



Fair Trading

ABN 81 813 830 179

Form A12

Office use only
AFFIX DOCUMENT
BARCODE LABEL HERE

Annual summary of financial affairs

Associations Incorporation Act 2009
(sections 45 & 49)

Received at:
Date:
Receipt no.:

Please read the information provided before completing this form.
This form should be completed in BLACK or BLUE ink and in BLOCK LETTERS.

Fee must accompany form
See information sheet

Association details

Incorporation number

Name Incorporated

The principal activity of the association is (cross 1 box only)

<input type="checkbox"/> 1. Aged care/respite care/home care	<input type="checkbox"/> 5. Education/employment/training/research	<input type="checkbox"/> 9. Religious
<input type="checkbox"/> 2. Arts/culture/literary/heritage	<input type="checkbox"/> 6. Environment/horticulture/animal protection	<input type="checkbox"/> 10. Social services/community association
<input type="checkbox"/> 3. Business & professional association	<input type="checkbox"/> 7. Legal/civic/advocacy services	<input type="checkbox"/> 11. Sporting
<input type="checkbox"/> 4. Child care services	<input checked="" type="checkbox"/> 8. Personal interest/hobby group/social group	<input type="checkbox"/> 12. Other

ABN (if any)

Details of current public officer

Name

Has the public officer changed? Yes No

Has the official address changed? Yes No

If you answered 'Yes' to either or both questions, you are required to lodge a Form A9, 'Notice of appointment of public officer & Notice of change of association address'.

Financial summary

The association's financial year ended on:

The annual general meeting was held on:

Details of income, expenditure, assets & liabilities of the association & of any trust to which the association is a trustee	Association	Trust
Gross receipts*/total income	\$ 69,234 - 95	\$
Expenditure	\$ 58,261 - 80	\$
Current assets*	\$ 444,069 - 10	\$
Total assets (includes current assets)	\$ 938,156 - 85	\$
Liabilities	\$ NIL	\$

*See attached notes for the definition of gross receipts/total income and current assets. Amounts must be entered above.

Were the accounts audited? Yes No

Number of members at end of financial year Number of employees at end of financial year

Contact details of the person lodging this document **PLEASE TURN OVER**

Surname Given name (s)

Title Daytime telephone

Address

Town/suburb State Postcode

Email

