

# Fund income tax and regulatory return

**2007**

01/07/2006

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)

985 444 51

Name of fund or trust

THE OLIVER SUPERANNUATION FUND

Australian business number (ABN)

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.

'NEWINGTON FARMS'

Suburb or town

WONGAN HILLS

State

WA

Postcode 6603

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

IRON CITY NOMINEES PTY LTD

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

Hours taken to prepare and complete this tax return

J

0

Business postcode

6603

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

**Fund income tax and regulatory return 2007**

RN 315EF07

Trustee's Signature

Name of fund

 THE OLIVER SUPERANNUATION  
FUND

TFN

985 444 51

**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** ☒

fund

 Pooled  
superannuation **D3** ☐

 Membership  
industry **E1** ☐ **08**

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** 

Credit for tax withheld where ABN/TFN not quoted

**M** 

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

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 OLIVER SUPERANNUATION  
FUND

TFN

985 444 51

**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 OLIVER SUPERANNUATION  
FUND

TFN

985 444 51

**Information statement - to be completed by all entities****9b Deductions**

Interest expenses within Australia	<b>A</b>	<input type="text"/>	
Interest expenses overseas	<b>B</b>	<input type="text"/>	
Foreign resident withholding expenses	<b>H</b>	<input type="text"/>	
Total salary and wage expenses	<b>C</b>	<input type="text"/>	
Capital works deductions	<b>Q</b>	<input type="text"/>	
Deduction for decline in value of depreciating assets	<b>W</b>	<input type="text"/>	
Group life and disability premiums	<b>J</b>	<input type="text"/>	
Management/administration expenses	<b>K</b>	<input type="text"/>	
Investment expenses	<b>L</b>	<input type="text"/>	CODE
Other deductions	<b>D</b>	<input type="text" value="1,052"/>	<input type="checkbox"/> <b>O</b>
Transfer of taxable contributions	<b>E</b>	<input type="text"/>	
Tax losses deducted	<b>F</b>	<input type="text"/>	
Exempt current pension income	<b>G</b>	<input type="text"/>	
<b>Taxable income or loss</b>	<b>T</b>	<input type="text" value="77,813"/>	<input type="checkbox"/>

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** 

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	<b>A</b>	<input type="text"/>	
Other depreciating assets first deducted	<b>U</b>	<input type="text"/>	
Termination value of intangible depreciating assets	<b>B</b>	<input type="text"/>	
Termination value of other depreciating assets	<b>W</b>	<input type="text"/>	
Total investments	<b>Q</b>	<input type="text" value="538,729"/>	
Number of members	<b>R</b>	<input type="text" value="2"/>	
Number of payments received from non-resident superannuation funds	<b>S</b>	<input type="text"/>	
Exempt section 274(7) contributions	<b>M</b>	<input type="text"/>	
Exempt section 275B contributions	<b>N</b>	<input type="text"/>	
Listed country	<b>O</b>	<input type="text"/>	
Section 404 country	<b>L</b>	<input type="text"/>	
Unlisted country	<b>J</b>	<input type="text"/>	
FIF/FLP income	<b>P</b>	<input type="text"/>	
Tax spared foreign tax credits	<b>K</b>	<input type="text"/>	<b>F</b>

**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

THE OLIVER SUPERANNUATION  
FUND

TFN

985 444 51

**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

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?

F

**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 OLIVER SUPERANNUATION  
FUND

TFN

985 444 51

**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

THE OLIVER SUPERANNUATION  
FUND

TFN

985 444 51

**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**  5,339 / ☐

Unlisted shares and equities **G**  / ☐

Public trusts **H**  / ☐

Other trusts **I**  / ☐

Cash, debt securities and term deposits **J**  22,768 / ☐

Loans **K**  / ☐

Other **L**  0 / ☐

**O**

**P**

**Q**

**R**  136,787

**S**

**T**

**U**

**V**  379,148

**W**

**X**  22,794

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

F

**32 Liability information**

Members' entitlements **A**  535,431

Borrowings **B**

Other liabilities **C**  3,298

Trustee's Signature

Name of fund

THE OLIVER SUPERANNUATION  
FUND

TFN

985 444 51

**33 Fund expenditure**

Benefit payments

**D**

Outward rollovers and transfers

**E**

Administration and investment expenses

**F**

Other expenses

**G** / **34 Contribution information**

Non-taxable contributions

**H**

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

OLIVER, LYLE KENNETH

Area code

Number

Trustee's telephone

**Tax agent's declaration**I, 

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

Client's reference

OLIVERSF

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
985 444 51	THE OLIVER SUPERANNUATION FUND	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

Date

/ /

## 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

Date

Reference

OLIVERSF

Contact name

CARTER, LINDSAY RAYMOND

Agent's Phone No

08 92502144

Agent Ref No

64104 000

# Capital gains tax (CGT) schedule

**2007**

RN 543BK07

Use in conjunction with company, trust or fund income tax return. For instructions on how to complete this schedule refer to the publication *Guide to capital gains tax*.

Print neatly in BLOCK LETTERS with a black or blue ballpoint pen only. Do not use correction fluid or tape. Print one letter or number in each box.

Tax file number (TFN) Taxpayer's name Australian business  
number (ABN)

## Part A Capital gains from CGT assets and CGT events

### Non-active assets

	Capital gains-indexation method	Capital gains-discount method	Other capital gains
Shares and units (in unit trusts)	<b>A</b> <input type="text"/>	<b>B</b> <input type="text"/>	<b>C</b> <input type="text"/>
Real estate	<b>D</b> <input type="text"/>	<b>E</b> <input type="text"/>	<b>F</b> <input type="text"/>
Other CGT assets and any other CGT events	<b>G</b> <input type="text"/>	<b>H</b> <input type="text"/>	<b>I</b> <input type="text"/>
Collectables	<b>J</b> <input type="text"/>	<b>K</b> <input type="text"/>	<b>L</b> <input type="text"/>

### Active assets

Shares and units (in unit trusts)	<b>M</b> <input type="text"/>	<b>N</b> <input type="text"/>	<b>O</b> <input type="text"/>
Real estate	<b>P</b> <input type="text"/>	<b>Q</b> <input type="text"/>	<b>R</b> <input type="text"/>
Other CGT assets and any other CGT events	<b>S</b> <input type="text"/>	<b>T</b> <input type="text"/>	<b>U</b> <input type="text"/>

Add amounts at A to S above and  
write the total at V below.Add amounts at B to T above and  
write the total at W below.Add amounts at C to U above and  
write the total at X below.**Total current year  
capital gains (CYCG)** **V** **W** **X** **F**

Signature as prescribed in tax return

**Capital gains tax (CGT) schedule 2007**

RN 543BK07

Taxpayer name THE OLIVER SUPERANNUATION FUND

TFN 985 444 51

**Part B Current year capital losses (CYCL) from CGT assets and CGT events - other than capital losses from collectables**

Shares and units (in unit trusts)

**A**

Real estate

**B**

Other CGT assets and

**C**

any other CGT events

Add amounts at A to C above and  
write the total at D below.**Total current year****D****capital losses (CYCL)****Part D Applying capital losses against current year capital gains****Capital gains-indexation method**

Current year capital losses applied

**E**

Prior year net capital losses applied

**I**

Capital losses transferred in applied

**M**Add amounts at E to M above and  
write the total at Q below.**Total capital losses applied****Q****Capital gains-discount method****F****J****N**Add amounts at F to N above and  
write the total at R below.**R****Other capital gains****G****K****O**Add amounts at G to O above and  
write the total at S below.**S****Current year capital losses  
applied**Add amounts at E, F and G above  
and write the total at H below.**Total capital losses applied****H****Prior year net capital losses  
applied**Add amounts at I, J and K above  
and write the total at L below.**L****Capital losses transferred in  
applied**Add amounts at M, N and O above  
and write the total at P below.**P**Use only for capital losses  
transferred in and applied involving  
Australian branches of foreign  
banks.

F

**Part E Current year capital gains (CYCG) after applying capital losses****Capital gains-indexation method**

Non-active assets

**A**

Active assets

**D**Add amounts at A and D above  
and write the total at G below.**Totals - CYCG after****G****applying capital losses****Capital gains-discount method****B****E**Add amounts at B and E above  
and write the total at H below.**H****Other capital gains****C****F**Add amounts at C and F above  
and write the total at I below.**I**

Signature as prescribed in tax return

**Capital gains tax (CGT) schedule 2007**

RN 543BK07

Taxpayer name THE OLIVER SUPERANNUATION FUND

TFN 985 444 51

**Part F Applying the CGT discount on capital gains****Capital gains-discount method**

From non-active assets

**J**

From active assets

**K****Part G Applying the CGT concessions for small business****Capital gains-indexation method****Capital gains-discount method****Other capital gains**

Small business active asset reduction

**L****M****N**

Small business retirement exemption

**O****P****Q**

Small business roll-over

**R****S****T**

F

**Part H Calculating net capital gain**

Add amounts at L to R above and write the total at A below.

Add amounts at J to S above and write the total at B below.

Add amounts at N to T above and write the total at C below.

**Totals-CGT discount and small business concessions****A****B****C**

Deduct the amount at A above from the amount at G in part E on page 2 and write the result at D below.

Deduct the amount at B above from the amount at H in part E on page 2 and write the result at E below.

Deduct the amount at C above from the amount at I in part E on page 2 and write the result at F below.

**D****E****F****Net capital gain (D + E + F)****G**

Transfer the amount at G to A on your tax return.

**Part I Unapplied net capital losses (UNCL) carried forward to later income years**

UNCL from collectables

**H**

UNCL from all other CGT assets and CGT events

**I**

Add amounts at H and I and write the total at V on your tax return.

**Part J Small business 15-year exemption**

Exempt capital gains

**J**

CGT asset or CGT event code

**K**

F

**Part K Scrip-for-scrip roll over for exchanging taxpayer**

Roll over chosen?

**A**

Yes

☐

No

☒

Original interests cost base

**B**

Replacement interests market value

**C**

Cash and other considerations

**D**

Signature as prescribed in tax return

**Capital gains tax (CGT) schedule 2007**

RN 543BK07

Taxpayer name THE OLIVER SUPERANNUATION FUND

TFN 985 444 51

**Part L Scrip-for-scrip roll over for acquiring entity - to be completed by companies and trusts only**

Acquiring entity **E** Yes ☐ No ☒ Print X in the appropriate box

Number of original entities **F**

Taxpayer TFN of original entity **G**

Number of shares units etc issued **H**

Number of options/rights etc issued **I**

Amount of other considerations **J**

First element of cost base of interests acquired **K**

Joint choice for roll over **L** Yes ☐ No ☒ Print X in the appropriate box

Cost base-significant common stakeholder interests acquired **M**

**Part M Did you have an employee share scheme in place at any time during the year? - to be completed by companies only**

**N** Yes ☐ No ☒ Print X in the appropriate box

**Part N Same majority underlying ownership and pre-CGT assets-Division 149 - to be completed by companies only**

**O** Yes ☐ No ☒ Print X in the appropriate box **F**

# Capital allowances schedule

**2007**

RN 882BL07

Read the publication *Capital allowances schedule instructions 2007*, available from the Tax Office.  
Print neatly in BLOCK LETTERS with a black or blue ballpoint pen only.  
Print one letter or number in each box. Do not use correction fluid or tape.

Tax file number (TFN) See Privacy note on page 2.

Australian business number (ABN)

985 444 51

Name of entity

Signature

THE OLIVER SUPERANNUATION FUND

**Part A Depreciating assets first deducted in the 2007 income year****1 Total cost of depreciating assets (excluding motor vehicles)****A**

Assets each costing less than \$1,000

**2 Total cost of depreciating assets (excluding motor vehicles)****B**

Assets each costing \$1,000 or more

**3 Total cost of motor vehicles****C****4 Self-assessed effective life** Have you self-assessed the effective life of any of these assets?**D**Yes ☐ No ☒ Print X in the appropriate box

If yes, complete E and/or F. If no, go to part B.

Depreciating assets (excluding  
motor vehicles)

Motor vehicles

Total cost of assets for which effective life  
self-assessed**E****F****Part B For all depreciating assets****1 Information from depreciating assets worksheet**Total assessable balancing  
adjustment amounts**G**Total deductible balancing  
adjustment amounts**H**Total deduction for decline  
in value - prime cost method**I**Total deduction for decline in  
value - diminishing value method**J**Total adjustable values  
at end of income year**K****2 Information from low-value pool worksheet**Closing pool balance for  
previous income year**L**

Total cost of low-cost assets allocated to pool

**M**

Total opening adjustable values of low-value assets allocated to pool

**N**

Total second element of cost amounts allocated to pool

**O**

Closing pool balance for this income year

**P**Total termination values of pooled assets for which balancing adjustment  
event occurred**Q****3 Recalculation of effective life**Did you recalculate effective life for any  
of your assets this income year?**R**Yes ☐ No ☒ Print X in the appropriate box

If yes, complete S and/or T. If no, go to part C.

Depreciating assets (excluding  
motor vehicles)

Motor vehicles

Total opening adjustable values of assets for  
which effective life recalculated**S****T**

# Capital allowance schedule 2007

RN 882BL07

Signature as prescribed in tax return

Tax file number

985 444 51

Name of entity

THE OLIVER SUPERANNUATION FUND

## Part C Project pools

- 1 Project pools**
- Number of project pools **U**
- Total closing pool values for previous income year **V**
- Total closing pool values for this income year **W**
- 2 Amounts allocated this income year**
- Total amounts incurred for environmental assessments **X**
- Total mining capital expenditure and/or transport capital expenditure **Y**
- Total other project amounts **Z**  **F**

## Part D Entities engaged in exploration or prospecting

- Total deduction for decline in value of intangible depreciating assets used in exploration or prospecting **A**
- Total deduction for decline in value of other depreciating assets used in exploration or prospecting **B**

### Is your Capital allowances schedule 2007 complete?

Make sure you have completed your Capital allowances schedule 2007 correctly. If there are any errors your schedule may be ineffective and will be returned to you to complete the information correctly.

Before you sign the Capital allowances schedule 2007, check that:

- you have included your tax file number (TFN) at the top of page 1 of the schedule
- you have included your Australian business number (ABN) at the top of page 1 of the schedule
- your name is printed on page 1 of the schedule
- you have completed the appropriate parts of the schedule.

**Ensure your Capital allowances schedule 2007 is attached to your tax return.**

Privacy: The Tax Office is authorised by the Taxation Administration Act 1953 to request you to quote your TFN. It is not an offence not to quote your TFN. However, your assessment will be delayed if you do not quote your TFN. The Tax Office is authorised by the Income Tax Assessment Act 1936 and the Income Tax Assessment Act 1997 to ask for information on this schedule. We need this information to help us to administer the taxation laws. We may give this information to other government agencies, as authorised in taxation law - for example, benefit payment agencies such as Centrelink and the Department of Education, Science and Support Training; law enforcement agencies such as state and federal police; and other agencies such as the Child Agency and the Australian Bureau of Statistics.

# Losses schedule

**2007**

Companies and trusts that do not join consolidated groups should complete and attach this schedule to their 2007 tax return.  
Superannuation funds should complete and attach this schedule to their 2007 tax return.  
Print neatly in BLOCK LETTERS with a black or blue ballpoint pen only. Print one letter or number in each box. Do not use correction fluid or tape.

RN 258BP07

Notes to assist in the preparation of this schedule are provided in the *Losses schedule instructions 2007*, available from the Tax Office.

**Tax file number (TFN)**

985 444 51

**Name of entity**

THE OLIVER SUPERANNUATION FUND

**Australian business number (ABN)**

Signature as prescribed in tax return

**Part A Losses carried forward to the 2007-08 income year - excludes foreign source losses and film losses****1 Tax losses carried forward to later income years****Year of loss**

2006-07	<b>B</b>	
2005-06	<b>C</b>	
2004-05	<b>D</b>	
2003-04	<b>E</b>	
2002-03	<b>F</b>	
2001-02	<b>G</b>	

and earlier income years

**Total U** 

Transfer the amount at label U to the corresponding label on your tax return.

**2 Net capital losses carried forward to later income years****Year of loss**

2006-07	<b>H</b>	
2005-06	<b>I</b>	
2004-05	<b>J</b>	
2003-04	<b>K</b>	
2002-03	<b>L</b>	
2001-02	<b>M</b>	

and earlier income years

**Total V** **F**

Transfer the amount at label V to the corresponding label on your tax return.



# Losses schedule 2007

RN 258BP07

Name of entity THE OLIVER SUPERANNUATION FUND

TFN 985 444 51

Signature as prescribed  
in tax return

## Part B Ownership and same business test - company and listed widely held trust only

Complete item 3 of Part B if a loss is being carried forward to later income years and the same business test has to be satisfied in relation to that loss. Do not complete item 1, 2 or 4 of Part B if, in the 2006-07 income year, no loss has been claimed as a deduction or, in the case of companies, losses have not been transferred in or out.

### 1 Whether continuity of majority ownership test passed

Note: If the entity has deducted, transferred in or transferred out (as applicable) in the 2006-07 income year a loss incurred in any of the listed years, print X in the Yes or the No box to indicate whether the entity has satisfied the continuity of majority ownership test in respect of that loss.

#### Year of loss

2006-07 **A** Yes ☐ No ☐ Print X in the appropriate box.  
2006-07 **B** Yes ☐ No ☐ Print X in the appropriate box.  
2004-05 **C** Yes ☐ No ☐ Print X in the appropriate box.  
2003-04 **D** Yes ☐ No ☐ Print X in the appropriate box.  
2002-03 **E** Yes ☐ No ☐ Print X in the appropriate box.  
2001-02 **F** Yes ☐ No ☐ Print X in the appropriate box.

and earlier income years

### 2 Amount of losses deducted for which the continuity of majority ownership test is not passed but the same business test is satisfied

- excludes foreign source losses and film losses

Tax losses **G**

Net capital losses **H**

### 3 Losses carried forward for which the same business test must be satisfied before they can be deducted in later years

- excludes foreign source losses and film losses  
Tax losses **I**

Net capital losses **J**

### 4 Do current year loss provisions apply?

Is the company required to calculate its taxable income or tax loss for the year under Subdivision 165-B or its net capital gain or net capital loss for the year under Subdivision 165-CB of the Income Tax Assessment Act 1997 (ITAA 1997)?

**K** Yes ☐ No ☐ Print X in the appropriate box.

## Part C Unrealised losses - company only

Note: These questions relate to the operation of Subdivision 165-CC of ITAA 1997.

Has a changeover time occurred in relation to the company after 1.00pm by legal time in the Australian Capital Territory on 11 November 1999?

**L** Yes ☐ No ☐ Print X in the appropriate box.

If you printed X in the No box at label L, do not complete labels M, N or O.

At the changeover time did the company satisfy the maximum net asset value test under section 152-15 of ITAA 1997?

**M** Yes ☐ No ☐ Print X in the appropriate box.

If you printed X in the No box at label M, has the company determined it had an unrealised net loss at the changeover time?

**N** Yes ☐ No ☐ Print X in the appropriate box.

If you printed X in the Yes box at label N, what was the amount of unrealised net loss calculated under section 165-115E of ITAA 1997?

**O**

## Part D Life insurance companies

Complying superannuation class tax losses carried forward to later income years **P**

Virtual PST net capital losses carried forward to later income years **Q**

F

**Losses schedule 2007**

RN 258BP07

Name of entity THE OLIVER SUPERANNUATION FUND

TFN 985 444 51

Signature as prescribed  
in tax return**Part E Foreign source losses****1 Prior year foreign source losses deducted - excludes losses of controlled foreign companies (CFCs)**Interest income **A** Modified passive income **B** Offshore banking income **C** All other foreign source income **D** **2 Current year foreign source losses - excludes losses of CFCs**Interest income **E** Modified passive income **F** Offshore banking income **G** All other foreign source income **H** **3 Foreign source losses carried forward - excludes losses of CFCs**Interest income **I** Modified passive income **J** Offshore banking income **K** All other foreign source income **L** **4 Controlled foreign company (CFC) losses**Prior year CFC losses deducted **M** Current year CFC losses **N** CFC losses carried forward **O** **F**

# Thin capitalisation schedule

**2007**

RN 747BC07

Print neatly in BLOCK LETTERS with a black or blue ballpoint pen only.  
Print one letter or number in each box.  
Do not use correction fluid or tape.

Tax file number (TFN)

985 444 51

Australian business number (ABN)

This schedule forms part of the tax return of (name of entity):

THE OLIVER SUPERANNUATION FUND

For detailed notes on the completion of this schedule  
refer to the *Guide to thin capitalisation* available on the  
Tax Office website at [www.ato.gov.au](http://www.ato.gov.au)

Show whole dollars only.

Signature as prescribed in tax return

1 Show your entity type at the end of the income year.

CODE  
C ☐2 Have you changed status from 'general' to 'financial'  
during the income year?D Yes ☐ No ☒ Print X in the  
appropriate box

3 Calculation methods

3a Show the method used for calculating 'average values'.

CODE  
E ☐3b Have you chosen to use the thin capitalisation transitional  
provision for your thin capitalisation calculations?A ☐ Print X in the box

4 General information - All entities to complete.

Debt deduction	F	<input type="text"/>
Amount of debt deduction disallowed	G	<input type="text"/>
Adjusted average debt	H	<input type="text"/>
Asset revaluation amount for thin capitalisation purposes	I	<input type="text"/>
Excess debt (non-ADI)/capital shortfall (ADI)	J	<input type="text"/>
Average value of assets (non-ADIs only)	K	<input type="text"/>
Maximum allowable debt(non ADIs)/minimum capital amount(ADI)	B	<input type="text"/>

F

## Thin capitalisation schedule 2007

RN 747BC07

Name of entity

THE OLIVER SUPERANNUATION FUND

TFN

985 444 51

Signature as prescribed in tax return

**5 ADI - Complete as applicable**5a (Adjusted) average equity capital **L** Average value of risk weighted assets **M** **5b Outward investing entity**Equity capital attributable to overseas permanent establishment(s) **N** Average value of controlled foreign entity equity **O** Tier 1 prudential capital deductions **P** **5c Inward investing entity**Average of risk weighted assets attributable to Australian permanent establishment(s) **Q** Average value of dotation capital **R** 

F

**6 Non-ADI - Complete as applicable.**6a Average value of non-debt liabilities **A** Average value of associate entity debt **B** Average value of associate entity equity **C** Average value of associate entity excess amount **D** **6b Financial entity**Average zero capital amount **E** Average on-lent amount **F** **6c Outward investing entity**Average value of controlled foreign entity equity **G** Average value of controlled foreign entity debt **H** **7 Arm's length tests**

If relying on this test show:

Arm's length debt (non ADI) or capital (ADI) amount **I** **8 Worldwide gearing debt/capital test**

If relying on this test show:

**ADI**Worldwide group capital ratio **J** Worldwide capital amount **L** **Non-ADI**Worldwide debt **K** Worldwide equity **M** Worldwide gearing debt amount **N** 

F