the return in the <i>Ancillary fund return instructions 2014</i> for further information.
Current postal address
Suburb or town State/territory Postcode
Email address
Phone number (include area code)
Is the trustee a responsible person for the fund? No Yes
Name
Title: Mr Mrs Miss Ms Other
First given name Other given name/s
TFN We are authorised by the <i>Taxation Administration Act 1953</i> to collect your TFN. See the privacy note at Completing and lodging the return in the <i>Ancillary fund return instructions 2014</i> for further information.
Current postal address
Suburb or town State/territory Postcode
Email address
Phone number (include area code)
Is the trustee a responsible person for the fund? No Yes

Name		
Title: Mr Mrs Miss Ms Other		
Family name		
First given name Other given name/s		
TFN We are authorised by the Taxation Administ your TFN. See the privacy note at Completing a the Ancillary fund return instructions 2014 for fur	and lodging the i	
Current postal address		
Suburb or town	State/territory	Postcode
Email address		
Phone number (include area code)		
Is the trustee a responsible person for the fund? No Yes		

Section I: Information relating to entitlement to endorsement

Insert $\overleftarrow{\mathcal{X}}$ in the No or $Y\!es$ box where applicable.

All funds

Α	Have the fund's financial statements been audited?	No	Yes
В	Has the trustee advised the Commissioner of every change to the fund's governing rules?	No	Yes
С	Has the market value of assets other than land been estimated as at the end of the financial year?	No	Yes
D	Has the market value of land been estimated within the last three financial years?	No	Yes
Е	Was every financial dealing of the fund with an associated person or entity made at arm's length?	No	Yes
All	public ancillary funds		
F	Has the fund's auditor confirmed compliance by the fund and the trustee with the public ancillary fund guidelines?	No	Yes
G	Did the fund wind up or cease to be a public ancillary fund?	No	Yes
н	Was the public invited to contribute to the fund?	No	Yes
I	Did the public, or a significant part of it, contribute to the fund?	No	Yes
All	private ancillary funds		
J	Has the fund's auditor confirmed compliance by the fund and the trustee with the private ancillary fund guidelines?	No	Yes
к	Did the fund wind up or cease to be a private ancillary fund?	No	Yes
All	private ancillary funds that were formerly a prescribed private fund (PPF)		
L	If the fund was formerly a PPF did it choose not to apply the transitional distribution rules during the financial year?	No	Yes

Section J: Declarations

Penalties may be imposed for giving false or misleading information. In addition non-compliance with the <i>Public ancillary fund guidelines</i> or the <i>Private ancillary</i>	
Refer to the privacy note at Completing and lodging the return in the <i>Ancillar</i> further information.	ry fund return instructions 2014 for
This declaration must be signed by a trustee or director or public officer authorised to	o 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 / / / /
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 Image: Constraint of the second sec
HOW TO LODGE THIS FORM	
nd the completed form by the lodgment due date to: stralian Taxation Office O Box 9845 YOUR CAPITAL CITY	
address must appear as shown above.	