

Ancillary fund return 2021

Specify period if part year or approved substitute period

Day	Month	Year		Day	Month	Year
			to			
	substituted ging of your r		riod m	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 2021 (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 2021 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.

Se	ection 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

If the trustee is a constit Name	utional corporation show	details here					
Australian Company Number, number or incorporation number							
Tax file number (TFN)							
We are authorised by the lodging the return in the	Taxation Administration Act 19 instructions for further informa	953 to collect your TFN. Setion.	ee the privacy note at Completing and				
Daytime contact phone numb	er						
If the trustee is an individ	lual show details here						
Title: Mr Mrs Miss Family name	Ms Other						
First given name		Other given name/s					
	Taxation Administration Act 19 instructions for further informa		ee the privacy note at Completing and				
Daytime contact phone numb	er						
Section B: Donation Donations received	is received						
Donations received Cash received		A \$	•×				
Value of shares in publicly liste	d entities received	B \$	·×				
Value of shares in unlisted ent	ties received	C \$	· %				
Combined value of collectibles property received	s, land, buildings and other	D \$	•≫<				
Total value of donations rec	eived (total of labels A to D)	E \$	· %				

,	Income		
	Do not include donations received at this question. Do	nations received should	be reported at question
	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 \$	·×
	Expenses		
	Expenses		
	Do not include distributions made at this question. Dis	tributions made should I	be reported at question
		tributions made should I	be reported at question
	Do not include distributions made at this question. Dis		
	Do not include distributions made at this question. Dis Salary Other expenses (includes rent, management, administration,	D \$	-94
0	Do not include distributions made at this question. Dis Salary Other expenses (includes rent, management, administration, valuation fees, audit fees, and other expenses)	D \$E \$	-%
0	Do not include distributions made at this question. Dis Salary Other expenses (includes rent, management, administration, valuation fees, audit fees, and other expenses) Total expenses (label D plus label E)	D \$E \$	-%

① Combine all distributions made to the same recipient. If there is still insufficient space, use an extra Section D page.

11 Distributions made

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 an	id D	amounts)
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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	С	\$	·×
	Loans	D	\$	·×
	Land, buildings and any other assets	Е	\$	·×
	Total market value of the fund's gross assets at the end of the financial year (total of labels A to $\!$ E)	F	\$	·×
13	Liabilities			
	Borrowings	G	\$	·×
	Other liabilities	Н	\$	·×
	Total liabilities at the end of the financial year (label G plus label H)	I	\$	·×
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	\$	·×

Section F: Information relating to entitlement to endorsement Have the fund's financial statements been audited or reviewed? Yes Has the Commissioner been advised of any changes to the fund's governing rules? Yes Has the fund entered into a financial dealing with a person or entity associated with the founder or Yes trustees of the fund? Has the fund's auditor or reviewer confirmed compliance with the ancillary fund guidelines relating to Yes the relevant reporting period? Does the fund maintain a current written investment strategy? Yes Did the fund wind up or cease to be a public or private ancillary fund? Yes

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 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