Self-managed superannuation **2019** fund annual return

Who should complete this annual return? To complete this annual return Only self-managed superannuation funds (SMSFs) can complete ■ Print clearly, using a BLACK pen only. this annual return. All other funds must complete the Fund ■ Use BLOCK LETTERS and print one character per box. income tax return 2019 (NAT 71287). 8 М H ST The Self-managed superannuation fund annual return ■ Place X in ALL applicable boxes. instructions 2019 (NAT 71606) (the instructions) can assist you to complete this annual return. Postal address for annual returns: The SMSF annual return cannot be used to notify us of a Australian Taxation Office change in fund membership. You must update fund details GPO Box 9845 via ABR.gov.au or complete the Change of details for [insert the name and postcode superannuation entities form (NAT 3036). of your capital city] For example; Australian Taxation Office **GPO Box 9845** SYDNEY NSW 2001 Section A: Fund information To assist processing, write the fund's TFN at Provided 1 Tax file number (TFN) the top of pages 3, 5, 7 and 9. The ATO is authorised by law to request your TFN. You are not obliged to quote your TFN but not quoting it could increase the chance of delay or error in processing your annual return. See the Privacy note in the Declaration. 2 Name of self-managed superannuation fund (SMSF) The Turner Superannuation Fund 92047356251 3 Australian business number (ABN) (if applicable) **Current postal address** 15a Kirra Road Suburb/town State/territory Postcode Allambie Heights NSW 2100 5 Annual return status Is this an amendment to the SMSF's 2019 return?

Is this the first required return for a newly registered SMSF?

Sensitive (when completed)

B No

100017996MS

Tax File Number Provided

6 SMSF auditor Auditor's name Title: Mr X Mrs Miss Ms Other	
Baghdassarian	
First given name	Other given names
Mark	
SMSF Auditor Number Auditor's phone	number
100264864 1300007673	
Postal address	
302/32 Warleigh Grove	
Suburb/town Brighton	State/territory Postcode
Date audit was completed A 14 / 05 / Was Part A of the audit report qualified?	Year 2020 3 No X Yes

7 Electronic funds transfer (EFT)

We need your self-managed super fund's financial institution details to pay any super payments and tax refunds owing to you.

Fund's financial institution account details Α

This account is used for super contributions and rollovers. Do not provide a tax agent account here.

Fund BSB number	062009	Fund account number 28007388		
Fund account name				
The Turner Supera	nnuation Fund			
l would like my tax refu	unds made to this a	ccount. X Go to C.		
· · · · · · · · · · · · · · · · · · ·				
Financial institution account details for tax refunds				
This account is used f	or tax refunds. You	can provide a tax agent account here.		

В

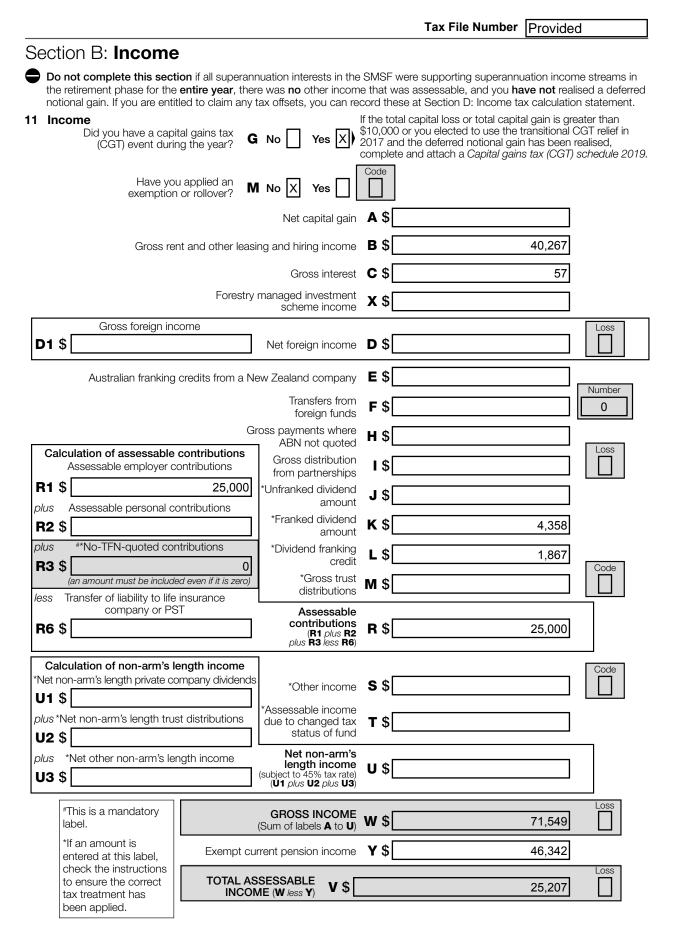
This account is used for tax refunds. You can provide a tax agent account here.					
BSB number		Account number			
Account name					

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.

AUSPOSTSMSF

	100017996MS
	Tax File Number Provided
8	Status of SMSF Australian superannuation fund A No Yes Yes Fund benefit structure B A Code Does the fund trust deed allow acceptance of the Government's Super Co-contribution and Low Income Super Amounts? C No Yes Yes X
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 D Go to Section B: Income.
	Yes X Exempt current pension income amount A \$ 46,342
	Which method did you use to calculate your exempt current pension income?
	Segregated assets method \mathbf{B}
	Unsegregated assets method $C(X)$ Was an actuarial certificate obtained? D Yes X
	Did the fund have any other income that was assessable?
	E Yes X) 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.

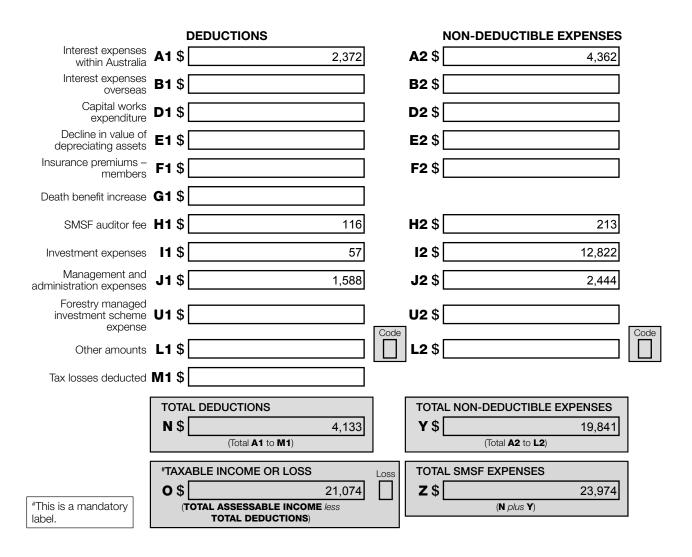


Page 4

Section C: Deductions and non-deductible expenses

12 Deductions and non-deductible expenses

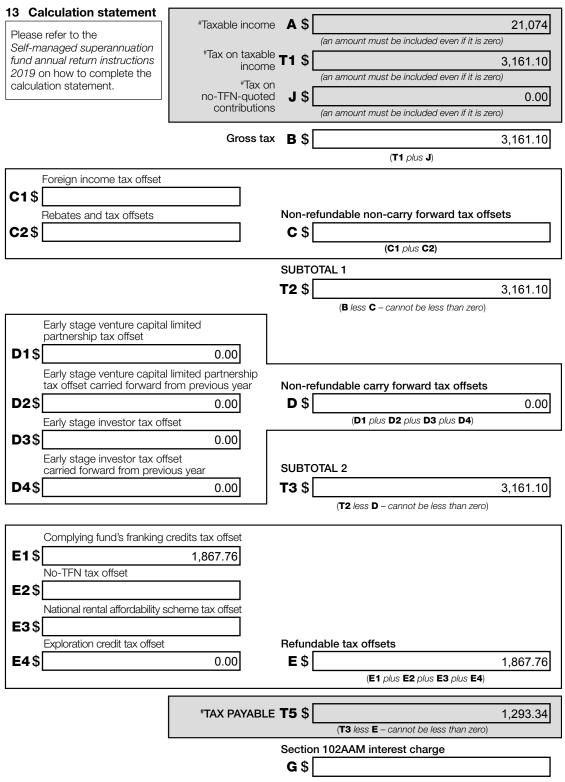
Under 'Deductions' list all expenses and allowances you are entitled to claim a deduction for. Under 'Non-deductible expenses', list all other expenses or normally allowable deductions that you cannot claim as a deduction (for example, all expenses related to exempt current pension income should be recorded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

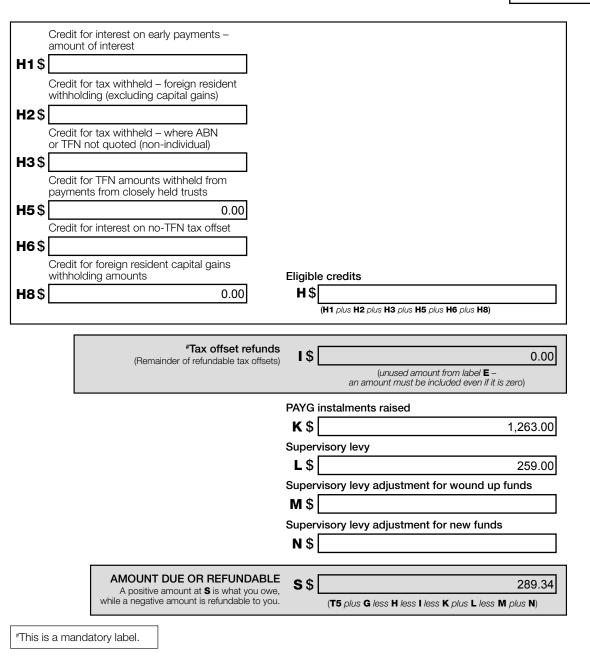


Section D: Income tax calculation statement

#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.





Section E: Losses

14 Losses

If total loss is greater than \$100,000, complete and attach a Losses schedule 2019. Tax losses carried forward to later income years

Net capital losses carried forward to later income years

U \$ V \$ 107,717

See the Privacy note in the Declaration. Provided Date of birth 12 / 06 / 1948					Tax File N	umber Provided	
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B \$	A1						
Carl small business retirement exemption Transfer from reserve: assessable amount C \$				Non-asse	ssable foreign supe	rannuation fund amou	nt
C \$				J \$_			
CdT small business 15-year exemption amount Transfer from reserve: non-assessable amount D \$ Personal injury election E \$ Spouse and child contributions F \$ Contributions from non-complying funds: and previously non-complying funds:		ent exemption			rom reserve: assess	able amount	
D \$		r exemption amo	unt	Ť			
Personal injury election Contributions from non-complying funds and previously non-complying funds F Spouse and child contributions T G S T Other third party contributions Any other contributions and Low income Super Amounts) M Other transactions Allocated earning or losses O 5, 25,000.00 State M S Imward or losses P Mass S 30,255.24 Imward transfers P Mass S 30,255.24 Imward transfers P Non CDBIS 22,294.85 Imward transfers P Imward transfers P S2 478,055.59 Imp Sum stream R1 \$ Imp Imp Non CDBIS 0.000 Stream R2 \$ 46,400.00 Imp S3 0.000 THIS Court CLOSING ACCOUNT BALANCE \$ 500,350.44 (s1 plus \$2 plus \$3) Accumulation phase value X1 \$ Imp Imp Imp Imp Other transfer 500,350.44 (s1 plus \$2 plus \$3) Imp Imp				_	rom reserve: non-as	sessable amount	
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Outstanding limited recourse borrowing arrangement amount							
	ĥ	Outstanding lin	nited recourse	`∟ veΓ			
					eted)		

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Tax File	Number	Provided

Section H: Assets and liabilities				
	Australian managed investments	Listed trusts	A \$	
		Unlisted trusts	в\$	
		Insurance policy	c \$	
	Othe	er managed investments	D\$; []
15b	Australian direct investments	Cash and term deposits	Е\$	9,100
	Limited recourse borrowing arrangements Australian residential real property	Debt securities	F \$	
	J1 \$	Loans	G \$	
	Australian non-residential real property	Listed shares	Н\$	77,977
	J2 \$	Unlisted shares		
	Overseas real property J3 \$			
		Limited recourse borrowing arrangements		
	J4 \$	Non-residential		
	Overseas shares	real property Residentia	ι¢	
	J5 \$ Other	real property Collectables and	- +	
	J6 \$	Collectables and personal use assets	М\$	
		Other assets	0\$	
15c	Other investments	Crypto-Currency	N \$	
15d	Overseas direct investments	Overseas shares	Р\$	
	Overseas non	residential real property	Q \$	
	Overseas	s residential real property	R \$	56,349
	Oversea	as managed investments	S \$	
		Other overseas assets	Т\$	37,287
	TOTAL AUSTRALIAN AND (Sum of label		U \$	625,713
15e	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	\$	
15f	Limited recourse borrowing arrangements If the fund had an LRBA were the LRBA borrowings from a licensed financial institution?	A No Yes		
	Did the members or related parties of the fund use personal guarantees or other security for the LRBA?	B No Yes		
	Page 16 Se	ensitive (when comple	eted)	

LIABILITIES			
Borrowings for limited recourse borrowing arrangements			
V1 \$			
Permissible temporary borrowings			
V2 \$			
Other borrowings			
V3 \$ 118,885	Borrowings	V	\$ 118,885
Total member closi (total of all CLOSING ACCOUNT BALANCE s fro	ng account balances m Sections F and G)	w	\$ 500,350
	Reserve accounts	X	\$
	Other liabilities	Y	\$ 6,478
	TOTAL LIABILITIES	z	\$ 625,713

Section I: Taxation of financial arrangements

17 Taxation of financial arrangements (TOFA)

Total TOFA gains H \$

Section J: Other information

Family trust election status

A	If the trust or fund has made, or is making, a family trust election, write the four-digit income year specified of the election (for example, for the 2018–19 income year, write 2019).
в	If revoking or varying a family trust election, print R for revoke or print V for variation, and complete and attach the <i>Family trust election, revocation or variation 2019.</i>
c	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 one or more elections this year, write the earliest income year being specified and complete an <i>Interposed entity election or revocation 2019</i> for each election.
D 🗌	If revoking an interposed entity election, print R , and complete and attach the <i>Interposed entity election or revocation 2019</i> .

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's or public officer's signature

	ed by:	–
Colin G	Sraliam Turner	Date
Preferred trustee or director conta	act details:	
Fitle: Mr 🗙 Mrs 🗌 Miss 🗌 Ms 🗍 C	Dther	
Family name		
Turner		
First given name	Other given names	
Colin Graham		
Phone number 0299544200 Email address		
Non-individual trustee name (if applicable))	
Colin & Greg Trading Pty Ltd		
ABN of non-individual trustee 3400347	8484	
Time taken t	to prepare and complete this annual return	Hrs
The Commissioner of Tourtism, on Dec		
provide on this annual return to mainta	gistrar of the Australian Business Register, may ain the integrity of the register. For further inform	r use the ABN and business details which you nation, refer to the instructions.
FAX AGENT'S DECLARATION: declare that the <i>Self-managed superannu</i> provided by the trustees, that the trustees	ain the integrity of the register. For further inform uation fund annual return 2019 has been pre have given me a declaration stating that the	pared in accordance with information
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Tax agent's contact details Tax agent's signature Tax agent's signature Tax agent's contact details Title: Mr Mrs Miss Ms C Tax agent's practice	ain the integrity of the register. For further inform <i>uation fund annual return 2019</i> has been pre- have given me a declaration stating that the sed me to lodge this annual return. nod by: <i>lini</i> 2007F405	pared in accordance with information information provided to me is true and
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Capital gains tax (CGT) schedule 2019				
Use BLOCK LETTERS	is form ack or dark blue pen only. and print one character in each box. Image: Comparison of the second s	 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. 		
Tax file number (TFN	V) Provided			
	by law to request your TFN. You do not ha 't it could increase the chance of delay or			
-	number (ABN) 92047356251			
Taxpayer's name				
The Turner Superan	nuation Fund			
 Current year cap Shares in companies listed on an Australian securities exchange Other shares Units in unit trusts listed on an Australian securities exchange Other units Real estate situated in Australia Other real estate Amount of capital gains from a trust (including a managed fund) Collectables Other CGT assets and any other CGT events Amount of capital gain previously deferred under transitional CGT relief for superannuation funds 	B \$ C \$ D \$ E \$ F \$ G \$ H \$ I \$	K \$ 2,226 L \$		
Total current year capital gains	J \$			

100017996BW

		Tax File Number	Provided
2	Capital losses		
	Total current year capital losses	A \$	2,226
	Total current year capital losses applied	в\$	
	Total prior year net capital losses applied	C \$	
	Total capital losses transferred in applied (only for transfers involving a foreign bank branch or permanent establishment of a foreign financial entity)	D \$	
	Total capital losses applied	E \$	
		Add amounts at B , C an	d D .
3	Unapplied net capital losses carried forward		
	Net capital losses from collectables carried forward to later income years	A \$	
	Other net capital losses carried forward to later income years	в\$	107,717
		Add amounts at A and E to label V – Net capital I to later income years o	osses carried forward
4	CGT discount		
	Total CGT discount applied	A \$	
5	CGT concessions for small business		
	Small business active asset reduction	A \$	
	Small business retirement exemption	в\$	
	Small business rollover	C \$	
	Total small business concessions applied	D \$	
6	Net capital gain	· · · · · · · · · · · · · · · · · · ·	
	Net capital gain	A \$	
		1J less 2E less 4A less 5 zero). Transfer the amoun capital gain on your tax	nt at A to label A – Net

100017996BW

		Tax File Number	Provided
7	Earnout arrangements		
	Are you a party to an earnout arrangement? A Yes, as a buyer (Print \mathcal{X} in the appropriate box.)	Yes, as a seller	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	s schedule providing the
	How many years does the earnout arrangement run for? $ {f B} [$		
	What year of that arrangement are you in?		
	If you are the seller, what is the total estimated capital proceeds from the earnout arrangement?	5	
	Amount of any capital gain or loss you made under E \$ your non-qualifying arrangement in the income year.	6	
	Request for amendment		
	If you received or provided a financial benefit under a look-through earnout r to seek an amendment to that earlier income year, complete the following:	ight created in an earlier in	come year and you wish
	Income year earnout right created F		
	Amended net capital gain or capital losses carried forward $ G \$$	6	/ [/
8	Other CGT information required (if applicable)		CODE
	Small business 15 year exemption – exempt capital gains A	6	/
	Capital gains disregarded by a foreign resident B	6	
	Capital gains disregarded as a result of a scrip for scrip rollover	6	
	Capital gains disregarded as a result of an inter-company asset rollover DS	6	
	Capital gains disregarded by a demerging entity	6	

Provided

Taxpayer's declaration

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

I declare that the information on this form is true and correct.

Signature

	Colin Graham Turner 61E7FB844BA8426	Date
Contact name		
Colin Graham Turner		
Daytime contact number (ii	nclude area code)	

0299544200

2019

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 χ 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 Turner Superannuation Fund

Australian business number

92047356251

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	6	_	
	2018–19	E	B	
	2017–18	3 (;[
	2016–17	' C) [
	2015–16	6 E		
	2014–15	5 F	-	
	2013–14 and earlie income years			
	Tota	L	ו	
	Transfer the amount at U to the Tax losses carried	d for	war	d to later income years label on your tax return.

2 Net capital losses carried forward to later income years

fear of loss			
2018–19	H 2,226		
2017–18	I 13,223		
2016–17	J		
2015–16	κ		
2014–15	L		
2013–14 and earlier income years	M 92,268		
Total	V 107,717		
Transfer the amount at V to the Net capital losses carried forward to later income years label on your tax return.			

			Tax File Number Provided
Part B – Ownership and I	ousiness continuity	/ to	est – company and listed widely held trust only
Complete item 3 of Part B if a loss is being	carried forward to later income ye	ears	and the business continuity test has to be
satisfied in relation to that loss. Do not complete items 1 or 2 of Part B if, in	the 2018–19 income year, no los	s ha	as been claimed as a deduction, applied
against a net capital gain or, in the case of c			
Whether continuity of majority	Year of loss		
ownership test passed	2018–19	Α	Yes No
Note: If the entity has deducted, applied, transferred in or transferred out (as applicable) in the 2018–19 income year a loss incurred in any of the listed years, print X in the Yes or No	2017–18	в	Yes No
		-	
box to indicate whether the entity has satisfied	2016–17	С	Yes No
the continuity of majority ownership test in respect of that loss.	2015–16	D	Yes No
		_	
	2014–15	Ε	Yes No
	2013–14 and earlier	F	Yes No
	income years	-	
		orit	y ownership test is not passed but the
business continuity test is satisfied -	excludes film losses		
	Tax losses	G	
	Not appital laggage	ш	
	Net capital losses	н	
Losses carried forward for which the	business continuity test must	be	satisfied before they can be deducted/
applied in later years - excludes film loss			
	Tax losses	I	
		-	
	Net capital losses	J	
De current voor loop provisions opply	.0		
Do current year loss provisions apply Is the company required to calculate its taxa	able income or tax loss for		
the year under Subdivision 165-B or its net ca for the year under Subdivision 165-CB of the		K	Yes No
1997 (ITAA 1997)?			
Part C – Unrealised losses - a	company only		
Note: These questions relate to the operation of	f Subdivision 165-CC of ITAA 1997.		
Has a changeover time occurred in relation to			
after 1.00pm by legal time in the Australian Ca 11 November 1999?	apital Territory on	L	Yes No
If you printed X in the No box at L , do not comp	blete M. N or O.		
At the changeover time did the company satis net asset value test under section 152-15 of I		Μ	Yes No
If you printed X in the No box at M , has the co	ompany determined	NI	
		Ν	Yes No
it had an unrealised net loss at the changeove			

	Та	x File Number	Provided
Part D – Life insurance companies			
Complying superannuation class tax losses carried forward to later income years	Ρ		
Complying superannuation net capital losses carried forward to later income years	Q		
Part E – Controlled foreign company losses			
Current year CFC losses	М		
CFC losses deducted	N		
CFC losses carried forward	0		
Part F – Tax losses reconciliation statement			
Balance of tax losses brought forward from the prior income year	A		
ADD Uplift of tax losses of designated infrastructure project entities	В		
SUBTRACT Net forgiven amount of debt	С		
ADD Tax loss incurred (if any) during current year	D		
ADD Tax loss amount from conversion of excess franking offsets	Е		
SUBTRACT Net exempt income	F		
SUBTRACT Tax losses forgone	G		
SUBTRACT Tax losses deducted	н		
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)	I		
Total tax losses carried forward to later income years	J		
Transfer the amount at J to the Tax losses carried for	ward	d to later income ye	ears label on your tax return.

		Tax File Number Provided
If the schedule is not lode	ged with the income tax return you are required	to sign and date the schedule.
to this form, and that the in	•	d has been provided on this form and any attachments ail. If you are in doubt about any aspect of the tax return, as for false or misleading statements.
	ATO to collect information and disclose it to other uthorised to sign the declaration. For information a	
Taxpayer's declaratior	1	
declare that the information	on on this form is true and correct.	
l declare that the information Signature		
	on on this form is true and correct. Docu ^{Signed by:} Colin Graham Turner 61E7EB844Ba8426	Date Day 17-05-20/ 7:01 PN
	Colin Graham Turner	17-05-70/1-7.01 PM

SCHEDULE	Other Attachments	2019
A	Schedule	2019

Tax file No Provided

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Taxpayer name The Turner Superannuation Fund

	CocuSigned by:
	Colin Graham Turner
Signature	

SENSITIVE (when completed) -----