#### GCBDJB SUPER FUND

## 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electronically if you do not quote your TFN.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

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 safeguarding your details.

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 Tax Office's sponsor bank to facilitate the payment of your taxation liability from your nominated account.

Tax file number 509 850 385

Year 2020

Name of partnership, trust, fund or entity

GCBDJB SUPER FUND

I authorise my tax agent to electronically transmit this tax return via an approved ATO electronic channel

#### 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 Tax Office. The tax law provides heavy penalties for false or misleading statements on tax returns.

Declaration: I declare that:

· the information provided to the agent for the preparation of this tax return, including any applicable schedules is true and correct, and

the agent is authorised to lodge this tax return.

Signature of partner, trustee or director

Date

23-3-21

TFN: 509 850 385

PART B

#### Electronic funds transfer consent

This declaration is to be completed when an electronic funds transfer (EFT) of a refund is requested and the tax return is being lodged through an approved ATO electronic lodgment channel.

This declaration must be signed by the partner, trustee, director or public officer prior to the EFT details being transmitted to the Tax Office. If you elect for an EFT, all details below must be completed.

Important: Care should be taken when completing EFT details as the payment of any refund will be made to the account specified.

Agent's referen	De 64215004		
Account Nam	ne GCBDJB SUPER FUND		
I authorise the refund to b	be deposited directly to the specified account.		
Signature	NIA	Date	

Client Ref: BIRCGDSF Agent: 64215-004

#### TFN: 509 850 385 Page 1 of 11

Return year

2020

# Self-managed superannuation fund annual return

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 2020 (NAT 71287)

The Self-managed superannuation fund annual return instructions 2020 (NAT 71606) (the instructions) can assist you to complete this annual return.

	ction A: Fund information	E00 0E0 20E	
1	Tax file number (TFN)	509 850 385	
		est your TFN. You are not obliged to quote you rannual return. See the Privacy note in the Decl	
2	Name of self-managed superannual	tion fund (SMSF)	
		GCBDJB SUPER FUND	
	Australian business number (ABN)	21 644 773 619	
	Current postal address	PEEL TAXATION & ACCOUNTING	
		PO BOX 4304	
		MANDURAH NORTH	WA 6210
		The state of the s	
	Is this the first required return for a newly re	egistered SMSF? B N	
	SMSF auditor		
	SMSF auditor Auditor's name Title	Mr	
	SMSF auditor Auditor's name Title Family name	Mr Boys	
	SMSF auditor Auditor's name  Title Family name First given name	Mr	
	SMSF auditor Auditor's name  Title Family name First given name Other given names	Mr Boys Anthony	
	SMSF auditor Auditor's name  Title Family name First given name Other given names  SMSF Auditor Number	Mr Boys Anthony	
	SMSF auditor Auditor's name  Family name First given name Other given names  SMSF Auditor Number  Auditor's phone number	Mr Boys Anthony  100 014 140  13 00283486	
	SMSF auditor Auditor's name  Title Family name First given name Other given names  SMSF Auditor Number	Mr Boys Anthony	
	SMSF auditor Auditor's name  Family name First given name Other given names  SMSF Auditor Number  Auditor's phone number Use Agent  Postal address	Mr Boys Anthony  100 014 140  13 00283486	SA 5045
	SMSF auditor Auditor's name  Family name First given name Other given names  SMSF Auditor Number  Auditor's phone number Use Agent  Postal address	Mr Boys Anthony  100 014 140  13 00283486  5A Broadway	SA 5045
;	SMSF auditor Auditor's name  Family name First given name Other given names  SMSF Auditor Number  Auditor's phone number Use Agent  Postal address	Mr Boys Anthony  100 014 140  13 00283486  5A Broadway  Glenelg  Date audit was completed A	SA 5045
	SMSF auditor Auditor's name  Family name First given name Other given names  SMSF Auditor Number  Auditor's phone number Use Agent  Postal address	Mr Boys Anthony  100 014 140  13 00283486  5A Broadway  Glenelg  Date audit was completed A  Was Part A of the audit report qualified?	
	SMSF auditor Auditor's name  Family name First given name Other given names  SMSF Auditor Number  Auditor's phone number Use Agent  Postal address	Mr Boys Anthony  100 014 140  13 00283486  5A Broadway  Glenelg  Date audit was completed A	

7		ectronic funds transfer (EFT) e need your self-managed super fund's financial institution details to pay any super payments and tax refunds owing to you.
	Α	Fund's financial institution account details  This account is used for super contributions and rollovers. Do not provide a tax agent account here.
		Fund BSB number (must be six digits)  Fund account number 10778214
		Fund account name (for example, J&Q Citizen ATF J&Q Family SF)  GCBDJB SUPER FUND
		I would like my tax refunds made to this account.  Y Print Y for yes or N for no.  If Yes, Go to C.
	В	Financial institution account details for tax refunds  Use Agent Trust Account?
		This account is used for tax refunds. You can provide a tax agent account here.
		BSB number Account number
		Fund account name (for example, J&Q Citizen ATF J&Q Family SF)
	С	Electronic service address alias  Provide the electronic service address (ESA) issued by your SMSF messaging provider (For example, SMSFdataESAAlias). See instructions for more information.
8	St	Fund's tax file number (TFN) 509 850 385  tatus of SMSF Australian superannuation fund Does the fund trust deed allow acceptance of the C Y
		Government's Super Co-contribution and Low Income Super Contribution?
9	N	Print Y for yes or N for no. Which fund was wound up  Day Month Year Have all tax lodgment and payment obligations been met?
10	Die	tempt current pension income d the fund pay retirement phase superannuation income stream benefits to one or more members the income year?  Print Y for yes or N for no.
		o claim a tax exemption for current pension income, you must pay at least the minimum benefit payment under ne law. Record exempt current pension income at Label A
	If	No, Go to Section B: Income
	If	Yes Exempt current pension income amount A
		Which method did you use to calculate your exempt current pension income?
		Segregated assets method B
		Unsegregated assets method C Was an actuarial certificate obtained? D Print Y for yes
		Did the fund have any other income that was assessable?     Print Yfor yes or N for no.   If Yes, go to Section B: Income
		Choosing 'No' means that you do not have any assessable income, including no-TFN quoted contributions. If No - Go to Section C: Deductions and non-deductible expenses. (Do not complete Section B: Income.)
		f you are entitled to claim any tax offsets, you can list hese at Section D: Income tax calculation statement

## Section B: Income

Do not complete this section if all superannuation interests in the SMSF were supporting superannuation income streams in the retirement phase for the entire year, there was no other income that was assessable, and you have not realised a deferred notional gain. If you are entitled to claim any tax offsets, you can record these at Section D: Income tax calculation statement.

Income	Did you have a capital gains tax (CGT) event during the year?	G N	Print Y for yes or N for no.	\$10,000 or y the deferred	you elected to use the notional gain has be	pital gain is greater th e CGT relief in 2017 a een realised, complete CGT) schedule 2020	and e
	Have you applied an exemption or rollover?	M	Print Y for yes or N for no.	Code	Capital Gallis Tax (	COT) scriedule 2020	
				Net capital	gain A		
		Gross	rent and other	leasing and hiring inco	ome B		
					NAME OF TAXABLE PARTY.	1	]
			Fore	Gross inte		1	
			7 010	scheme inco			
DESCRIPTION OF THE PERSON OF T	foreign income			Maddandandandan			Los
D1				Net foreign inco	ome D		L
	Austra	ilian frankir	ng credits from	a New Zealand comp	pany E		
				Transfers foreign fu			Nun
				Gross payments wh	nere 🔣		
	on of assessable contributions sable employer contributions			Gross distribu	ition	2,010	Los
R1	0			from partnersl * Unfranked divid	lend		
plus Asses	ssable personal contributions			* Franked divid	end V		
plus#*No-TF	N-quoted contributions			amo	ount 🔐		
R3	0				redit		Coo
less Transf	fer of liability to life noe company or PST			* Gross t distributi	rust ions M		
R6	0			Assessable contributi plus R2 plus R3 less		1,100	
0.1.1.1							
	n of non-arm's length income						
con	npany dividends			* Other inco	ome S		Cod
U1	on-arm's length trust distributions			*Assessable inco			_
U2	and the second s			due to changed status of f			
Name and Address of the Owner, where the Owner, which is the Owner, wh	ner non-arm's length income		Net n	on-arm's length inco	ome		7
U3				(subject to 45% tax ra (U1 plus U2 plus I	ate) U		
instructions to	ndatory label t is entered at this label, check the p ensure the correct tax been applied.			GROSS INCO	ME W		Los
rearment nas	been applied.		Exemp	t current pension inco	ome Y		
							Loss
			TOTAL	ASSESSABLE INCO (W less		3,111	

Fund's tax file number (TFN)

509 850 385

## 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	NON-DEDUCTIBLE EXPENSES
Interest expenses within Australia	A1	A2
Interest expenses overseas	B1	B2
Capital works expenditure	D1	D2
Decline in value o depreciating assets	E1	E2
Insurance premiums - members	F1	F2
SMSF auditor fee	H1 275	H2
Investment expenses	s <b>I1</b>	12
Management and administration expenses		J2
Forestry manager investment scheme expense	U1	U2
Other amounts	L1	Code L2
Tax losses deducted	M1	
	TOTAL DEDUCTIONS	TOTAL NON-DEDUCTIBLE EXPENSES
	N 1,293 (Total A1 to M1)	(Total A2 to L2)
	(100011110	(1000)
	#TAXABLE INCOME OR LOSS	TOTAL SMSF EXPENSES
	0 1,818	Z 1,293 (N plus Y)
#This is a mandatory label.	(TOTAL ASSESSABLE INCOME TOTAL DEDUCTIONS)	less

## Section D: Income tax calculation statement

#Important:

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

#### 13 Calculation statement

Please refer to the Self-managed superannuation fund annual return instructions 2020 on how to complete the calculation statement.

Gross tax	(T1 plus J)	2.70
(an amou	nt must be included even if it is	s zero
#Tax on no-TFN- quoted contributions	J	0.00
	nt must be included even if it is	s zero
#Tax on taxable income	T1 272	2.70
(an amou	nt must be included even if it is	s zero
#Taxable income	A 1,	818

Foreign income tax offset	
Rebates and tax offsets	Non-refundable non-carry forward tax offsets
C2	C 0.00
	(C1 plus C2)
	SUBTOTAL 1
	T2 272.70
	(B less C -cannot be less than zer
Early stage venture capital	
D1	
Early stage venture capital limited partnership tax offset carried forward from previous year	Non-refundable carry forward tax offsets
D2	D 0.0
Early stage investor tax offset	(D1 plus D2 plus D3 plus D4)
D3	(51 plus 52 plus 50 plus 54)
Early stage investor tax offset carried forward from previous year	SUBTOTAL 2
D4	T3 272.70
	(T2 less D –cannot be less than zer
Complying fund's franking credits tax offset	
E1	
No-TFN tax offset	
E2	
National rental affordability scheme tax offset	
E3	
Exploration credit tax offset	Refundable tax offsets
E4	E 0.00
	(E1 plus E2 plus E3 plus E4)

#TAX PAYABLE	T5				272	.70
(T3	less	E-	cannot be	less	than	zero

Section 102AAM interest charge

Fund's tax file number (TFN) 509 850 385

Credit for interest on early par amount of interest	yments		
H1			
REPORTED TO THE PORT OF THE PO	200		
Credit for tax withheld – foreign resident withholding (excluding	gn ig capital gains)		
H2			
Credit for tax withheld – wher or TFN not quoted (non-indivi	e ABN		
	idual)		
H3			
Credit for TFN amounts withit payments from closely held to	neld from rusts		
H5			
Credit for interest on no-TFN	tay offeat		
H6	tax onset		
BARNESS .	the Landson		
Credit for foreign resident cap withholding amounts	oital gains	Elig	ible credits
H8		H	0.00
Electric .		(H1 plus H2 plu	s H3 plus H5 plus H6 plus H8)
		#Tax offset refunds	0.00
		(Remainder of refundable tax offsets).	0.00
			nused amount from label E- must be included even if it is zero
			YG instalments raised
		K	To ilistallients raised
		Su	pervisory levy
		L	259.00
		S	upervisory levy adjustment wound up funds
		M	would up lailus
		page 1	
		S	upervisory levy adjustment new funds
		N	
		-	
		_	501 70
		Total amount of tax payable S	531.70
#This is a mandatory label.		(T5 plus G less H le	ss I less K plus L less M plus N)
ection E: Losses			
Losses			
Miles I leave in accordance than	6100.000	Tax losses carried forward	
If total loss is greater that complete and attach a Lo		to later income years	
schedule 2020.	00000	Net capital losses carried V	
		Totward to later income years	
Net capital losses bro		Net capital losses carried forward	
fro	m prior years	to later income years	
Non-Collectables			

## Section F / Section G: Member Information

In Section F / G re Use Section F / G	port all current members in to report any former memb	the fund at 30 June. pers or deceased members who held an inte	erest in the fund at any	time during the income ye
		See the Privacy note in the	o Declaration	Manakaski
Title	MRS	Member'sTFN 215		Member Number
Family name	BIRCH			Account status
First given name	DEBRA			Account status
ther given names	JANE			Code
	Date of birth 08/08/1	.964 If deceased, date of death		
Contributions		OPENING ACCOUNT BALANC	E 37	,293.32
Refer to instruction	ns for completing these lab	ala I	Proceeds from primary	residence disposal
Employer contribu			Receipt date	
A		_	H.	
ABN of principal e	employer	7	Assessable foreign sup	erannuation
A1		f	und amount	
Personal contribu	tions	N.	lon-assessable foreign	superannuation
В	1,100.00	f	und amount	
	ss retirement exemption		ranafar from ranana	
C		a	ransfer from reserve: ssessable amount	
CGT small busine exemption amount	ess 15-year nt		K	
D		T	ransfer from reserve: on-assessable amount	
Personal injury ele	ection		L	
E			ontributions from non-com	complying funds
Spouse and child	contributions	8	nd previously non-com	prying runds
F		A	ny other contributions of contributions	(including
Other third party of	contributions	S In	Super Co-contributions a come Super Contribution	and low ons)
G			M	
	TOTAL CONTR	IRUTIONS TO 1 100	0.0]	
	TOTAL CONTR	IBUTIONS N 1,100		
Mb an transcript		(Sum of labels A to M	)	
ther transaction		_		Loss
S1	39,425.65	Allocated earnings or losses	1,	032.33
arrange .		Inward rollovers and transfers	P .	
Retirement phase - Non CDBIS			2	
S2	0.00			Code
Retirement phase - CDBIS	account balance	Lump Sum payment R	u .	Code
S3	0.00	Income stream payment R	2	Code
O TRI	S Count	CLOSING ACCOUNT BALANCE		425.65
		_	S1 plus S2 plus S3	
		Accumulation phase value	<b>1</b> 39,	425.65
		Retirement phase value X	2	
		Outstanding limited recourse borrowing arrangement amount	/	

Fund's tax file number (TFN) 509 850 385 See the Privacy note in the Declaration. Member Number MR Member'sTFN 171 546 937 Title BIRCH Family name Account status GORDON First given name Code CHRISTOPHER Other given names If deceased, 12/07/1960 Date of birth date of death 0.00 Contributions OPENING ACCOUNT BALANCE Proceeds from primary residence disposal Refer to instructions for completing these labels H Employer contributions Receipt date A H Assessable foreign superannuation ABN of principal employer fund amount **A1** Personal contributions Non-assessable foreign superannuation fund amount В J CGT small business retirement exemption Transfer from reserve: C assessable amount K CGT small business 15-year exemption amount Transfer from reserve D non-assessable amount Personal injury election Contributions from non-complying funds and previously non-complying funds E Spouse and child contributions Any other contributions (including Super Co-contributions and low Income Super Contributions) Other third party contributions G M TOTAL CONTRIBUTIONS 0.00 (Sum of labels A to M) Other transactions Accumulation phase account balance 0.00 Allocated earnings or losses 0 0.00 **S1** P Inward rollovers and transfers Retirement phase account balance - Non CDBIS Q Outward rollovers and transfers 0.00 S2 Lump Sum payment R1 Retirement phase account balance - CDBIS 0.00 **S3** Income stream payment R2 0.00 O TRIS Count CLOSING ACCOUNT BALANCE S S1 plus S2 plus S3 0.00 **X1** Accumulation phase value X2 Retirement phase value Outstanding limited recourse borrowing arrangement amount

15f Limited recourse borrowing arrangements

of	509 850 385 Page 9	TFN:	CBDJB SUPER FUND	SF Return 2020
				ction H: Assets and liabilities ASSETS
		Α	Listed trusts	Australian managed investments
		В	Unlisted trusts	
		C	Insurance policy	
		D	Other managed investments	
	2,198	Е	Cash and term deposits	Australian direct investments
		F	Debt securities	
Ī		G	Loans	Limited recourse borrowing arrangements  Australian residential real property
Ī		Н	Listed shares	J1
		1	Unlisted shares	Australian non-residential real property  J2
	0	J	Limited recourse borrowing arrangements	Overseas real property
1	37,500	K	Non-residential real property	Australian shares
1			Residential real property	J4 Overseas shares
ĺ		М	Collectables and personal use assets	J5
i		0	Other assets	Other J6
_		ECTRONIC		Property count
				J7
		N	Crypto-Currency	Other investments
1		Р	Overseas shares	Overseas direct investments
Ī		Q	Overseas non-residential real property	
Ī		R	Overseas residential real property	
ĺ		S	Overseas managed investments	
		Т	Other overseas assets	
7	39,698	U	TOTAL AUSTRALIAN AND OVERSEAS ASSETS (Sum of labels A to T)	

If the fund had an LRBA were the LRBA borrowings from a licensed financial institution?

Did the members or related parties of the fund use personal guarantees or other security for the LRBA? Print Y for yes or N for no.

Print Y for yes

or N for no.

В

## 16 LIABILITIES

Permissible temporary borrowings  V2  Other borrowings			
V3	Borrowings	V	0
(total of all	Total member closing account balances CLOSING ACCOUNT BALANCEs from Sections F and G)		39,425
	Reserve accounts	X	
	Other liabilities	Y	273
	TOTAL LIABILITIES	Z	39,698
Section I: <b>Taxation of financial arra</b>			
Section I: <b>Taxation of financial arra</b> 17 Taxation of financial arrangements (T		н	
	OFA)	SPEC	
	OFA) Total TOFA gains	SPEC	
17 Taxation of financial arrangements (T  Section J: Other information  Family trust election status  If the trust or fund has made, or is mail	Total TOFA gains  Total TOFA losses  ting, a family trust election, write the four-digit income year		
Section J: Other information Family trust election status  If the trust or fund has made, or is mal specified of the election	OFA)  Total TOFA gains  Total TOFA losses	A	
Section J: Other information Family trust election status  If the trust or fund has made, or is main specified of the election	Total TOFA gains  Total TOFA losses  ting, a family trust election, write the four-digit income year on (for example, for the 2019–20 income year, write 2020). nily trust election, print R for revoke or print V for variation,	A B	

## 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.

#### Privacy

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:

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 corputal	1616	9					
me_					D-1	Day Month Yea 22/03/202	
		//	7		Date	22/03/202	т.
Preferred trustee or director cor	ntact detail	s:		_			
	Title	Mrs					
Family name		Birch					
First given name		Debra					
Other given names		Jane					
		Area code	Number				
Phone number		08	9535881	3			
Em	ail address						
Non-individual trustee name (if	applicable)						
ABN of non-individ	ual trustee						
71877 07 11877 17877	dar traditor						
		Time take	n to prepare ar	d complete this ann	ual return	Hrs	
The Commissioner of Taxation, a which you provide on this annual	s Registrar return to m	of the Austrain the i	ralian Business integrity of the r	Register, may use the egister. For further in	ne ABN an nformation.	d business deta refer to the inst	ils ructions
,			, , , , , , , , , , , , , , , , , , ,				
TAX AGENT'S DECLARATION:							
I, HARPE PTY LTD							
declare that the Self-managed sup by the trustees, that the trustees have authorised me to	ave given me	e a declaration	return 2020 has to on stating that the	een prepared in accord information provided to	dance with in me is true	formation provide and correct, and t	d
	£					hat	
Tax agent's signature			6			Day Month Year	
		- Se	1		Date	22/03/2023	
Tax agent's contact details		A	*		Date		
Tax agent's contact details  Title	Mrs	Ą			Date		
	Mrs	A			Date		
Title		A			Date		
Title Family name	Birch	A			Date		
Title Family name First given name	Birch Sharon	TY LTD			Date		
Title Family name First given name Other given names	Birch Sharon Tracey	Number			Date		
Title Family name First given name Other given names	Birch Sharon Tracey		8818		Date		