Signa	ature as prescribed in ta					_
		Self-manag fund annua	ged supe al return	rannuatio	on 20'	19
Only s this ar incom	inual return. All other funds me tax return 2019 (NAT 7128) the Self-managed superannual structions 2019 (NAT 71606) ssist you to complete this and the SMSE applied return cannot be SMSE applied return cannot be small return can	funds (SMSFs) can complete flust complete the Fund 7). Ation fund annual return (the instructions) can hual return. To be used to notify us of a four must update fund details he Change of details for	■ Print clear ■ Use BLOG S M / ■ Place X Posta Austr GPO [insert of yo For et Austr GPO Austr GPO	ete this annual riy, using a BLACK CK LETTERS and rim ALL applicable and address for annual ralian Taxation Off Box 9845 rt the name and pur capital city] example; ralian Taxation Off Box 9845 NEY NSW 2001	print one charact boxes. al returns: ffice bostcode	er per box.
	ction A: Fund inf			To assist proce	essing, write the 1 ges 3, 5, 7 and 9.	lund's TFN at
1	Tax file number (TFN) The ATO is authorised by the chance of delay or e	Provided y law to request your TFN. You rror in processing your annual r	are not obliged eturn. See the F	Lto quote your TEN	N but not quoting	
_						
	White Superannuation F	superannuation fund (SM und	<u> </u>			
3	Australian business nu	mber (ABN) (if applicable)	88596326201			
4	Current postal address					
PC	Box 3304					
Sub	stralia Fair urb/town				State/territory QLD	Postcode 4215
50	uthport					
5	Annual return status Is this an amendment to the	e SMSF's 2019 return?	A No	X Yes		
	Is this the first required retu	rn for a newly registered SMSF	P B No	X Yes		

- cture	as prescribed in tax return Tax File Number Provided
lature	
SMS	F auditor
ditor's n	
nily nam oys	
rst given	name Other given names
Anthon	y
MSF A	uditor Number Auditor's phone number
100014	0410712708
ostal a	ddress
30x 33	376
	State/territory Postcode
Suburb/t	Otato/to-mo /
Rundl	e Mall
	udit was completed A / Month / Year
If the a	art B of the audit report qualified? C No X Yes udit report was qualified, have the reported been rectified? D No Yes
7 E	lectronic 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 084462 Fund account number 458409465
,	Fund account name
	The White Superannuation Fund
	I would like my tax refunds made to this account. X Go to C.
В	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
	Account name
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c	

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8	Status of SMSF Australian superannuation fund Does the fund trust deed allow acceptance of the Government's Super Co-contribution and Low Income Super Amounts? A No Yes X Fund benefit structure B A Code
9	Was the fund wound up during the income year? No X Yes) If yes, provide the date on which the fund was wound up / / / / / / / / / / / / / / / / / /
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 X Go to Section B: Income. 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 Yes Did the fund have any other income that was assessable? E Yes Go to Section B: Income.
	No 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 these at Section D: Income tax calculation statement.

Was the fined wound up during the income, car? No [V] 'as [] was the income cont.
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Section B: Income		
Do not complete this section if all supe	any tax offsets, you can record th	were supporting superannuation income streams in was assessable, and you have not realised a deferred lese at Section D: Income tax calculation statement.
11 Income Did you have a capital gains tax (CGT) event during the year?	6 No T Yes X \$10,00	of or you elected to use the transitional CGT relief in and the deferred notional gain has been realised, ete and attach a Capital gains tax (CGT) schedule 2019.
Have you applied an exemption or rollover?	M No X Yes	
	Net capital gain A\$	
Gross rent and other	leasing and hiring income B \$	
	Gross interest C \$	40
Fore	estry managed investment scheme income	
Gross foreign income		Loss
D1 \$	Net foreign income D \$	
Australian franking credits from	a New Zealand company E \$	Number
	Transfers from foreign funds	
	ABN not quoted	Loss
Calculation of assessable contribution Assessable employer contributions	Gross distribution from partnerships	\$
R1 \$	*Unfranked dividend	525
plus Assessable personal contributions	*Franked dividend	
R2 \$	amount *Dividend franking	\$ 2,181
R3 \$ (an amount must be included even if it is	o credit *Gross trust	\$ Code
less Transfer of liability to life insurance	distributions Assessable	
R6 \$	contributions (R1 plus R2 plus R3 less R6)	\$
Calculation of non-arm's length incc *Net non-arm's length private company divi		\$ Code
U1 \$	*Assessable income	
plus*Net non-arm's length trust distributi	ons due to changed tax status of fund	\$
plus *Net other non-arm's length incom	Net non-arm's	
plus *Net other non-arm's length incom U3 \$	length income (subject to 45% tax rate) (U1 plus U2 plus U3)	\$
"This is a mandatory label.	GROSS INCOME (Sum of labels A to U)	\$ 7,835 Loss
*If an amount is entered at this label,	mpt current pension income Y	\$
check the instructions to ensure the correct	TAL ASSESSABLE INCOME (W less Y)	7,835 Loss

Page 4

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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 EXPENS	ES
Interest expenses within Australia	A1 \$	A2 \$	_
Interest expenses overseas	B1 \$	B2 \$	
Capital works expenditure	D1 \$	D2 \$	
Decline in value of depreciating assets	E1 \$	E2 \$	
Insurance premiums – members	F1 \$	F2 \$	
Death benefit increase	G1 \$		
SMSF auditor fee	H1 \$	H2 \$	_
Investment expenses	I1 \$	l2 \$	\exists
Management and administration expenses	J1 \$ 6	J2 \$	
Forestry managed investment scheme expense	U1 \$	U2 \$	Code
Other amounts	L1 \$	L2\$	
Tax losses deducted	M1 \$		
	TOTAL DEDUCTIONS N \$ (Total A1 to M1)	TOTAL NON-DEDUCTIBLE EXPENSI Y \$ (Total A2 to L2)	ES
"This is a mandatory	"TAXABLE INCOME OR LOSS O \$ 7,829 (TOTAL ASSESSABLE INCOME /ess TOTAL DEDUCTIONS)	Loss Z \$ (N plus Y)	6

Section O: Deductions and non-deductible expenses

12 Decembers and non-deductions expenses

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		a DEDUCTIONS		
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Section D: Income tax of Important: Section B label R3, Section C label O and you will have specified a zero amount.				hese labels blank,
Please refer to the Self-managed superannuation fund annual return instructions 2019 on how to complete the calculation statement.	Tax on taxable Tincome "Tax on taxable Tincome "Tax on taxable Topic Trans on taxable Tra	(an amount	must be included even if it is zero, must be included even if it is zero, must be included even if it is zero,	0.00
	Gross tax	в\$		1,174.35
			(T1 plus J)	
Foreign income tax offset C1 \$ Rebates and tax offsets C2 \$		C \$ SUBTOTAL 1	(C1 plus C2)	1,174.35
Early stage venture capital limited partnership tax offset	0.00	(B less	s C – cannot be less than zero)	
Early stage venture capital limited tax offset carried forward from pu D2\$ Early stage investor tax offset	d partnership evious year 0.00	D\$	carry forward tax offsets 1 plus D2 plus D3 plus D4)	0.00
Early stage investor tax offset carried forward from previous ye	Cui	SUBTOTAL 2 T3 \$	ss D – cannot be less than zero)	1,174.35
Complying fund's franking credits E1 \$	2,181.06			
E3\$ Exploration credit tax offset E4\$	0.00	Refundable tax	offsets (E1 plus E2 plus E3 plus E4)	2,181.06

"TAX PAYABLE **T5** \$ 0.00 (T3 less **E** – cannot be less than zero)

Section 102AAM interest charge

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Table Commence of the control of the

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1 \$	Credit for interest on early payments – amount of interest	
11\$	amount of interest	
ψ		
	Credit for tax withheld – foreign resident withholding (excluding capital gains)	
12\$		
	Credit for tax withheld – where ABN or TFN not quoted (non-individual)	
13 \$		
	Credit for TFN amounts withheld from payments from closely held trusts	
H5\$		
	Credit for interest on no-TFN tax offset	
H6\$	Credit for foreign resident capital gains	
	withholding amounts	Eligible credits
H8\$	0.00	H \$ [(H1 plus H2 plus H3 plus H5 plus H6 plus H8)
		PAYG instalments raised K \$ Supervisory levy L \$ 259.00 Supervisory levy adjustment for wound up funds M \$ Supervisory levy adjustment for new funds N \$
	AMOUNT DUE OR REFUNDABLE A positive amount at s is what you owe, while a negative amount is refundable to you,	S\$
#This	is a mandatory label.	
	tion E: Losses	
1 If	total loss is greater than \$100,000, omplete and attach a <i>Losses</i>	x losses carried forward to later income years let capital losses carried and to later income years V \$ 3

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Section F: Member information	on		
MEMBER 1			
Title: Mr X Mrs Miss Ms Other			
Family name			
White	Other given names		
First given name	Stephen		
Mervyn		Day	Month Year 1940
Member's TFN See the Privacy note in the Declaration. Provided		Date of birth 13]/ [09]/ [1940
Contributions OPENING ACCOU			13,424.25
Refer to instructions for completing these label	Proceeds H \$	from primary residence dis	posal
Employer contributions	Receipt d	ate Day Month	Year
A \$	H1		
ABN of principal employer		le foreign superannuation fu	nd amount
Personal contributions	\$ Non-asse	essable foreign superannuat	l tion fund amount
B \$	J \$	oddabio fordigi i dap a a a a a a	
CGT small business retirement exemption	Transfer f	rom reserve: assessable an	nount
C \$	K \$		
CGT small business 15-year exemption am	ount Transfer f	from reserve: non-assessab	le amount
D \$	L \$[116	
Personal injury election	Contribut	tions from non-complying fu iously non-complying funds	inas
E \$ Spouse and child contributions	T \$[
F \$	Any othe	r contributions	ad
Other third party contributions	Low Inc	g Super Co-contributions arome Super Amounts)	10
G \$	M \$		
TOTAL CONTRIBUTIONS	s NS		
TOTAL CONTRIBUTION	(Sum of labels A	to M)	
			Loss
Other transactions All	ocated earnings or losses		2,096.89
	Inward rollovers and P\$		
Accumulation phase account balance	rollovers and P\$[transfers		
S1 \$ 15,514.84	Outward		
Retirement phase account balance – Non CDBIS	rollovers and Q \$ transfers		Code
S2 \$ 6.30	Lump Sum R1 \$		
Retirement phase account balance	payments		Code
- CDBIS	Income	-	Code
S3 \$ 0.00	stream R2 \$ payments		
CL COLING ACCO	UNIT DALANCE & \$		15,521.14
0 TRIS Count CLOSING ACCO	DUNT BALANCE S \$	(\$1 plus \$2 plus \$3)	10,021111
	tion phase value Vd A		
	tion phase value X1 \$		
	nent phase value X2 \$		
Outstanding horrowing array	limited recourse		

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		Member information	
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Signature as prescribed in tax return		Tax File Number Provided
MEMBER 2		
Title: Mr Mrs Miss Ms X Other		
Family name		
Rollason	Other given names	
First given name Patricia	Lorraine	
		Date of birth 22 / 08 / 1951
Member's TFN See the Privacy note in the Declaration. Provided		
Contributions OPENING ACCOUN		85,581.25
Refer to instructions for completing these labels	Proceeds f	from primary residence disposal
Employer contributions	Receipt da	te Day Month Year
ABN of principal employer	H1 Assessable	e foreign superannuation fund amount
A1	1 \$	5 10101g., Gape
Personal contributions		ssable foreign superannuation fund amount
в \$	J	
CGT small business retirement exemption	1	om reserve: assessable amount
C \$ CGT small business 15-year exemption amo	K \$	om reserve: non-assessable amount
D \$	transfer fr	OTITIESEIVE, HOTI-ASSESSADIE ATTOUTIE
Personal injury election	Contribution	ons from non-complying funds
E \$	and previo	busly non-complying funds
Spouse and child contributions	T \$	contributions
F \$	(including	Super Co-contributions and ne Super Amounts)
Other third party contributions G \$	Low incor	ne duper Amountal
G \$		
TOTAL CONTRIBUTIONS	N \$ Sum of labels A to	D M)
		Loss
Other transactions Allo	cated earnings or losses	13,378.29
Accumulation phase account balance	Inward rollovers and P\$	
S1 \$ 98,959.54	transfers	
Retirement phase account balance	Outward rollovers and transfers	
- Non CDBİS S2 \$ 0.00	Lump Sum R1 \$	Code
Retirement phase account balance – CDBIS	Income -	Code
S3 \$ 0.00	stream R2 \$ payments	
1 TRIS Count CLOSING ACCO	UNT BALANCE S \$	98,959.54
0 TRIS Count CLOSING ACCO		(S1 plus S2 plus S3)
Accumulati	on phase value X1 \$	
	ent phase value X2 \$	
Outstanding li	imited recourse	

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Signature as prescribed in tax return		Tax File Number Provided	
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 / Ye	ar
Contributions OPENING ACCO	DUNT BALANCE \$		
Refer to instructions for completing these la	abels. Proceeds	from primary residence disposal	
Employer contributions A \$ ABN of principal employer	Receipt da	ate Day Month Year e foreign superannuation fund amount	
Personal contributions B \$	\$ Non-asse	ssable foreign superannuation fund amount	
CGT small business retirement exemption C \$ CGT small business 15-year exemption	K \$	rom reserve: assessable amount rom reserve: non-assessable amount	
D \$ Personal injury election E \$	L \$	ions from non-complying funds ously non-complying funds	
Spouse and child contributions F \$	(including	contributions Super Co-contributions and	
Other third party contributions G \$	Low Inco	me Super Amounts)	
TOTAL CONTRIBUTION	(Sum of labels A t	o M)	
Other transactions	Allocated earnings or losses	Los	
Accumulation phase account balance	Inward rollovers and transfers Outward		
Retirement phase account balance – Non CDBIS	rollovers and Q \$[Co	de
Retirement phase account balance – CDBIS	payments The payments		ode
S3 \$	stream R2 \$		
TRIS Count CLOSING AC	COUNT BALANCE S\$	(\$1 plus \$2 plus \$3)	
	nulation phase value X1 \$ rement phase value X2 \$		
	ing limited recourse		

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MEMBER 4		
MEMBER 4 Title: Mr Mrs Miss Ms Other		
Title: Mr Mrs Miss Ms Other Family name		
ramily name		
First given name	Other given names	
		Day Month Year
Member's TFN See the Privacy note in the Declaration.		Date of birth / / /
Contributions OPENING AC	COUNT BALANCE \$	
Refer to instructions for completing thes	e labels. Proceeds	from primary residence disposal
Employer contributions A \$ ABN of principal employer	Receipt d. H1 Assessab	ate Dey Month Year September Month Year Ye
Personal contributions B \$	Non-asse	ssable foreign superannuation fund amount
CGT small business retirement exemption CGT small business 15-year exemption	K	rom reserve: assessable amount rom reserve: non-assessable amount
D \$	L \$	ions from non-complying funds
Personal injury election E \$	and previ	ously non-complying funds
Spouse and child contributions	Any othe	r contributions g Super Co-contributions and
Other third party contributions G \$	Low Inco	me Super Amounts)
TOTAL CONTRIBU	(Sum of labels A	to M)
Other transactions	Allocated earnings or losses	Loss
Accumulation phase account balance	e rollovers and ransfers	
Retirement phase account balance Non CDBIS	Outward rollovers and transfers	Çode
S2 \$	Lump Sum payments R1 \$	
Retirement phase account balance – CDBIS \$3 \$	Income stream payments	Code
TRIS Count CLOSING	ACCOUNT BALANCE \$\$	(S1 plus S2 plus S3)
Acc	umulation phase value X1 \$	
	Retirement phase value X2 \$	
Outsta borrowing	anding limited recourse g arrangement amount	

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Section G: Supplementary	member inform	ation
MEMBER 5		Code
Title: Mr Mrs Miss Ms Other		Account status
Family name		
First given name	Other given names	
D	ate of birth	If deceased, date of death
Melliner 2 11 14	Day Month Year	Day Month Year
Contributions OPENING AC	COUNT BALANCE \$	
Refer to instructions for completing these	Proceeds H \$	from primary residence disposal
Employer contributions	Receipt da	ate _{Day} Month Year
A \$	H1	le foreign superannuation fund amount
ABN of principal employer	Assessable \$	le loreign superarindation fund amedine
Personal contributions		essable foreign superannuation fund amount
B \$ CGT small business retirement exemp	tion Transfer fo	rom reserve: assessable amount
C \$	K \$	
CGT small business 15-year exemption		rom reserve: non-assessable amount
Personal injury election	L \$[tions from non-complying funds
E \$	and previ	iously non-complying funds
Spouse and child contributions	Any othe	er contributions
F \$Other third party contributions	Low Inco	g Super Co-contributions and ome Super Amounts)
G \$	M \$	
TOTAL CONTRIBUT	rions N \$ (Sum of labels A	to M)
Other transactions	Allocated earnings or losses	Loss
Accumulation phase account balance	e Inward rollovers and P\$	
S1 \$	transfers	
Retirement phase account balance	Outward rollovers and transfers	
- Non CDBIS	Lump Sum D1 \$	Code
Retirement phase account balance	payments payments	Code
- CDBIS	Income stream R2 \$	
S3 \$	payments	
TRIS Count CLOSING	ACCOUNT BALANCE \$\$	(S1 plus S2 plus S3)
Acc	umulation phase value X1 \$	
F	letirement phase value X2 \$	
Outsta borrowing	nding limited recourse arrangement amount	

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MEMBER 6 Title: Mr Mrs Miss Ms Other Family name	Account status Code
ranny 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. Day Month Year Year	Day Month Year
Contributions OPENING ACCOUNT BALANCE \$	
Refer to instructions for completing these labels. Proceeds H \$	s from primary residence disposal
Employer contributions Receipt of	date Day Month Year
A \$ H1 ABN of principal employer Assessal	ble foreign superannuation fund amount
A1 I \$	bio for agrif daporar in account of the control of
Personal contributions Non-ass	essable foreign superannuation fund amount
B \$ J \$	
	from reserve: assessable amount
C \$ K \$ CGT small business 15-year exemption amount K \$ Transfer	from reserve: non-assessable amount
D \$ L \$1	from reserve: non-assessable amount
Personal injury election Contribu	utions from non-complying funds
E \$ and prev	viously non-complying funds
Spouse and child contributions T \$	
F \$Any other (including	er contributions ig Super Co-contributions and ome Super Amounts)
	ome Super Amounts)
G \$ M \$	
TOTAL CONTRIBUTIONS N \$ (Sum of labels A	ito M)
Other transactions Allocated earnings or losses	Loss
Accumulation phase account balance rollovers and P\$	
S1 \$ transfers	
Retirement phase account balance rollovers and Q \$	
– Non CDBIS transfers	Code
S2 \$ Lump Sum payments R1 \$	
Retirement phase account balance	Code
S3 \$ Income stream payments	
TRIS Count CLOSING ACCOUNT BALANCE \$ \$	(S1 plus S2 plus S3)
Accumulation phase value X1 \$	
Retirement phase value X2 \$	
Outstanding limited recourse borrowing arrangement amount	

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MEMBER 7 Title: Mr Mrs Miss Ms Other Family name Other given names First given name Other given names Member's TFN See the Privacy note in the Declaration. Date of birth Day Month Year Day Month Year Day Month Year	Code
Contributions OPENING ACCOUNT BALANCE \$	
Refer to instructions for completing these labels. Employer contributions A \$	
TOTAL CONTRIBUTIONS N \$ (Sum of labels A to M)	
Accumulation phase account balance S1 \$ Retirement phase account balance - Non CDBIS S2 \$ Allocated earnings or losses Inward rollovers and transfers Outward rollovers and transfers Cutward rollovers and transfers R1 \$	code
TRIS Count CLOSING ACCOUNT BALANCE \$ \$ (S1 plus S2 plus S3)	
Accumulation phase value X1 \$ Retirement phase value X2 \$ Outstanding limited recourse Y\$	

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Signature as prescribed in tax return	Tax File Number Provided
MEMBER 8 Title: Mr Mrs Miss Ms Other Family name First given name Other given name Member's TFN See the Privacy note in the Declaration. Date of birth Day Month	Account status Thes If deceased, date of death Year Dey Month Year
Contributions OPENING ACCOUNT BALANCE \$	
Employer contributions A \$ ABN of principal employer A1 Personal contributions B \$ CGT small business retirement exemption C \$ CGT small business 15-year exemption amount D \$ Personal injury election E \$ Spouse and child contributions F \$ Other third party contributions	seceipt date Day Month Year Sessable foreign superannuation fund amount \$ on-assessable foreign superannuation fund amount \$ cansfer from reserve: assessable amount
TOTAL CONTRIBUTIONS N \$ (Sum of	labels A to M)
Other transactions Allocated earnings or losses Inward rollovers and transfers	O \$ Loss
Retirement phase account balance Non CDBIS Outward rollovers and transfers	Q \$
Retirement phase account balance – CDBIS S3 \$ Income stream payments	R2 \$ Code
TRIS Count CLOSING ACCOUNT BALANCE	(S1 plus S2 plus S3)
Accumulation phase value	
Retirement phase value Outstanding limited recourse borrowing arrangement amount	V ¢

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	tion H: Assets and liabil	ities			
	Australian managed investments	Listed trusts	A	\$	
		Unlisted trusts	В	\$	
		Insurance policy	C	\$	
	(Other managed investments	D	\$	
15b	Australian direct investments	Cash and term deposits	E	\$	4,077
	Limited recourse borrowing arrangeme	nts Debt securities	F	\$	
	Australian residential real property 11 \$	Loans	G	i \$	
	Australian non-residential real property	Listed shares	: H	1 \$	103,690
	J2 \$	Unlisted share		1 \$	
	Overseas real property				
	J3 \$Australian shares	Limited recourse borrowing arrangement		J \$	
	J4 \$	Non-residentia		(\$	
	Overseas shares	real propert	у .	_ \$	
	J5 \$	real propert Collectables an	y		
	Other J6 \$	personal use asset	S	1 9	
	30 \$	Other asset	s () \$	6,712
15c	Other investments	Crypto-Currenc	y I	NI S	5
15d	Overseas direct investments	Overseas share	s	P S	\$
	Overseas	s non-residential real proper	ty (Q S	\$
	Ove	rseas residential real proper	ty	R	\$
		erseas managed investmen			
	<u>.</u>	Other overseas asse			
		N AND OVERSEAS ASSET of labels A to T)		U	
15e	In-house assets Did the fund have a loan to, leas or investment in, related par (known as in-house asset at the end of the income years)	rties A NO A res C sets))		\$
15f	Limited recourse borrowing arrangement of the fund had an LRBA were the Lindburrowings from a licer financial institut. Did the members or related parties of fund use personal guarantees or consecurity for the LRB.	RBA a No Yes [ion? f the byther B No Yes [

			nature as g. accinacó in tax return	
			ction H. Acsets and liabilitie	
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Signature as prescribed in tax return			-	Гах File Number	Provided
	444	_			
16 LIABILITIES					
Borrowings for limited recourse					
borrowing arrangements	1				
V1 \$ Permissible temporary borrowings	,				
V2 \$	1				
Other borrowings					
V3 \$	Borrowings	V	\$		
	ar elecing account balances				
total of all CLOSING ACCOUNT BALAI	per closing account balances ICEs from Sections F and G)	W	\$		114,479
	Reserve accounts	X	\$		
	Other liabilities	Υ	\$		
	TOTAL LIABILITIE	s Z	\$		114,479
	TOTAL LINDIL II				
Section I: Taxation of fina	inciai arrangeme	erit:	5		
17 Taxation of financial arrangemen	Total TOFA gains	1 \$			
	T. 1. T. O. T. 1	ı \$[
	Total TOFA losses	ا ب			
Section J: Other informa	tion				
Family trust election status If the trust or fund has made, or is maki specified of the elections.	ng, a family trust election, write n (for example, for the 2018–1	the 9 inc	four-	-digit income year e year, write 2019).	A
If ravolving or vanding a far	nily trust election, print R for re ach the <i>Family trust election, n</i>	voke	or p	orint V for variation,	В
Interposed entity election status	election, write the earliest incor	ne ye e ear	ear s	pecified. If the trust income year being	c
If re					

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		Section in Taxation or financial transmission of the transmission of the mild and appearance (Total
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G State of the sta		Tuxared of head and anangements (TOP) Section J. Other information

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Signature as prescribed in tax return		Tax File Nun	nber Provided	
Section K: Declarations				
Penalties may be imposed for false or mis	leading information in addition	to penalties relating to	o any tax shortfalls.	
mportant Before making this declaration check to ensure the any additional documents are true and correct in abel was not applicable to you. If you are in doub privacy The ATO is authorised by the Taxation Administration	every detail. If you leave labels b t about any aspect of the annua	plank, you will have spec al return, place all the fa	cts before the ATO.	or the
The ATO is authorised by the Taxation Administral dentify the entity in our records, it is not an offenciorm may be delayed. Taxation law authorises the ATO to collect informage to ato.gov.au/privacy	ce not to provide the TFN. Howe	ever if you do not provid	e the TFN, the proce	33119 01 1113
TRUSTEE'S OR DIRECTOR'S DECLAR declare that, the current trustees and director records. I have received a copy of the audit repannual return, including any attached schedule	s have authorised this annual i oort (If required) and are aware s and additional documentatio	of any matters raised	ented as such in the therein. The informa	SMSF's tion on this
Authorised trustee's, director's or public officer	's signature		North	Year
Marke		Date	Day Month /	2020
Preferred trustee or director contact of	letails:			
Title: Mr X Mrs Miss Ms Other				
Family name				
White				
First given name	Other given names			1
Mervyn	Stephen			
Phone number 0755646884				
Email address				
admin@accrual.com.au				
Non-individual trustee name (if applicable)				
TOT I I CONTROL OF THE CONTROL OF TH				
ABN of non-individual trustee				
Time taken to pr	repare and complete this annu	al return	Irs	
The Commissioner of Taxation, as Registra provide on this annual return to maintain the	ar of the Australian Business Rene integrity of the register. For fu	gister, may use the ABN rther information, refer t	N and business detail to the instructions.	s which you
TAX AGENT'S DECLARATION: I declare that the Self-managed superannuation provided by the trustees, that the trustees have correct, and that the trustees have authorised	on fund annual return 2019 has ye given me a declaration statir	s been prepared in acc ng that the information	cordance with inform	ation ue and
Tax agent's signature			D. Mosth	Year
		Date	Day Month /	(GG)
Tax agent's contact details Title: Mr Mrs Miss Ms Othe	r			
Family name				
Ibanez				
First given name	Other given names			
Reynaldo		*		
Tax agent's practice				
Accrual Accounting and Taxation				
Tax agent's phone number	Reference number		Tax agent number	
Tax agents priorie number			70050045	

THEWHITE0035

79652015

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	45 - 26 - 27 - 27 - 27 - 27 - 27 - 27 - 27

Tax Agent's Declaration

I declare that:

- I have prepared this tax return in accordance with the information supplied by the partner, trustee, director or public officer
- I have received a declaration made by the entity that the information provided to me for the preparation of this tax return is true and correct; and
- I am authorised by the partner, trustee, director or public officer to lodge this tax return, including any applicable schedules.

- I dill dallione - j					
Agent's signature			Date	1	1
Contact name	Reynaldo Ibanez	Client R	eference	THEWHIT	E0035
Agent's Phone Num	nber 07 55646884	Tax Agent	Number	79652015	5

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Electronic Lodgment Declaration (SMSF)

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	Name of Fund	Year
44691377	The White Superannuation Fund	2019

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:

■ All the information provided to the agent for the preparation of this tax return, including any applicable schedules

is true and correct; and

■ I authorise the agent to lodge this tax return.

Signature of Partner, Trustee, or Director

/Mm

Date

2417 12020

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 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.

Account Name The White Superannuation Fund

Account Number 084462 458409465 Client Reference THEWHITE0035

I authorise the refund to be deposited directly to the specified account

Signature

10111

Date

Placing Lodgmen, Drots allon (SMSF)

This dictardish is to be employed where the but reterm is to be tadged male an expressed ATA dictional charmet It is the respectability of the larger of the fell this declaration for a period of the generative the declaration is made, penaline may
used for failure or actions.

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2019

Losses schedule

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. 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. Place X in all applicable boxes. Refer to Losses schedule instructions 2019, available on our website ato.gov.au for instructions on how to complete this schedule. Tax file number (TFN) Provided Name of entity The White Superannuation Fund Australian business number 88596326201 Part A - Losses carried forward to the 2019-20 income year - excludes film losses 1 Tax losses carried forward to later income years Year of loss 2018-19 2017-18 2016-17 2015-16 2014-15 2013-14 and earlier income years Total Transfer the amount at **U** to the **Tax losses carried forward to later income years** label on your tax return. 2 Net capital losses carried forward to later income years Year of loss 2018-19 3,347 2017-18 2016-17 2015-16 2014-15

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

Total V

2013-14 and earlier income years

3,347

Losses sonedule



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ent A - Losses carried forward to the 2019-20 income year-care and an	
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 Net capital losses carned to want to later moothe years 	
Section of the sectio	

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			1	
Signature as prescribed in tax return			1	Tax File Number Provided
P	art B – Ownership and b	usiness continuity	te	est - company and listed widely held trust only
sa	omplete item 3 of Part B if a loss is being outsfied in relation to that loss. In not complete items 1 or 2 of Part B if, in gainst a net capital gain or, in the case of co	the 2018–19 income year, no loss	s ha	and the business continuity test has to be as been claimed as a deduction, applied sferred in or out.
1	Whether continuity of majority ownership test passed	Year of loss 2018–19	A	Yes No
	Note: If the entity has deducted, applied, transferred in or transferred out (as applicable)	2017–18	В	Yes No
	in the 2018–19 income year a loss incurred in any of the listed years, print X in the Yes or No box to indicate whether the entity has satisfied	2016–17	C	Yes No
	the continuity of majority ownership test in respect of that loss.	2015–16	D	Yes No
		2014–15	E	Yes No
		2013–14 and earlier income years	F	Yes No
2	Amount of losses deducted/applied f business continuity test is satisfied -	or which the continuity of majo excludes film losses	orit	y ownership test is not passed but the
		Tax losses	G	
		Net capital losses	Н	
3	Losses carried forward for which the applied in later years – excludes film loss	business continuity test must	t be	e satisfied before they can be deducted/
		Tax losses	١	
		Net capital losses	J	
4	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)?			Yes No
-			- and the same of	
F	Part C - Unrealised losses -			
	Note: These questions relate to the operation of the action to the action to the action to the second secon			
	after 1.00pm by legal time in the Australian 0 11 November 1999?	Capital Territory on	L	Yes No
	If you printed X in the No box at L, do not com			
	At the changeover time did the company sat net asset value test under section 152-15 of	ITAA 1997?	N	Yes No
	If you printed X in the No box at M , has the company determined it had an unrealised net loss at the changeover time?			Yes No
	If you printed X in the Yes box at N , what was the amount of unrealised net loss calculated under section 165-115E of ITAA 1997?			

		ert B - Ownership and b
		Committee from a of Part Serial last is being a unacled in mitation for the full serial rouse on not committee fact is 1 or 2 or 2 or 2 and 0.7. In cognist a liet unit and quirture, or me desire of to
		Whether costanity of majority ownership test passed
		Amount of losses deductor applied to business controlly lest is addition.
		tousses curried rotward for which the supplied in later years—moludes for this
		Part C - Unrealised losses -
		ness ferman is a sectional way as X to long very it
are financial	COST Van Committee and Cost	
		it you cruite, it misse No at No. basitive to held a change of the
		t you minted X in the Yes box 1.11, white will unreally many sention

Signature as prescribed in tax return		Tax	k File Number	Provided
Part D - Life insurance comp	anies			
- Annual Control of the Control of t	nuation class tax losses carried forward	Р		2
Complying superannum	to later income years uation net capital losses carried forward	_		
Complying Superainic	to later income years	Q		
		www.		
Part E - Controlled foreign co	ompany losses			
	Current year CFC losses	M		
	CFC losses deducted	N		
	CFC losses carried forward	0		
Part F - Tax losses reconcilia	etion statement			
Balance of tax losses bro	ought forward from the prior income yea	r A		
ADD Uplift of tax losses of	designated infrastructure project entities	B		
s	UBTRACT Net forgiven amount of deb	ot C		
ADD Tax	x loss incurred (if any) during current yea	ar D		
ADD Tax loss amount fr	om conversion of excess franking offset	s E		
	SUBTRACT Net exempt incom	e F		
	SUBTRACT Tax losses forgon	e G		
	SUBTRACT Tax losses deducted	ed H		
SUBTRACT Tax losses (only for transfers involving a foreign bank b	s transferred out under Subdivision 170- oranch or a PE of a foreign financial entit	A y)		
Total tax los	sses carried forward to later income yea	rs J		
Total		forwa	ard to later income	vears label on your tax return.

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	Part D - Life insurance companies
M.	
	Part F - Tax losses reconciliacen statement
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	Tax File Number	Provided		
If the schedule is not lodged with the income tax return you are required to s	sign and date the sched	dule.		
mportant Before making this declaration check to ensure that all the information required has been provided on this form and any attachments of 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 gov information of the person authorised to sign the declaration. For information about	rernment agencies. This i t your privacy go to ato. ?	ncludes personal gov.au/privacy		
Taxpayer's declaration				
I declare that the information on this form is true and correct.				
Signature				
MARE	Day Date	Month Year		
Contact person	Daytime contact number	er (include area code)		
Mervyn Stephen White	0755646884			

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SCHEDULE

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Other Attachments Schedule

	Tax	file	No	Pr	ovid	ed			
xpayer name The White Superannuation Fund									
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1 FURTHER

Other Attachments

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Schedule

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SENSITIVE (when completed)

Capital gains tax (CGT) schedule

SMITHS Do not use correction flu	ack or dark blue pen only. and print one character in each box.	 Use in conjunction with company, trust, fund income tax return or the self-managed superannuation fund annual return. Refer to the <i>Guide to capital gains tax 2019</i> available on our website at ato.gov.au for instructions on how to complete this schedule. 	
However, if you don't	Provided y law to request your TFN. You do not hat it it could increase the chance of delay or number (ABN) 88596326201	ive to quote your TFN. error in processing your form.	
Taxpayer's name			\neg
The White Superannu	uation Fund		
1 Current year cap	pital gains and capital losses		
Shares in companies	Capital gain	Capital loss	_
listed on an Australian securities exchange	A S	3,341 K \$ 1,00)6
Other shares	В\$	L \$	
Units in unit trusts listed on an Australian securities exchange	C \$	M\$	
Other units	D\$	N \$	
Real estate situated in Australia	E \$	O \$	\Box
Other real estate	F \$	P\$	Ш
Amount of capital gains from a trust (including a managed fund)	G \$		
Collectables	s H \$	Q\$	_
Other CGT assets and any other CGT events	d \$	R \$	
Amount of capital gain previously deferred under transitional CGT relief for superannuation funds	d s \$	Add the amounts at labels K to R and write the total in item 2 label A – Total current year capital losses.	
Total current year capital gains	J \$	3,341	

Capital gains (ax (CG1) schedule



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			N	

Siç	gnature as prescribed in tax return] т	ax File Number	Provided
2	Capital losses	Total current year capital losses	A \$	3	1,006
	Total c	urrent year capital losses applied	В\$	6	1,006
	Total pri	or year net capital losses applied	C \$	3	2,335
	(only for transfers it	pital losses transferred in applied nvolving a foreign bank branch or nment of a foreign financial entity)	D \$		
		Total capital losses applied	E	\$	3,341
			Add	I amounts at B, C ar	nd D .
3	Unapplied net capital losses carrie	ed forward			
	Net capital losses from collectables can	ried forward to later income years	A S	\$	
		ried forward to later income years	B	\$	3,347 B and transfer the total
			to la	abel V – Net capital ater income years	losses carried forward
4	CGT discount				
		Total CGT discount applied	A	\$	
5	CGT concessions for small busine	988			
	Sm	all business active asset reduction	A	\$	
	Sm	nall business retirement exemption	В	\$	
		Small business rollover	C	\$	
	Total small	business concessions applied	D	\$	
6	Net capital gain				
		Net capital gain	A	\$	
			ze	less 2E less 4A less ro). Transfer the amo	s 5D (cannot be less than bunt at A to label A – Net ax return.

		Signature as presurber at its reason
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Si	gnature as prescribed in tax return	Tax File Number Provided
7	Earnout arrangements	
	Are you a party to an earnout arrangement? A Yes, as a buyer (Print X in the appropriate box.)	Yes, as a seller No No
	If you are a party to more than one earnout arrangement, copy and atta details requested here for each additional earnout arrangement.	ach a separate sheet to this schedule providing the
	How many years does the earnout arrangement run for? $$ B $$ $$	
	What year of that arrangement are you in? C	
	If you are the seller, what is the total estimated capital proceeds from the earnout arrangement?	\$
	Amount of any capital gain or loss you made under your non-qualifying arrangement in the income year.	\$
	Request for amendment	
	If you received or provided a financial benefit under a look-through earnout to seek an amendment to that earlier income year, complete the following:	right created in an earlier income year and you wish
	Income year earnout right created F	
	Amended net capital gain or capital losses carried forward G	\$/ Loss
8	Other CGT information required (if applicable)	CODE
	Small business 15 year exemption – exempt capital gains A	\$/
	Capital gains disregarded by a foreign resident B	\$
	Capital gains disregarded as a result of a scrip for scrip rollover C	\$
	Capital gains disregarded as a result of an inter-company asset rollover D	\$
	Capital gains disregarded by a demerging entity	\$

	Signature as prescribed in tax return
	And wall a property and accordance against at the face, as a only as []
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Signature as prescribed in tax return		Tax File Number	Provided
Taxpayer's declaration			
If the schedule is not lodged with the inc	come tax return you are required	to sign and date the s	chedule.
Important Before making this declaration check to ensure to this form, and that the information provided is return, place all the facts before the ATO. The in	s true and correct in every detail. If	you are in doubt about a	any aspect of the tax
Privacy Taxation law authorises the ATO to collect informinformation of the person authorised to sign the	nation and disclose it to other gove declaration. For information about	ernment agencies. This in your privacy go to ato.ç	ncludes personal gov.au/privacy
I declare that the information on this form is true	e and correct.		
Signature			
Mark		Date Day Mon	th Year
Contact name			
Mervyn Stephen White			
Daytime contact number (include area code)			

	Tax v.l. Number Provided
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