



Ancillary fund return 2015

Specify period if part year or approved substitute period

Day / Month / Year to Day / Month / Year
□□ / □□ / □□□□ to □□ / □□ / □□□□

WHO SHOULD COMPLETE THIS FORM

Only public and private ancillary funds should complete this form.

WHEN COMPLETING THIS FORM

Use the *Ancillary fund return instructions 2015* 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.

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, check that you can save a copy of the completed form to your computer by entering text into the first field, save and close the file, then re-open 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 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.
- Print and sign the form.

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 *Ancillary fund return instructions 2015* for further information.

3 Current postal address

Suburb or town

State/territory

Postcode

4 Type of fund

Public ancillary fund

Private ancillary fund


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 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 *Ancillary fund return instructions 2015* for further information.

Current postal address

Suburb or town

State/territory

Postcode

Email address

Phone number (include area code)

Preferred director of the constitutional corporation

Title: Mr Mrs Miss Ms Other

Family name

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

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

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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 B: Market value of the fund's net assets at the end of the previous financial year

7 Market value of the fund's gross assets

Market value of the fund's gross assets at the end of the previous financial year

A \$ ·~~X~~

8 Liabilities

Borrowings at the end of the previous financial year

B \$ ·~~X~~

Other liabilities at the end of the previous financial year

C \$ ·~~X~~

Total liabilities at the end of the previous financial year
(total of labels B to C)

D \$ ·~~X~~

9 Market value of the fund's net assets

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

E \$ ·~~X~~

Section C: Donations received

10 Donations received

Total money received

A \$ ·~~X~~

Total value of shares in a publicly listed entity received

B \$ ·~~X~~

Total value of shares in an unlisted entity received

C \$ ·~~X~~

Total value of collectibles received

D \$ ·~~X~~

Total value of land and buildings received

E \$ ·~~X~~

Total value of other property received

F \$ ·~~X~~

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

G \$ ·~~X~~

Section D: Income

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

11 Income

⊖ Do not include donations in Income.

Gross interest	A	\$	<input type="text"/>	·X
Franked dividends	B	\$	<input type="text"/>	·X
Unfranked dividends	C	\$	<input type="text"/>	·X
Dividend franking credits	D	\$	<input type="text"/>	·X
Gross rent and other leasing and hiring income	E	\$	<input type="text"/>	·X
Gross distribution from a trust	F	\$	<input type="text"/>	·X
Other gross income	G	\$	<input type="text"/>	·X
Sub total (total of labels A to G)	H	\$	<input type="text"/>	·X
Net capital gain	I	\$	<input type="text"/>	·X
Total income (total of labels H to I)	J	\$	<input type="text"/>	·X

12 Expenses

⊖ Do not include distributions in Expenses.

Salary	K	\$	<input type="text"/>	·X
Rent	L	\$	<input type="text"/>	·X
Management and administration	M	\$	<input type="text"/>	·X
Valuation fees	N	\$	<input type="text"/>	·X
Audit fees	O	\$	<input type="text"/>	·X
Other expenses	P	\$	<input type="text"/>	·X
Total expenses (total of labels K to P)	Q	\$	<input type="text"/>	·X

13 Net income

Net income (label J less label Q)	R	\$	<input type="text"/>	·X
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Section E: **Former Prescribed Private Funds (PPFs) distributing under the transitional distribution rules**

14

! The transitional period for former PPFs distributing under the transitional distribution rules ceased at the end of the 2013-14 financial year.

Section F: **Distributions made**

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

15 **Distributions made**

A Name of recipient	B ABN of recipient	C Money distributed	D Value of property distributed
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

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

E \$ ~~X~~

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

16 Assets

Cash	A \$	<input type="text"/>	· X
Market value of shares in a publicly listed entity	B \$	<input type="text"/>	· X
Market value of shares in an unlisted entity	C \$	<input type="text"/>	· X
Loans	D \$	<input type="text"/>	· X
Market value of land and buildings	E \$	<input type="text"/>	· X
Market value of other property	F \$	<input type="text"/>	· X
Market value of other investments	G \$	<input type="text"/>	· X
Total market value of the fund's gross assets at the end of the financial year (total of labels A to G)	H \$	<input type="text"/>	· X

17 Liabilities

Borrowings	I \$	<input type="text"/>	· X
Other liabilities	J \$	<input type="text"/>	· X
Total liabilities at the end of the financial year (total of labels I to J)	K \$	<input type="text"/>	· X

18 Market value of the fund's net assets

Market value of the fund's net assets at the end of the financial year (label H less label K)	L \$	<input type="text"/>	· X
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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 still 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 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)

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)

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)

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 still insufficient space, print additional copies of this page, or attach a spreadsheet or document containing all additional director details for question 20.

Name

Title: Mr Mrs Miss Ms Other

Family name

First given name

Other given name/s

TFN

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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

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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

! The ATO is authorised by the *Taxation Administration Act 1953* to collect your TFN. See the privacy note at **Completing and lodging the return** in the *Ancillary fund return instructions 2015* 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

! The ATO is authorised by the *Taxation Administration Act 1953* to collect your TFN. See the privacy note at **Completing and lodging the return** in the *Ancillary fund return instructions 2015* 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

! The ATO is authorised by the *Taxation Administration Act 1953* to collect your TFN. See the privacy note at **Completing and lodging the return** in the *Ancillary fund return instructions 2015* 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

Section I: Information relating to entitlement to endorsement

Insert in the **No** or **Yes** box where applicable.

All funds

- A** Have the fund's financial statements been audited or reviewed? No Yes
- B** Has there been a change to the fund's governing rules? No Yes
- C** Has the market value of assets other than land been estimated as at the end of the financial year? No Yes
- D** If land is held, has the market value of land been estimated by a certified and independent valuer within the last three financial years? No Yes
- E** Has the fund entered into a financial dealing with a person or entity associated with the founder or trustees of the fund? 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
- H** 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
- K** Did the fund wind up or cease to be a private ancillary fund? No Yes

Section J: 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 *Ancillary fund return instructions 2015* 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
IN YOUR CAPITAL CITY

The address must appear as shown above.