

# Fund income tax and regulatory return

## 2007

07/02/2007

to

30/06/2007

or specify period if part year or approved substitute period

Notes to help you prepare this tax return are provided in the *Fund income tax and regulatory return instructions 2007* (the instructions), available from the Tax Office.

Signature

Tax file number (TFN)

856 303 168

Name of fund or trust

THE RATHMONA SUPERANNUATION FUND

Australian business number (ABN)

49063678913

Previous name of fund or trust

If the fund or trust name has changed, print it exactly as shown on the last notice of assessment or the last tax return lodged.

Current postal address

If the address has not changed, print it exactly as shown on the last notice of assessment or the last tax return lodged.

MOGUMBER RD

Suburb or town

MOORA

State

WA

Postcode 6510

Postal address on previous tax return

If the address has changed, print it exactly as shown on the last notice of assessment or the last tax return lodged.

Suburb or town

State

Postcode

Email address

If applicable

Name of trustee

If the trustee is a company, print details here including ABN.

ABN

If the trustee is an individual, print details here.

Title  
Family name  
First given name  
Other given names

ACKLAND  
PETER BARNES

Hours taken to prepare and complete this tax return

 J  0

Business postcode

6510

Was the fund or trust wound up during the year ?

 K  N Print Y for yes or N for no.

Date wound up

 L 

IN-CONFIDENCE-when completed

Trustee's Signature

Name of fund

THE RATHMONA SUPERANNUATION FUND

TFN **856 303 168**

1 Superannuation fund number **A**

2 Date of establishment of fund or trust **B**

3 Status of fund or trust - print X in the applicable boxes.

Resident **C1**  Superannuation **D1**  Pooled Membership  
 fund superannuation **D3**  industry **E1**   
 Approved fund trust classification  
 Non-resident **C2**  deposit fund **D2**

4 Type of fund or trust - print X in the applicable box.

Self-managed superannuation Public offer Employer sponsored  
 fund(Tax Office regulated) **H1**  or retail **H3**  or corporate **H5**  Non-regulated **H7**   
 Small APRA Industry Public  
 fund **H2**  or award **H4**  sector fund **H6**  Other **H8**  **F**

5a Family trust election status

If the trust or fund has made, or is making a family trust election, write the four-digit income year specified of the election (for example, for the 2006-07 income year write 2007).

**J**

If revoking a family trust election, print R, and complete and attach the Family trust election and/or family trust revocation 2007.

**K**

5b Interposed entity election status

If the trust or fund has made, or is making one or more interposed entity elections, write the four-digit income year specified of the earliest election the election (for example, for the 2006-07 income year write 2007).

**L**  **F**

6 Is the fund or trust complying in accordance with sections 45, 47 or 48 of the Superannuation Industry (Supervision) Act 1993?

Print Y for Yes

**F**  **Y** or N for No. **F**

**Income tax calculation and information statement**

8 Calculation statement

Taxable income **A**

Foreign tax credits

**D**

Gross tax **B**

Rebates/tax offsets

**C**

Less:

Total of Labels D and C **G**

Tax payable

Add:

Section 102AAM interest charge **H**

Credit for interest on early payments-amount of interest

**V**

Less: Total of labels V, M, E and Q **R**

Credit for tax withheld where ABN/TFN not quoted

**M**

Subtotal

Credit for tax withheld-foreign resident withholding

**E**

Refundable franking credits

**Q**

Less:

PAYG instalments raised **T**

Total amount of tax payable (+) or refundable(-) **S**  **F**

Trustee's Signature

Name of fund

THE RATHMONA SUPERANNUATION FUND

TFN

856 303 168

**Information statement - to be completed by all entities**

**9a Income**

Did you have a CGT event during the year? **G**  **N**  or N for No. Print Y for Yes

Net capital gain **A**

Do you need to complete a CGT schedule 2007?

Gross rent and other leasing and hiring income **B**

Also print Y at label G, if the fund received a distribution of a capital gain from a trust.

Gross interest **C**

Unfranked amount **D**

Franked amount **J**

Franking credit **K**

Gross foreign income **I**

Do you need to complete a Losses schedule 2007?

Net foreign income **E**

Australian franking credits from a New Zealand company **N**

Gross taxable employer contributions **F**

Gross taxable employee or depositor contributions **M**

Assessable amounts received from non-resident superannuation funds **P**

Net private company dividends and other excessive non-arm's length income **H**

Sections 288A and 288B net previous income **W**

Gross distribution from partnerships **V**  /

Gross payments where ABN not quoted **L**

Gross payments subject to foreign resident withholding **O**

Gross distribution from trusts **X**  /  CODE

Other income **R**

Total of the above labels excluding label **I** **S**  /  **F**

Trustee's Signature

Name of fund THE RATHMONA SUPERANNUATION FUND

TFN 856 303 168

**Information statement - to be completed by all entities**

**9b Deductions**

- Interest expenses within Australia **A**
- Interest expenses overseas **B**
- Foreign resident withholding expenses **H**
- Total salary and wage expenses **C**
- Capital works deductions **Q**
- Deduction for decline in value of depreciating assets **W**
- Group life and disability premiums **J**
- Management/administration expenses **K**
- Investment expenses **L**  CODE
- Other deductions **D**  /
- Transfer of taxable contributions **E**
- Tax losses deducted **F**
- Exempt current pension income **G**
- Taxable income or loss** **T**  /

Add labels A to G above and deduct total from S on page 3.

**10 Losses information**

Tax losses carried forward to later income years **U**

If the totals of labels U + V is greater than \$100,000, complete and attach a Losses schedule 2007.

Net capital losses carried forward to later income years **V**  **F**

A Losses schedule 2007 must also be completed and attached if the fund has a foreign loss. Refer to the instructions.

**11 Other information**

- Intangible depreciating assets first deducted **A**
- Other depreciating assets first deducted **U**
- Termination value of intangible depreciating assets **B**
- Termination value of other depreciating assets **W**
- Total investments **Q**
- Number of members **R**
- Number of payments received from non-resident superannuation funds **S**
- Exempt section 274(7) contributions **M**
- Exempt section 275B contributions **N**
- Listed country **O**
- Section 404 country **L**
- Unlisted country **J**
- FIF/FLP income **P**
- Tax spared foreign tax credits **K**  **F**

Attributed foreign income

Do you need to complete a Losses schedule 2007 ?

**12 Entrepreneurs tax offset**

STS group turnover **D**  Net STS income from partnership or trust distribution **E**  /  CODE Entrepreneurs tax offset **F**

**13 Landcare and water facility tax offset**

Landcare and water facility tax offset brought forward from prior years **B**

Trustee's Signature

Name of fund

TFN

**14 Internet transactions**

Did the fund have dealings - including purchases and sales of assets or borrowings - on the internet ?  I  N Print Y for Yes or N for No.

The following questions must be answered - print Y for Yes or N for No at questions 15 to 24.

**Overseas transactions or interest/thin capitalisation/foreign source income**

If you print Y at item 16 or 17, complete and attach a Schedule 25A 2007.

**International related party dealings/Transfer pricing**

**15** Did you have any transactions or dealings with international related parties (irrespective of whether they were on revenue or capital account)? Such transactions or dealings include the transfer of tangible or intangible property and any new or existing financial arrangements.  X  N

**16** Was the aggregate amount of the transactions or dealings with international related parties (including the value of property transferred or the balance outstanding on any loans) greater than \$1 million?  Y  N

**17 Overseas interests**

Did you have an overseas branch or a direct or indirect interest in a foreign trust, controlled foreign entity, transferor trust, foreign investment fund or foreign life policy?  Z  N

**18 Thin capitalisation**

Did the thin capitalisation provisions apply as outlined in the instructions and the Guide to thin capitalisation? If Yes, complete the Thin capitalisation schedule 2007.  O  N

**19 Foreign source income**

Was the amount of foreign tax credits paid or carried forward greater than \$100,000 OR was the amount of assessable foreign income greater than \$500,000?  P  N

**20 Transactions with specified countries**

Did you directly or indirectly send to, or receive from, one of the countries specified in the instructions, any funds or property OR  Q  N F

Do you have the ability or expectation to control, whether directly or indirectly, the disposition of any funds, property, assets or investments located in, or located elsewhere but controlled or managed from, one of those countries?

**Other transactions**

**21 Exempt current pension income**

If the fund has claimed an amount of exempt current pension income in respect of any pensions NOT prescribed by Income Tax Regulations, has the trustee obtained the relevant actuary's certificate or certificates required by sections 273A, 273B or 283 as a condition of exemption?

**22 Death or disability deduction**

Is the fund or trust claiming a deduction for premiums for death or disability cover under section 279 that requires an actuary's certificate to be obtained ?  N

If so, has the fund or trust obtained the relevant certificate?

**23 Transfer of taxable contributions**

Has the fund or trust, with the consent of the transferee, transferred taxable contributions under section 275 to a life assurance company or pooled superannuation trust ?  N

If so, show the names of the transferee or transferees, the ABN of each transferee and the amount of contributions transferred to each.

Name			
Amount	0	ABN	0
Name			
Amount	0	ABN	0

**24 Payments to contributing employers and associates**

Has the fund or trust made a payment or transferred a benefit that is included in the assessable income of the recipient under section 82AAQ?  N

Trustee's Signature

Name of fund

THE RATHMONA SUPERANNUATION FUND

TFN

856 303 168

**Regulatory information for self-managed superannuation funds**

Only self-managed superannuation funds are to complete the remaining questions.

All other funds go to page 8 and complete the trustee declaration and the tax agent's certificate (if applicable).

**25 Fund's auditor details**

Auditor's name and professional body membership number

Title

MR

Family name

CARTER

First given name

LINDSAY RAYMOND

Auditor's professional body membership number

**Name of organisation**

**Postal address**

UNIT 5

36 HOPETOUN STREET

Suburb or town SOUTH PERTH State WA Postcode 6151

**Telephone**

Area code

08

Number

92502144

CODE

**26 Which professional body does the auditor belong to ?**

2

**27 Did the fund comply with all relevant SIS requirements ?**

Y

Print Y for Yes or N for No.

Trustee's Signature

Name of fund

TFN

**Financial information - all assets and earnings of the fund must be included in question 28a or 28b**

**28a Managed investments**

**Earnings**

**Asset values**

Show net realised gains/losses only

Life insurance policies **A**  /   
 Other managed investments **B**  /

**M**   
**N**

**28b Direct investments**

Overseas assets **C**  /   
 Real property **D**  /   
 Other property **E**  /   
 Listed shares and equities **F**  /   
 Unlisted shares and equities **G**  /   
 Public trusts **H**  /   
 Other trusts **I**  /   
 Cash, debt securities and term deposits **J**  /   
 Loans **K**  /   
 Other **L**  /

**O**   
**P**   
**Q**   
**R**   
**S**   
**T**   
**U**   
**V**   
**W**   
**X**

F

**29 In-house and related party assets**

**Earnings**

**Asset values**

In-house **A**  /   
 Related party investment **B**  /

**C**   
**D**

**30 Value of leased assets**

In-house **E**   
 Other related party **F**   
 Non-related party **G**

**31 Has the fund acquired assets(other than exempt assets)from a related party ?**

**H**  Print Y for Yes or N for No.

F

**32 Liability information**

Members' entitlements **A**   
 Borrowings **B**   
 Other liabilities **C**

Fund income tax and regulatory return 2007

RN 315EF07

Trustee's Signature

Name of fund THE RATHMONA SUPERANNUATION FUND

TFN 856 303 168

33 Fund expenditure

Benefit payments D

Outward rollovers and transfers E

Administration and investment expenses F  12

Other expenses G  24,089 /

34 Contribution information

Non-taxable contributions H  1,240,383

Inward roll overs and transfers I

F

The Commissioner of Taxation, as Registrar of the Australian Business Register, may use the ABN and business details which you provide on this tax return to maintain the integrity of the register.

Trustee declaration: I declare that the information in this tax return is true and correct.

Trustee's signature

Date  /  /

This declaration and all attached documents must be signed by a trustee.

Trustee's contact name ACKLAND, PETER BARNES

Area code Number

Trustee's telephone  08

92502144

Tax agent's declaration

I, CARTER WOODGATE PTY LTD

declare that this tax return has been prepared in accordance with information supplied 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 the tax return.

Agent's signature

Date  /  /

Area code Number

Agent's telephone  08

92502144

Client's reference ACKLAND

Contact name CARTER, LINDSAY RAYMOND

Agent's reference number 64104 000

F

## PART A

### Electronic Lodgement Declaration (Form P, T, C, F or EX)

This declaration is to be completed where the return is to be lodged via the ATO's Electronic Lodgment Service (ELS). It is the responsibility of the taxpayer to retain this declaration for a period of five years after the declaration is made, penalties may apply for failure to do so.

#### Privacy

*Your tax file number*

It is not an offence not to quote your (or if applicable, the partner's or beneficiary's) tax file number (TFN). However, you cannot lodge your income tax return electronically if you do not quote your TFN. The ATO is authorised by the Income Tax Assessment Act 1936 and the Income Tax Assessment Act 1997 to ask for information in this tax return.

*Electronic funds transfer - direct debit*

Where you have requested an EFT direct debit some of your details will be provided to your financial institution and the ATO's sponsor bank to facilitate the payment of your taxation liability from your nominated account.

Tax File Number	Name of Partnership, Trust, Fund or Entity	Year
<input type="text" value="856 303 168"/>	<input type="text" value="THE RATHMONA SUPERANNUATION FUND"/>	<input type="text" value="2007"/>

I authorise my tax agent to electronically transmit this tax return via the Electronic Lodgment Service.

#### Important

Before making this declaration please check to ensure that all income has been disclosed and the tax return is true and correct in every detail. If you are in doubt about any aspect of the tax return, place all the facts before the Australian Taxation Office. The income tax law provides heavy penalties for false or misleading statements in tax returns.

**Declaration:** I declare that:

- \* the information provided to the agent for the preparation of the document is true and correct; and
- \* the agent is authorised to give the document to the Commissioner of Taxation.

Signature of Partner, Trustee or Public Officer	<input type="text"/>	Date	<input type="text" value="/"/>	<input type="text" value="/"/>
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## PART C

### Tax Agent's Certificate (Shared facility users only)

I declare that,

- I have prepared this income tax return in accordance with the information supplied by the entity; - I have received a declaration made by the entity that the information provided to me for the preparation of this return is true and correct; and - I am authorised by the entity to give the information in this return to the Commissioner.

Agent's signature	<input type="text"/>	Date	<input type="text" value="/"/>	<input type="text" value="/"/>	Reference	<input type="text" value="ACKLAND"/>
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Contact name

Agent's Phone No	<input type="text" value="08 92502144"/>	Agent Ref No	<input type="text" value="64104 000"/>
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