** PLS Validation Report - CloudAuth **
ATO NATIONAL OFFICE SBR//11/10/2019 03:59:15PM//Page 1
VALIDATION REPORT NUMBER 002.1

MYOB PRACTICE SYSTEMS//99106 P O BOX 186 BLACKBURN VIC 3130

TRANS NO. 002 /9/002 DATE/TIME 11/10/2019//03:59:15//PM YEAR 2019

SENT 1
RECEIVED 1
ACCEPTED 1
REJECTED 0

RETURNS ACCEPTED F9884454.97// I/884454797//R C Lloyd Superannuation Fund//2019//MS

E10 END OF VALIDATION REPORT

RN:100017882MS





Self-managed superannuation fund annual return

2019

WHO SHOULD COMPLETE THIS ANNUAL RETURN?

Only self-managed superannuation funds (SMSFs) can complete this annual return. All other funds must complete the *Fund income tax return 2019* (NAT 71287).

The Self-managed superannuation fund annual return instructions 2019 (NAT 71606) (the instructions) can assist you to complete this annual return.

The SMSF annual return cannot be used to notify us of a change in fund membership. You must update fund details via ABR.gov.au or complete the Change of details for superannuation entities form (NAT 3036).

Not complete: 06/10/2019: 14:23

S	ection A: Fund information	To assist processing, write the fund's
1	Tax file number (TFN)	TFN at the top of pages 3, 5, 7, 9 and 11
	The ATO is authorised by law to request your TFN. You are not obliged to quote could increase the chance of delay or error in processing your annual return. See the	your TFN but not quoting it Privacy note in the Declaration.
2	Name of self-managed superannuation fund (SMSF)	
R	C Lloyd Superannuation Fund	
3	Australian business number (ABN) (if applicable) 41 299 088 3	08
4	Current postal address	
C/	- The Rogers Group	
Р	D Box A308	
	urb/town ONEY SOUTH	State/territory Postcode NSW 1235
5	Annual return status Is this an amendment to the SMSF's 2019 return? A No X Yes	
	Is this the first required return for a newly registered SMSF? B No X Yes]

Model

Taxpayer/entity name: R C Lloyd Superannuation Fund

6 SMSF auditor	
Auditor's name	
Title: Mr X Mrs Miss Ms Other	7
Family name	
Dibden	
First given name Other given names	
Peter Herbert	
SMSF Auditor Number Auditor's phone number	
100 037 563 02 95232342	
Postal address	
8/13-15 Wallumatta Road	
Suburb/town	Ohaha (hawikana a Daaka ka
Caringbah	State/territory Postcode NSW 2229
Day Month Year	11077 2223
Date audit was completed 🛕	
Vas Part A of the audit report qualified? B No X Yes	
Tes	
Was Part B of the audit report qualified? C No X Yes	
f the audit report was qualified, have the	
reported issues been rectified?	
 Flectronic funds transfer (EFT) We need your self-managed super fund's financial institution details to pay any super pa Fund's financial institution account details 	ayments and tax refunds owing to you.
This account is used for super contributions and rollovers. Do not provide a tax a	agent account here.
Fund BSB number Fund account number	
Fund account name	
I would like my tax refunds made to this account. Go to C.	
B Financial institution account details for tax refunds	
This account is used for tax refunds. You can provide a tax agent account here.	
BSB number Account number	
Account name	
C Electronic service address alias	
Provide the electronic service address alias (ESA) issued by your SMSF messaging	
provider. (For example, SMSFdataESAAlias). See instructions for more information	
	,

Blank

RN:100017882MS

these at Section D: Income tax calculation statement.

Taxpayer/entity name: R C Lloyd Superannuation Fund

	Fund's tax file number (TFN)
8	Status of SMSF Australian superannuation fund A No Yes X Fund benefit structure B A Code
Processor 100	Does the fund trust deed allow acceptance of the Government's Super Co-contribution and Low Income Super Amounts?
9	Was the fund wound up during the income year?
	No X Yes
10	Exempt current pension income
	Did the fund pay retirement phase superannuation income stream benefits to one or more members in the income year?
	To claim a tax exemption for current pension income, you must pay at least the minimum benefit payment under the law. Record exempt current pension income at Label A.
	No Go to Section B: Income.
	Yes X Exempt current pension income amount A \$ 85025
	Which method did you use to calculate your exempt current pension income?
	Segregated assets method B X
	Unsegregated assets method C Was an actuarial certificate obtained? D Yes
	Did the fund have any other income that was assessable?
	E Yes O Go to Section B: Income.
	No X Choosing 'No' means that you do not have any assessable income, including no-TFN quoted contributions. Go to Section C: Deductions and non-deductible expenses. (Do not complete Section B: Income.)
	If you are entitled to claim any tax offsets, you can list

Dellay d

RN:100017882MS

Taxpayer/entity name: R C Lloyd Superannuation Fund

RN:100017882MS	
TFN	

O ''			
Section	\vdash	In com	-
	1).		C

Not complete : 06/10/2019 : 14:23

	the	retirem	ent ph	ase	for the entire yea	ar, the	ere w	as n	oth	er inco	me t	hat	ISF were supporting superannuat was assessable, and you have r these at Section D: Income tax c	not reali	sed a deferred
11	Inc	ome	Did yo	ou h GT) (ave a capital gair event during the	ns tax year?	`	J N	lo X	Yes		or de	the total capital loss or total capital gain you elected to use the transitional CGT ferred notional gain has been realised, apital gains tax (CGT) schedule 2019.	relief in 2	2017 and the
				(Have you appli exemption or roll	ed an over?) F	ΛΙN	οX	Yes			Code		
								Ne	et cap	ital gai	n 🌶	A \$	3	-00	
				Gro	oss rent and othe	er leas	sing	and	hiring	incom	e E	3 \$		-00	
								(Gross	interes	st C	\$		-00	
					Fo	restry	/ ma	nage scl	ed inve heme	estmer incom	e)	(\$		-00	
			Gross	forei	gn income										Loss
D.	1 \$		***************************************			-00	Ν	let fo	reign	incom	= C	\$		-00	
		Au	straliar	n fra	nking credits fror	n a N	lew i	Zeala	and co	ompan	/ E	\$		-00	
										ers fron n funds		\$		-00	Number
						G	iross	pay	ments	s where		I \$		-00	
С					able contributions			Gros	s dist	ributior erships	1	1\$		-00	Loss
R1						-00			ked d	ividenc		\$		-00	
plus	- 1	Assessa	able pe	erso	nal contributions		*	Fran		amoun ividenc	i I	\$		-00	
R2		#*No-7	ΓFN-αι	ıote	d contributions	-00		Divid		amount ranking					
R3	\$				0	-00				credit ss trust		\$		-00	Code
less					ncluded even if it is a o life insurance	zero)	-			outions		\$		-00	
DC					or PST	00				ssable utions		اند			7
R6	\$ [-00			(R1	plus R2 ess R6)		\$	0	-00	
					n's length incor										 Code
"Net		1-arm's I	ength p	oriva	te company divic	lends • 00		*0	ther in	ncome	S	\$[-00	
plus	*Ne	t non-a	rm's le	ngth	trust distribution	5 07	15 (0.000)			ncome ed tax	Т	\$		-00	
U2	\$[90				of fund		Ψ[, , , , , , , , , , , , , , , , , , , 	
plus U3		Vet othe	er non-	arm	's length income		(subi	leng	gth in	arm's come ax rate)	U	\$[-00	
	Ψ					שע	(Ú	1 plus	s U2 p	lus U3)		L			
#This label		a manda	atory			(COME A to U)	w	\$[0	-00	Loss
enter	red a	nount is at this la	abel,		Exemp	ot cur	rent	pens	sion in	come	Υ	\$[-00	
to en	sure	e instru e the co ment ha	orrect		TOTAL ASSESS	SABL		ICON V less		v \$[0	-00 \	Loss
		alied		1 -			1,3								and .

Fund's tax file number (TFN)	
rand's tax file fluffiber (1FN)	

Section C: Deductions and non-deductible expenses

12 Deductions and non-deductible expenses

Under 'Deductions' list all expenses and allowances you are entitled to claim a deduction for. Under 'Non-deductible expenses', list all other expenses or normally allowable deductions that you cannot claim as a deduction (for example, all expenses related to exempt current pension income should be recorded in the 'Non-deductible expenses' column).

	DEDUCTIONS		N	ON-DEDUCTIBLE EXPEN	SES
Interest expenses within Australia	A1 \$	-00	A2 \$		-00
Interest expenses overseas	B1 \$	-00	B2 \$		-00
Capital works expenditure	D1 \$	-00	D2 \$		-00
Decline in value of depreciating assets		-00	E2 \$		-00
Insurance premiums – members		-00	F2 \$		-00
Death benefit increase	G1 \$	-00			
SMSF auditor fee	H1 \$] - 00	H2 \$	3294	-00
Investment expenses	I1 \$	-90	I2 \$		-00
Management and administration expenses	J1 \$	-00	J2 \$	747	-00
Forestry managed investment scheme expense	U1 \$	-60	U2 \$		-00
Other amounts	L1 \$]· 90	L2 \$		- 90 [
Tax losses deducted	M1 \$	-00			
	TOTAL DEDUCTIONS		TOTAL N	ION-DEDUCTIBLE EXPENSE	s
	N \$	-00	Y \$	4041	
	(Total A1 to M1)			(Total A2 to L2)	
	*TAXABLE INCOME OR LOSS	Loss	TOTAL S	MSF EXPENSES	
	O \$	-00	z\$	4041	00
This is a mandatory label.	(TOTAL ASSESSABLE INCOME less TOTAL DEDUCTIONS)			(N plus Y)	

Diogo

Section D: Income tax calculation statement

#Important:

Not complete: 06/10/2019: 14:23

Section B label R3, Section C label O and Section D labels A,T1, J, T5 and I are mandatory. If you leave these labels blank, you will have specified a zero amount.

have specified a zero amount.				
13 Calculation statement	#Taxable inco	me A \$		0.88
Please refer to the	Taxable Incor	me A J	(an amount must be included even if it is zer	0 -00
Self-managed superannuation fund annual return instructions	"Tax on taxal	ble T1 \$		0.00
2019 on how to complete the	ITICOI	ne .	(an amount must be included even if it is zer	
calculation statement.	#Tax no-TFN-quot			0.00
	contributio		(an amount must be included even if it is zer	5-40-0-0-0-0
	Gross t	ах В \$		0.00
			(T1 plus J)	
Foreign income tax offset				
C1 \$	0.00			
Rebates and tax offsets			efundable non-carry forward tax offs	ets
C2\$		C \$		0.00
			(C1 plus C2)	
			OTAL 1	
		T2 \$		0.00
Early stage venture capital I partnership tax offset	imited		(B less C – cannot be less than zero)	
D1\$				
Early stage venture capital li	l mited partnership			
tax offset carried forward fro		Neww	of modelle a sure formand to the first	
D2\$		D \$	efundable carry forward tax offsets	
Early stage investor tax offse	et	ФФ	(D1 plus D2 plus D3 plus D4)	
D3\$			(D. plus D2 plus D3 plus D4)	
Early stage investor tax offse carried forward from previou	et Is voor	SUBTO	OTAL 2	
D4\$	is year	T3 \$		
		, .Ο Ψ _ι	(T2 less D – cannot be less than zero)	
Complying fund's franking cr	edits tax offset			
E1\$				
No-TFN tax offset				
E2 \$				
National rental affordability sch	neme tax offset			
E3\$				
Exploration credit tax offset		Refund	lable tax offsets	
E4\$		E \$[
			(E1 plus E2 plus E3 plus E4)	
Γ	#TAN DAY (5 5)			
	*TAX PAYABLI	105	(T3 less E – cannot be less than zero)	
_		0- ''		
		Section	n 102AAM interest charge	

Al Barylo

G\$

		Fund's tax file number (TFN)	
	for interest on early payments – nt of interest		
H1 \$			
Credit	for tax withheld – foreign resident blding (excluding capital gains)		
H2\$			
Credit	for tax withheld – where ABN I not quoted (non-individual)		
43 \$			
payme	for TFN amounts withheld from ents from closely held trusts		
H5\$			
F	for interest on no-TFN tax offset		
16\$ 			
	for foreign resident capital gains Iding amounts	Eligible credits	
48 \$		H \$	
		(H1 plus H2 plus H3 plus H5 plus H6 plus H8)	
	*Tax offset ref		
	(Remainder of refundable tax o	offsets)	
		an amount must be included even if it is zero)	
		PAYG instalments raised	
		K \$	
		Supervisory levy	
		L \$ 259.00	
		Supervisory levy adjustment for wound up funds	
		Supervisory levy adjustment for wound up funds M \$	
		Supervisory levy adjustment for wound up funds M \$ Supervisory levy adjustment for new funds	
		Supervisory levy adjustment for wound up funds M \$	
	AMOUNT DUE OR REFUNDA	Supervisory levy adjustment for wound up funds M \$ Supervisory levy adjustment for new funds N \$	
	A positive amount at S is what you	Supervisory levy adjustment for wound up funds M \$ Supervisory levy adjustment for new funds N \$ ABLE Jowe, 259.00	
	A WARRY OF THE CONTROL OF HE SPORT OF THE STATE OF THE ST	Supervisory levy adjustment for wound up funds M \$ Supervisory levy adjustment for new funds N \$ ABLE Jowe, S \$ 259.00	
This is a mand	A positive amount at S is what you while a negative amount is refundable to	Supervisory levy adjustment for wound up funds M \$ Supervisory levy adjustment for new funds N \$ ABLE Jowe, 259.00	
This is a mand	A positive amount at S is what you while a negative amount is refundable to	Supervisory levy adjustment for wound up funds M \$ Supervisory levy adjustment for new funds N \$ ABLE Jowe, 259.00	
This is a mand	A positive amount at S is what you while a negative amount is refundable to	Supervisory levy adjustment for wound up funds M \$ Supervisory levy adjustment for new funds N \$ ABLE Jowe, 259.00	
-	A positive amount at S is what you while a negative amount is refundable to datory label.	Supervisory levy adjustment for wound up funds M \$ Supervisory levy adjustment for new funds N \$ ABLE Jowe, 259.00	
ection E	A positive amount at S is what you while a negative amount is refundable to	Supervisory levy adjustment for wound up funds M \$ Supervisory levy adjustment for new funds N \$ ABLE Jowe, o you. (T5 plus G less H less I less K plus L less M plus N)	
ection E	A positive amount at S is what you while a negative amount is refundable to datory label. Losses	Supervisory levy adjustment for wound up funds M \$ Supervisory levy adjustment for new funds N \$ ABLE Jowe, 259.00	29 • Ø
ection E Losses	A positive amount at S is what you while a negative amount is refundable to datory label. Catherine Losses S is greater than \$100,000, attach a Losses schedule	Supervisory levy adjustment for wound up funds M \$ Supervisory levy adjustment for new funds N \$ ABLE Jowe, to you. (T5 plus G less H less I less K plus L less M plus N) Tax losses carried forward	

Page

RN:100017882MS

Sensitive (when completed)

Not complete: 06/10/2019: 14:23

Taxpayer/entity name: R C Lloyd Superannuation Fund

RN	:100017882MS	
TFN		

Section F: Member inform a	with the same
CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC	4 H H U D H

Section F: Wember Into	rmati	ion					
MEMBER 1							
Title: Mr Mrs X Miss Ms C	Other	, , , , , , , , , , , , , , , , , , , ,					
Family name			***************************************				
LLOYD				30,000,000			
First given name		Other given na	ames				\\
ROBIN		CRAGO					
Member's TFN					Day	Month	Year
See the Privacy note in the Declaration.				Date of birt	h [
Contributions	10, 40000	LINE DAL ANIOE	Φ.			0.400.00	
Refer to instructions	NG ACCO	UNT BALANCE	ə		/4	9480.00	
for completing these		Proceed	ds from	primary residence o	disposal		_
labels.		Н \$					
Employer contributions		Receipt	date	Day Month	Year		
A \$		H1					
ABN of principal employer		Assessa	able fore	eign superannuation	fund amount		
A1 \$							
	E	I \$					
Personal contributions		Non-as	sessab	le foreign superannu	ation fund ar	nount	
B \$		J \$					
CGT small business retirement exemption	n	Transfer	from r	eserve: assessable a	amount		
C \$		K \$				_	
CGT small business 15-year exemption a	amaunt	-	L				
	amount			eserve: non-assessa	able amount		
D \$		L \$					
Personal injury election		Contrib	utions f	from non-complying viously non-complyir	og finada		
E \$			riu prev		ig tunas		
Spouse and child contributions		T \$					
F \$		Any oth	or cont	ributions			
		(includin	ia Supe	er Co-contributions a	and		
Other third party contributions G \$			ome Si	uper Amounts)	***************************************		
4 5		M \$					
To	TAL CO	NTDIDLITIONS	N \$		TT-10001		
10		NTRIBUTIONS labels A to M)	M D				
Other transactions	Allo	cated earnings	0 ¢				Loss
		or losses	o \$		80	0984.00	
Accumulation phase account balance	ce	Inward rollovers and	P \$				
S1 \$	0.00	transfers	• Ψ				
Retirement phase account balar	nce	Outward rollovers and	Q \$				
- Non CDBIS 7929	64.00	transfers					Code
7929	64.00	Lump Sum payment	R1 \$				П
Retirement phase account baland – CDBIS	ce	Income		L			Code
S3 \$	0.00	stream payments	R2 \$		37	500.00	M
		payments					
0 TRIS Count CLOSING		JNT BALANCE	S \$		792	964.00	
	(S1 plus S	2 plus S3)					
Ac	ccumulatio	on phase value)	X1 \$			0.00	
	Retireme	nt phase value	42 ¢		700		1001
			, [192	964.00	Malla
Outsi borrowir	ng arrange	mited recourse ement amount	Y \$				1

Not complete: 06/10/2019: 14:23

raxpayer/entity hame: R C Lloyd Superan		e number (TFN)	
MEMBER 2 Title: Mr Mrs Miss Ms Family name	ther		
First given name	Other given names	Day Month	Year
Member's TFN See the Privacy note in the Declaration.		Date of birth	Toel
Contributions	G ACCOUNT BALANCE \$	·]
Refer to instructions for completing these labels.		primary residence disposal	11
Employer contributions	Receipt date	Day Month Year	
A \$ABN of principal employer	H1	ign superannuation fund amount	
A1 \$	Assessable fore	ign superannuation fund amount	
Personal contributions		e foreign superannuation fund amount	
B \$	J \$	o voi signi supor ai inidation rana arriodini	
CGT small business retirement exempti		eserve: assessable amount	
C \$	K \$		
CGT small business 15-year exemption	Trainerer fremme	eserve: non-assessable amount	
D \$	L \$		
Personal injury election	Contributions fr funds and previous	rom non-complying iously non-complying funds	
E \$	т \$		
Spouse and child contributions F \$	Any other contr	ibutions	
Other third party contributions	(including Super Low Income Su	r Co-contributions and	
G \$	M \$		
Т	TAL CONTRIBUTIONS N \$		Loss
Other transactions	Allocated earnings or losses 0 \$		
Accumulation phase account bala	transfers transfers		
Retirement phase account ball – Non CDBIS	transfers		Code
S2 \$	Lump Sum R1 \$[
S3 \$	Income stream R2 \$ [Code
TRIS Count CLOSIN	ACCOUNT BALANCE \$\$[(S1 plus S2 plus S3)		
A	cumulation phase value X1 \$[
	Retirement phase value X2 \$		AZII
Out borrow	anding limited recourse y \$		Mallay

Not complete: 06/10/2019: 14:2 Sensitive (when completed)

Page 9

Taxpayer/entity name: R C Lloyd Superannuation Fund

RN:100017882MS	
TFN	
	_

MEMBER 3	
Title: Mr Mrs Miss Ms Other	
Family name	
First given name	Other given names
Member's TFN See the Privacy note in the Declaration.	Date of birth Day Month Year
Contributions	NINT DALAMOE &
Refer to instructions	DUNT BALANCE \$
for completing these labels.	Proceeds from primary residence disposal
Employer contributions	H \$
A \$	Receipt date Day Month Year
ABN of principal employer	H1 Assessable foreign superannuation fund amount
A1 \$	
	\$
Personal contributions	Non-assessable foreign superannuation fund amount
B \$	J \$
CGT small business retirement exemption	Transfer from reserve: assessable amount
C \$	K \$
CGT small business 15-year exemption amount	Transfer from reserve: non-assessable amount
D \$	L \$
Personal injury election	Contributions from non-complying funds
E \$	T \$
Spouse and child contributions	Ψ
F \$	Any other contributions (including Super Co-contributions and
Other third party contributions	Low Income Super Amounts)
G \$	M \$
TOTAL CO	NTRIBUTIONS N \$
	f labels A to M)
Other transactions Allo	or losses • \$
Accumulation phase account balance	rollovers and P\$
S1\$	transfers Outward
Retirement phase account balance - Non CDBIS	rollovers and transfers
S2 \$	Lump Sum D4 &
Retirement phase account balance – CDBIS	payment Did P Code
S3 \$	stream R2 \$
TDIC County	
TRIS Count CLOSING ACCOU	JNT BALANCE \$\$
	on phase value X1 \$
	ent phase value X2 \$
borrowing arrang	mited recourse lement amount Y \$

Not complete: 06/10/2019: 14:23

Taxpayer/entity name: R C Lloyd Superannuation Fund

HM:100017882IVIS	5
TFN	

MEMBER 4			
Title: Mr Mrs Miss Ms	S Other		
Family name			
First given name		Other given names	
Member's TFN See the Privacy note in the Declara	tion.	Date of	birth Day Month Year
Contributions	OPENING ACCO	JNT BALANCE \$	
Refer to instructions			and disposal
for completing these labels.		Proceeds from primary resider H \$	ice disposal
Employer contributions		Receipt date Day Month	Year
A \$		H1	
ABN of principal employer		Assessable foreign superannua	tion fund amount
A1 \$		I \$	
Developed contributions		Non-assessable foreign super	annuation fund amount
Personal contributions B \$		J \$	
CGT small business retirement ex	remotion	Transfer from reserve: assessa	ble amount
C \$	CITIPUOTI	K \$	ble arriount
CGT small business 15-year exer	mption amount	Transfer from reserve: non-ass	essable amount
D \$		L \$	iossable amount
Personal injury election		Contributions from non-comp	ying
E \$		funds and previously non-com	plying funds
Spouse and child contributions	(4)	T \$	
F \$		Any other contributions	
Other third party contributions		(including Super Co-contribution Low Income Super Amounts)	ons and
G \$		М \$	
	TOTAL 00	ITPIDUTIONS ALC	
		NTRIBUTIONS N \$ labels A to M)	Loss
Other transactions	Allo	cated earnings or losses	
Accumulation phase accoun	nt halance	Inward	
S1 \$	Tr balarioo	rollovers and ransfers P\$	
Retirement phase accou	nt balance	Outward rollovers and Q \$	
- Non CDBİS		transfers	Code
Retirement phase accoun	nt balance	Lump Sum R1 \$	
- CDBIS		Income stream R2 \$	Code
		payments	
TRIS Count C	LOSING ACCO	T	
		2 plus S3)	
		on phase value X1 \$	
		nt phase value X2 \$	man de la
. 1	Outstanding li borrowing arrang	nited recourse Y\$	

Not complete : 06/10/2019 : 14:23

Self managed superannuat	ion fund r	eturn 2019	9			10.00	100017882MS	
Taxpayer/entity name: R C Lloyd Supe	rannuation Fu	ınd				TFN		
Section G: Suppleme	ntary m	ember	infor	matic	n	L		
MEMBER 5 Title: Mr Mrs Miss Ms Family name	Other					A	ccount status	Code
First given name		Other given	names					
M. L. V. TEN								
Member's TFN See the Privacy note in the Declaratio	Date on. _{Day}	e of birth Month	Year	7		ed, date of de	ath	
Contributions								
Refer to instructions OPI	ENING ACCO	UNT BALANC	E \$[_					
for completing these labels.			eds fron	n primary	residence dis	posal		
Employer contributions		Rece	ipt date	Day	Month	Year		
A \$		H1						
ABN of principal employer A1 \$		Asses	sable for	reign supe	erannuation fur	nd amount		
Α. Ψ		1	\$					
Personal contributions B \$			assessat	ole foreign	superannuat	ion fund amou	ınt	
CGT small business retirement exem		-	·		ssessable am			
C \$	iption	1	\$	reserve: a	SSESSADIE am	lount	ń	
CGT small business 15-year exemp	tion amount		fer from	reserve: r	non-assessabl	e amount		
D \$			\$					
Personal injury election		Contr	ributions and pre	from non-	-complying on-complying	funde		
E \$			\$			Turius		
Spouse and child contributions								
F \$		(includ	dina Sup	tributions er Co-cor	ntributions and	d		
Other third party contributions G \$			\$	Super Amo	ounts)			
	The state of the s	NTRIBUTION f labels A to M)	s N \$;				
Other transactions	Allo	cated earning or losse		3			Loss	
Accumulation phase account b	alance	Inwar rollovers an transfer	d P \$	5				
Retirement phase account to	 palance	Outwar rollovers an	d 🕳 🖈	6				
- Non CDBÍS		transfer	S				Code	
Retirement phase account be	alance	Lump Sur paymer	10				Code	
- CDBIS		Income strean paymen	R2 \$	j,				
TRIS Count CLO		JNT BALANC S2 plus S3)	E S \$					
		on phase value	e X1 \$					
		nt phase value						
. (Outstanding lir	mited recourse	· •				- De	long
bori	rowing arrang	ement amoun	Ψισ	1			19	1

Not complete: 06/10/2019: 14:23 Sensitive (when completed)

Page 12

Self managed superannuation fund return 2019 Taxpayer/entity name: R C Lloyd Superannuation Fund

RN:100017882MS	
TFN	

MEMBER 6		Code
Title: Mr Mrs Miss Ms Other	Acc	ount status
Family name		
First given name	Other given names	
Member's TFN Da	te of birth If deceased, date of deat	
See the Privacy note in the Declaration.	te of birth If deceased, date of deat Month Year Day Month Year	h
Contributions		
Refer to instructions OPENING ACC	OUNT BALANCE \$	
for completing these	Proceeds from primary residence disposal	
labels.	H \$	
Employer contributions	Receipt date Day Month Year	
A \$	H1	
ABN of principal employer	Assessable foreign superannuation fund amount	
A1 \$		
	J \$	
Personal contributions	Non-assessable foreign superannuation fund amount	
B \$	J \$	
CGT small business retirement exemption	Transfer from reserve: assessable amount	
C \$	K \$	
CGT small business 15-year exemption amount	Transfer from reserve: non-assessable amount	
D \$	L \$	
	Contributions from non-complying	
Personal injury election	funds and previously non-complying funds	
E \$	т \$	
Spouse and child contributions	• •	
F \$	Any other contributions	
Other third party contributions	 (including Super Co-contributions and Low Income Super Amounts) 	
G \$	M \$	
	ONTRIBUTIONS N \$ of labels A to M)	
	located assuring a	Loss
	or losses 0 \$	
Accumulation phase account balance	Inward rollovers and P \$	\neg
S1 \$	transfers	
Retirement phase account balance	Outward rollovers and Q \$	
- Non CDBÍS	transfers	Code
	Lump Sum R1 \$	
Retirement phase account balance – CDBIS	Income	Code
S3 \$	stream R2 \$	
TDIO		
	DUNT BALANCE \$\$	
	S2 plus S3)	
Accumula	tion phase value X1 \$	
Retiren	nent phase value X2 \$	DOI.
Outstanding	limited recourse gement amount	= Moley
borrowing arrai	goment amount	

Not complete: 06/10/2019: 14:23

RN:100017882MS Self managed superannuation fund return 2019 Taxpayer/entity name: R C Lloyd Superannuation Fund **MEMBER 7** Code Title: Mr Mrs Miss Other Account status Family name First given name Other given names Member's TFN Date of birth If deceased, date of death See the Privacy note in the Declaration. Month Month Contributions OPENING ACCOUNT BALANCE \$ Refer to instructions for completing these Proceeds from primary residence disposal labels. H \$ Employer contributions Receipt date Month H₁ ABN of principal employer Assessable foreign superannuation fund amount A1 \$ \$ Non-assessable foreign superannuation fund amount Personal contributions B \$ CGT small business retirement exemption Transfer from reserve: assessable amount \$ CGT small business 15-year exemption amount Transfer from reserve: non-assessable amount \$ \$ Contributions from non-complying Personal injury election funds and previously non-complying funds Spouse and child contributions \$ Any other contributions (including Super Co-contributions and Other third party contributions Low Income Super Amounts) \$ M **TOTAL CONTRIBUTIONS** N \$ (Sum of labels A to M) Loss Other transactions Allocated earnings 0\$ or losses Inward Accumulation phase account balance rollovers and **S1**\$ transfers Outward

Retirement phase account balance rollovers and **Q** \$ - Non CDBİS transfers Code **S2**\$ Lump Sum R1 \$ Retirement phase account balance Code - CDBIS Income stream R2 \$ **S3**\$ TRIS Count CLOSING ACCOUNT BALANCE \$ \$ (S1 plus S2 plus S3)

Accumulation phase value X1 \$

Retirement phase value X2 \$ Outstanding limited recourse borrowing arrangement amount

Not complete: 06/10/2019: 14:23

Self managed superannuation fund return 2019 Taxpayer/entity name: R C Lloyd Superannuation Fund

RN:100017882MS
Account status Code
ed, date of death Month Year
posal
Year amount
on fund amount
ount
e amount funds
1
Loss
Code
Code
Del.

MEMBER 8							
Title: Mr Mrs Miss Ms	Other			***************************************		Account stat	Code tus
Family name							
First given name		Other given	names				
			Tiarries				
Member's TFN See the Privacy note in the Declaration	WE1	of birth	'ear		If deceased, da		
The second secon	Day	Month Y	ear	7	Day Month	Year	
Contributions	J L						<u> </u>
	ENING ACCO	UNT BALANCI	E \$				
for completing these		Proce	eds from	primary res	sidence disposal		
labels.		H 5	5				
Employer contributions A \$			ot date	Day	Month Yea	r	
A \$ABN of principal employer		H1		•			
A1 \$,			əign superar ————	nnuation fund amo	ount ———	
Ψ		1 3	\$				
Personal contributions		Non-a	ssessab	le foreign su	perannuation fur	nd amount	
B \$		J	\$				
CGT small business retirement exem	ption	Transf	er from r	eserve: asse	essable amount		
C \$		K	\$	-			
CGT small business 15-year exempt	tion amount			eserve: non	-assessable amo	unt	
D \$			\$				
Personal injury election	-	Contri funds	butions and prev	from non-co viously non-	omplying complying funds	ì	
E \$			\$ [1,3,0,100		
Spouse and child contributions		. `	* <u></u>				
F \$		(includ	ing Supe	ributions er Co-contril	butions and		
Other third party contributions G \$		Low In	icome Si	uper Amour	nts)		
σ ψ		M (\$				
		NTRIBUTIONS	s N \$	1			
Other transactions		f labels A to M)					oss
Carlot transactions	Alic	cated earnings or losses	9 0 2				
Accumulation phase account b	alance	Inward rollovers and	P\$				
S1 \$		transfers Outward					
Retirement phase account to - Non CDBIS	palance	rollovers and transfers	Q \$				
S2 \$		Lump Sum	D4 C			Co	ode T
Retirement phase account be - CDBIS	alance	paymen ^a Income					 de
S3 \$			R2 \$				
TRIS Count CLO	CINC ACCC						
TAIS COURT CLOS		JNT BALANCE 2 plus S3)	S \$				
		on phase value	X1 \$				
		nt phase value	1007 SAN SAN SAN				j
(,				PL
born	owing arrang	mited recourse ement amount	Y \$			70	Show

Not complete: 06/10/2019: 14:23

Taxpayer/entity name: R C Lloyd Superannuation Fund

	HM:10001/882IVIS
9 90 11	TFN
Ì	

5a	Australian managed investments	Listed trusts	A	\$		-00
		Unlisted trusts	В	\$	-	-00
		Insurance policy	C	\$		-00
	Oth	er managed investments	D	\$		-00
5b	Australian direct investments	Cash and term deposits	E	\$	32964	-00
	Limited recourse borrowing arrangements Australian residential real property	Debt securities	F	\$		-00
	J1 \$ -90	Loans	G	\$	760000	-00
	Australian non-residential real property	Listed shares	Н	¢ [-00
	J2 \$ -00			. –]
	Overseas real property	Unlisted shares	I	\$		-00
	J3 \$	Limited recourse	J	\$		-00
	7 dottaliar charee	porrowing arrangements		Ψ		
	J4 \$	Non-residential real property	K	\$		-00
	Overseas shares	Residential		\$		-00
	J5 \$00	real property		_		שעי
	Other J6 \$	Collectables and personal use assets	M	\$_		-00
	90 \$	Other assets	0	\$.00
БС	Other investments	Crypto-Currency	N	\$		-oa
id	Overseas direct investments	Overseas shares	P	\$[-00
	Overseas non	-residential real property	Q	\$		-00
	Overseas	residential real property	R	\$		-00
	Oversea	s managed investments	S	\$		-00
		Other overseas assets	Т	\$		-00
					70004	
	TOTAL AUSTRALIAN AND (Sum of labels		U	\$_	792964	-00
5e	In-house assets					
	Did the fund have a loan to, lease to or investment in, related parties (known as in-house assets) at the end of the income year?	A No X Yes)		\$		-DQ
	nom a licensed	A No Yes				
	financial institution?					1
	Did the members or related parties of the fund use personal guarantees or other	3 No Yes				

Not complete: 06/10/2019: 14:23

security for the LRBA?

Taxpayer/entity name: R C Lloyd Superannuation Fund

40					 -
16	L	IA	ы	L	 E.5

Borrowings for limited recourse borrowing arrangements						
V1 \$	-00					
Permissible temporary borrowings						
V2 \$	-00					
Other borrowings	L					
V3 \$	-00	Borrowings	V	\$[-00
Total memb tal of all CLOSING ACCOUNT BALAN	er closin	g account balances m Sections F and G)	W	\$[792964	-00
•		Reserve accounts	X	\$[-00
		Other liabilities	Y	\$[-00
	[TOTAL LIABILITIES	7	¢ [792964	-00

Section I:	Taxation	of	financial	arrangements

17	Taxation	of	financial	arrangements	(TOFA))
----	-----------------	----	-----------	--------------	--------	---

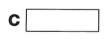
Total TOFA gains	н \$	-90
Total TOFA losses	I \$	-90

Section J: Other information

Family trust election status

If the trust or fund has made as is making a family trust election write the four digit income were	-	
If the trust or fund has made, or is making, a family trust election, write the four-digit income year	A	
specified of the election (for example, for the 2018–19 income year, write 2019).	A	
If you claims or you in a classification and D. for you also M. for you in the	_	
If revoking or varying a family trust election, print ${f R}$ for revoke or print ${f V}$ for variation,	В	
and complete and attach the Family trust election, revocation or variation 2019.	B	
Interposed entity election status		
If the trust or fund has an existing election, write the earliest income year specified. If the trust		
or fund is making and ar mare elections this year write the parlicet income year being		

he trust or fund has an existing election, write the earliest income year specified. If the trust or fund is making one or more elections this year, write the earliest income year being specified and complete an *Interposed entity election or revocation 2019* for each election.



If revoking an interposed entity election, print **R**, and complete and attach the *Interposed entity election or revocation 2019*.

D 🗌

Bleye

Taxpayer/entity name: R C Lloyd Superannuation Fund

		TFN

DAL .400047000886

Section K: Declarations

Penalties may be imposed for false or misleading information in addition to penalties relating to any tax shortfalls.

Important

Before making this declaration check to ensure that all income has been disclosed and the annual return, all attached schedules and any additional documents are true and correct in every detail. If you leave labels blank, you will have specified a zero amount or the label was not applicable to you. If you are in doubt about any aspect of the annual return, place all the facts before the ATO.

The ATO is authorised by the Taxation Administration Act 1953 to request the provision of tax file numbers (TFNs). We will use the TFN to identify the entity in our records. It is not an offence not to provide the TFN. However if you do not provide the TFN, the processing of this form may be delayed.

Taxation law authorises the ATO to collect information and disclose it to other government agencies. For information about your privacy go to ato.gov.au/privacy

TRUSTEE'S OR DIRECTOR'S DECLARATION:

Not complete: 06/10/2019: 14:23

I declare that, the current trustees and directors have authorised this annual return and it is documented as such in the SMSF's records. I have received a copy of the audit report (If required) and are aware of any matters raised therein. The information on this annual return, including any attached schedules and additional documentation is true and correct.

Authorised trustee's, director's or public officer's signature	
Blogh	Day Month Year 10_ 10 - 19 .
Preferred trustee or director contact details:	/ \
Title: Mr Mrs Miss Ms X Other	
Family name	
LLOYD	
First given name Other given names	
ROBIN CRAGO	
Phone number 02 94872333	
Email address	
Non-individual trustee name (if applicable)	
R C LLOYD PTY LIMITED	
ABN of non-individual trustee	
Time taken to prepare and complete this a	nnual return Hrs
The Commissioner of Taxation, as Registrar of the Australian Busin you provide on this annual return to maintain the integrity of the register	
TAX AGENT'S DECLARATION: I declare that the Self-managed superannuation fund annual return provided by the trustees, that the trustees have given me a declaratic correct, and that the trustees have authorised me to lodge this annual retar agent's signature	on stating that the information provided to me is true and
Junia.	Day Month Year
Mouse	Date //O //O // 9
Tax agen <u>t's</u> contact det <u>ail</u> s	
Title: Mr Mrs Miss Ms Other	
Family name	
Rogers	e
First given name Other given names	
Catriona	
Tax agent's practice	
The Rogers Group Ltd Partnership	
Tax agent's phone number Reference number	Tax agent number
02 9267 7655 LLOY70	64941004
Postal address for annual returns: Australian Taxation Office, GP	O Box 9845, IN YOUR CAPITAL CITY

PART A Electronic lodgment declaration (Form P, T, F, SMSF or EX)

This declaration is to be completed where the tax return is to be lodged via an approved ATO electronic channel. 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

The ATO is authorised by the *Taxation Administration Act 1953* to request the provision of tax file numbers (TFNs). The ATO will use the TFNs to identify each partner or beneficiary or entity in our records. It is not an offence not to provide the TFNs. However, you cannot lodge your tax return electronically if you do not quote your TFN.

Taxation law authorises the ATO to collect information and disclose it to other government agencies, including personal information about the person authorised to sign the declaration. For information about privacy go to ato.gov.au/privacy.

The Australian Business Register

partner, trustee or

public officer

Not complete: 06/10/2019: 14:23

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.

Please refer to the privacy statement on the Australian Business Register (ABR) website (www.abr.gov.au) for further information – it outlines

our commitment to safegua	arding your details.		,		,		
	- direct debit an EFT direct debit some of ent of your taxation liability fr			nancial in:	stitution and th	ne Tax Office's spons	sor
Tax file number (TFN)				Year	2019		
Name of partnership; trust, fund or entity	R C Lloyd Superannu	ation Fund					
Total income or loss	To	otal deductions		Tax	xable income o los		
I authorise my tax agent to	electronically transmit this ta	ax return via an appro	oved ATO electroni	ic channe	el.		
Important Before making this declara If you are in doubt about ar misleading statements on t	ion please check to ensure to aspect of the tax return, pax returns.	that all income has be lace all the facts befo	een disclosed and ore the Tax Office.	the tax ro The tax la	eturn is true ar aw provides he	nd correct in every de eavy penalties for fal	etail. se or
Declaration: I declare that							. \
	ed to the agent for the prepart I to lodge this tax return.	aration of this tax retu	ırn, including any a	applicable	e schedules is	true and correct, and	
Signature of partner, trustee or director	BL	lage		Date	e /0/1	0/19.	
PART B	ELECTRONIC F	UNDS TRANSF	ER CONSEN	IT.			
This declaration is to be through an approved ATG	completed when an elect Delectronic channel.	tronic funds transf	er (EFT) of a refu	ınd is re	equested and	the tax return is b	eing lodged
This declaration must be sig for an EFT, all details below	ned by the partner, trustee of must be completed.	or director prior to the	e EFT details being	g transmi	itted to the Tax	Office. If you elect	
Important: Care should be	aken when completing EFT	details as the payme	ent of any refund wi	ill be mad	de to the accor	unt specified.	
Agent's Reference Number	64941004						_
Account Name	R C LLOYD SUPER	RANNUATION	I FUND				
I authorise the refund to be	deposited directly to the spe	cified account.	\				\
Signature	Bloys	١		Date	10/1	10/19.	
PART-C(a)	Interposed	l-entity-election	n and rev oca	tion (Section not req	quired for this Return)	
 and that the informa and that the trustee for the purposes of 	equired has been provided of tion provided is true and cor s)/company/partners is/are is section 272-85 of Schedule any/partners is/are able to m	rect in every detail, making or revoking a 2F to ITAA 1936 and	n interposed entity that	election		which are set out ab	oove,
Signature of							

Date

PART-C(b)	Family trust	e lection, revoc ation	or variation	(Section not required for this Return)	
 and that the information and that the trustee for the purposes of 	equired has been provided in a ation provided is true and corre (s)/partners is/are making, var section 272-80 of Schedule 21 he trustee is a company, the p at section.	ect in every detail, ying or revoking a family trus F to ITAA 1936 and that	t election, the deta	ils of which are set out above, to make, vary or revoke the election i	
Signature of trustee of if the trustee is a compan the public officer of the corporate trustee.	y, if		Date		
PART D Tax agent's certificate (shared facilities only) We declare that We have prepared this tax return in accordance with the information supplied by the partner, trustee, director or public officer. We have received a declaration made by the entity that the information provided to us for the preparation of this tax return is true and correct, and We are authorised by the partner, trustee, director or public officer to lodge this tax return including any applicable schedules.					
Agent's signature Contact name	Catriona Rogers	Date Miofi	Client refe	11.0V70	
Agent's phone number	02 9267 7655	Agent	's reference numbe	64941004	

Alleyst.

Not complete : 06/10/2019 : 14:23

RN:100017882BP

Losses schedule

2019

.00

00

00

00

1329

1329

Companies and trusts that do not join consolidated groups should complete and attach this schedule to their 2019 tax return. Superannuation funds should complete and attach this schedule to their 2019 tax return.

Refer to Losses schedule instructions 2019, available on our website
ato.gov.au for instructions on how to complete this schedule.
he 2019-20 income year - excludes film losses
ome years
Year of loss
2018–19

Transfer the amount at U to the Tax losses carried forward to later income years label on your tax return.

2016-17

2014-15

Total

2013–14 and earlier income years

2 Net capital losses carried forward to later income years

Not complete: 06/10/2019: 14:23

Year	of	loss

2018–19	Н	.DQ
2017–18	I	. D Q
2016–17	J	.00
2015–16	K	.DQ
2014–15	9404	.00
2013–14 and earlier income years	M 101473	·D0
Total	V 110877	·00

Transfer the amount at V to the Net capital losses carried forward to later income years label on your tax return.

Billeyel Page 1

	Taxpayer/entity name: R C Lloyd Superannua	tion Fund		IFN
1000	Part B Ownership and business c	continuity tost		
PROS.	Complete item 3 of Part B if a loss is being			continuity tost has to be
15	satisfied in relation to that loss.			
6	Do not complete items 1 or 2 of Part B if, in against a net capital gain or, in the case of c	ompanies, losses have not been	ss has been claimed as transferred in or out.	a deduction, applied
1	Whether continuity of majority	Year of los	s	
	ownership test passed	2018–19	O A Ves No P	Print X in the appropriate box.
	Note: If the entity has deducted, applied, transferred in or transferred out (as applicable)	2017–18	8 D Ves No P	Print X in the ppropriate box.
	in the 2018–19 income year a loss incurred in any of the listed years, print X in the Yes or No	2016–17	7 Ves No P	Print X in the
	box to indicate whether the entity has satisfied the continuity of majority ownership test in	2015–16	6 No P	ppropriate box. Print X in the
	respect of that loss.	2014–15	5 P Ves No P	ppropriate box. Print X in the
		2013–14 and earlie income years	a	ppropriate box. Irint X in the
		income years	s a	ppropriate box.
2	Amount of losses deducted/applied for	or which the continuity of maj	ority ownership test i	s not passed but the
	business continuity test is satisfied -			
		Tax losses	S G	.00
		Net capital losses	Н	.00
3	Losses carried forward for which the	husiness continuity test must	he satisfied hofore th	any can be deducted/
_	applied in later years – excludes film losse	s	be satisfied before the	ley can be deducted/
		Tax losses		.00
		Net capital losses	J	.00
1	Do current year loss provisions apply?	•		
•	Is the company required to calculate its taxal the year under Subdivision 165-B or its net cap	ble income or tax loss for	RISTES NO	rint X in the oppropriate box.
	for the year under Subdivision 165-CB of the In 1997 (ITAA 1997)?	come Tax Assessment Act		propriate box.
	7557 (1704 1557):			
	Part C Unrealised losses – company o	nly		
	Note: These questions relate to the operation of S	TO THE STATE OF TH		
	Has a changeover time occurred in relation to tafter 1.00pm by legal time in the Australian Cap		IIII Yes NO	int X in the propriate box.
	11 November 1999?			propriate box.
	If you printed X in the No box at II , do not comp	lete M, N or O.		
	At the changeover time did the company satisfy net asset value test under section 152-15 of ITA		INVIETES NO	int X in the propriate box.
	If you printed ${\bf X}$ in the ${\bf No}$ box at ${\bf M}$, has the condetermined it had an unrealised net loss at the condetermined it had an unrealised net loss			int X in the propriate box.
	If you printed X in the Yes box at N , what was unrealised net loss calculated under section 168		0	.00
	amodinot not 1000 taleulated under Section 100	7-110F 0111W4 1991;		
I	art D Life insurance companies			
	Complying superannu	nation class tax losses carried forward to later income years	Р	.00
	Complying superannua	C		1 .00
		to later income years	<u> </u>	.00

RN :100017882BP

Sensitive (when completed)

Not complete: 06/10/2019: 14:23

T / 111			
Taxpayer/entity name:	R C Llov	/d Superannua	tion Fund

RN	:100017882BP	
TFN		

.00

Part E	Controlled foreign company losses			
		Current year CFC losses M	-	.DO
		CFC losses deducted N		.DQ

CFC losses carried forward

Part F Tax losses reconciliation statement	
Balance of tax losses brought forward from the prior income year	A 1329 00
ADD Uplift of tax losses of designated infrastructure project entities	B .00
SUBTRACT Net forgiven amount of debt	·90
ADD Tax loss incurred (if any) during current year	D .00
ADD Tax loss amount from conversion of excess franking offsets	E .DO
SUBTRACT Net exempt income	F
SUBTRACT Tax losses forgone	G .90
SUBTRACT Tax losses deducted	H .90
SUBTRACT Tax losses transferred out under Subdivision 170-A (only for transfers involving a foreign bank branch or a PE of a foreign financial entity)	DQ.
Total tax losses carried forward to later income years	1329 -00
Transfer the amount at J to the Tax losses carried for	ward to later income years label on your tax return.

Mayd.

TFN	

If the schedule is not lodged with the income tax return you are required to sign and date the schedule.

Important

Before making this declaration check to ensure that all the information required has been provided on this form and any attachments to this form, and that the information provided 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 ATO. The income tax law imposes heavy penalties for false or misleading statements.

Privacy

Taxation law authorises the ATO to collect information and disclose it to other government agencies. This includes personal information of the person authorised to sign the declaration. For information about your privacy go to ato.gov.au/privacy

TAXPAYER'S DECLARATION

I declare that the information on this form is true and correct.		(
Signature		
Blogol	Day Month Year	$\frac{1}{2}$
Contact person .	Daytime contact number (include area code)	
Catriona Rogers	02 9267 7655	