Glenn Millers Private Pension 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 However, you cannot lodge your tax return electronically if you do not quote your TFN.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	944 366 501		Y	'ear	2020	
Name of partnership,	Glenn Millers	Private F	Pension	Fund		
trust, fund or entity	OTCHIN MITTCEL			Luna		

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.	
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Signature of partner, trustee or director	Date	

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 reference number	26033350
Account Name	Glenn Miller Private Pension Fund

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

Signature

Date

SMSF Return 2020	Gle	enn Millers Private Pen	sion Fund	TFN: 944 366 501	Page 1 of 14
Who should complete this annu	al return?	Self-manaç fund annua			2020
Only self-managed superannuation complete this annual return. All oth Fund income tax return 2020 (NAT	ner funds must			Return year	2020
The Self-managed superannua instructions 2020 (NAT 71606) you to complete this annual ret	(the instruction				
The SMSF annual return canno change in fund membership. Y via ABR.gov.au or complete th superannuation entities form (ou must upda e Change of o	ate fund details			
Section A: Fund informat	tion		_		
Tax file number (TFN)		944 366 501			
The Tax Office is authorised chance of delay or error in p				r TFN but not quoting it could incr aration.	rease the
Name of self-managed s	superannua]
		Glenn Millers	Private Pensi	on Fund	
Australian business nu	mber (ABN)	25 267 294 122			
Current postal address		C/- Lorlene Me	ndoza		
		Post Office Bo	x 101		
		Virginia		QLD 4	014
Annual return status Is this an amendment to the					
Is this the first required return	n for a newly r	egistered SMSF? B	N		
SMSF auditor					
Auditor's name	Title	Mr			
	Family name	Boys Anthony			
	t given name	AITCHOILY			
	given names				
SMSF Au	ditor Number	100 014 140			
Auditor's n	hone number	0410 712708			

SMSF Auditor Number	100 014 140		
Auditor's phone number	0410 712708		
Use Agent N Postal address address	PO Box 3376		
	Rundle Mall	SA	5000
	Date audit was completed		
	Was Part A of the audit report qualified ?	N	
	Was Part B of the audit report qualified ?	N	
	If Part B of the audit report was qualified,		

Sensitive (when completed)

have the reported issues been rectified?

D

	A	Fund's financial in This account is used				s. Do not provid	e a tax agent ac	count here.
		Fund BSB number (must be six digits)	034058	Fu	nd ac	count number	311755	
		Fund account name (• • •			Family SF)		
		Glenn Miller	Private Pen	sion F	und			
		I would like my tax re	funds made to this a	account.	Y	Print Y for yes or N for no.	If Yes, Go to	С.
	в	Financial institution					nt here.	Use Agent Trust Account?
		BSB number			Ac	count number		
		Fund account name (for example, J&Q C	 itizen ATF	- J&O	Family SF)		
						·,		
		Provide the electronic (For example, SMSFo	c service address (E dataESAAlias). See	SA) issued instructior	d by y ns for	our SMSF mes more information	saging provider on.	
							Fun	d's tax file number (TFN) 944 366 5
	St	tatus of SMSF	Australian super	annuation	fund	AY		Fund benefit structure B A C
			trust deed allow acc nment's Super Co-c Low Income Supe	ontribution	n and	C Y		
	W	as the fund wound	up during the in	come ye				Llove all tax ladament
	N	Drint M famoura	up during the in If yes, provide which fund was	the date of	on 🛛	Day Month Year		Have all tax lodgment and payment bligations been met?
0	N Ex Die	Print Y for yes	If yes, provide which fund was	the date o wound u	on ip		c	and payment bligations been met?
0	N Die in	Print Y for yes or N for no. xempt current pens d the fund pay retirement	If yes, provide t which fund was sion income ent phase superannu	the date of wound u uation inco	on p p ome si you n	tream benefits nust pay at leas	to one or more n	and payment bligations been met?
0	N Dia in T	Print Y for yes or N for no. xempt current pens d the fund pay retirement the income year? o claim a tax exemptio	If yes, provide f which fund was sion income ent phase superannu	the date of wound u uation inco	on p p ome si you n	tream benefits nust pay at leas	to one or more n	and payment bligations been met?
	N Dia in T th If	Print Y for yes or N for no.	If yes, provide f which fund was sion income ent phase superannu	the date of wound u uation inco n income, ome at La	on p p ome si you n	tream benefits nust pay at leas	to one or more n	and payment bligations been met?
	N Dia in T th If	Print Y for yes or N for no.	If yes, provide t which fund was sion income ent phase superannu n for current pension current pension inc	the date of wound u uation inco n income, ome at La	on p pome si you n bel A	tream benefits nust pay at leas	to one or more n	and payment bligations been met?
	N Dia in T th If	Print Y for yes or N for no.	If yes, provide t which fund was sion income ent phase superannu on for current pension current pension inc ncome pension income am	the date of wound u uation inco n income, ome at La ount A late your e	on p pome si you n bel A	tream benefits nust pay at leas	to one or more n	and payment bligations been met?
	N Dia in T th If	Print Y for yes or N for no. xempt current pens d the fund pay retirement the income year? To claim a tax exemption the law. Record exempt No, Go to Section B: I Yes Exempt current Which method of Seg	If yes, provide i which fund was sion income ent phase superannu on for current pension current pension income pension income am did you use to calcul	the date of wound u uation inco n income, ome at La ount A late your e hod B	on p pome si you n bel A	tream benefits nust pay at leas	to one or more n	and payment bligations been met?
	N Did in T tr If	Print Y for yes or N for no. xempt current pens d the fund pay retirement the income year? To claim a tax exemption the law. Record exempt No, Go to Section B: I Yes Exempt current Which method of Seg	If yes, provide t which fund was sion income ent phase superannu in for current pension current pension inc income pension income am did you use to calcul pregated assets met	the date of wound u uation inco n income, ome at Lai ount A late your e hod B hod C	on p pome si you n bel A	tream benefits nust pay at leas ot current pensio Was an actu	to one or more n st the minimum to on income? arial certificate o	and payment bligations been met?

SMSF Return 2020

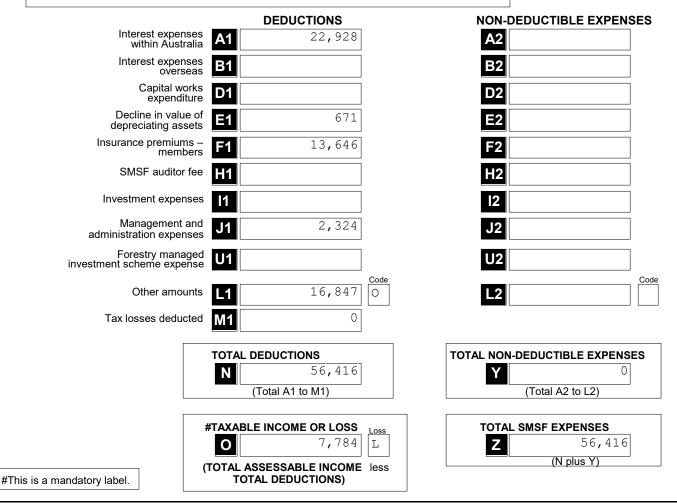
Glenn Millers Private Pension Fund

ection B: Income		
Do not complete this section if all superannuation interests in retirement phase for the entire year, there was no other incon notional gain. If you are entitled to claim any tax offsets, you	me that was assessable, and you have not rea	alised a deferred
Income Did you have a capital gains tax (CGT) event during the year?	Y Print Y for yes \$10,000 or you el the deferred notion	loss or total capital gain is greater than ected to use the CGT relief in 2017 and nal gain has been realised, complete ital Gains Tax (CGT) schedule 2020
Have you applied an exemption or rollover?	N Print Y for yes or N for no.	
	Net capital gain	Α 0
Gr	oss rent and other leasing and hiring income	B 29,934
	Gross interest	C 3
	Forestry managed investment scheme income	
Gross foreign income	Net foreign income	D
	- New Zeeland community	
Australian II	anking credits from a New Zealand company Transfers from	Numbe
	foreign funds Gross payments where	
Calculation of assessable contributions Assessable employer contributions	ABN not quoted Gross distribution	
R1 4,167	from partnerships * Unfranked dividend	
<i>plus</i> Assessable personal contributions	amount * Franked dividend	K 10,170
plus #*No-TFN-quoted contributions	amount * Dividend franking	4,358
(an amount must be included even if it is zero)	credit * Gross trust	Code
less Transfer of liability to life insurance company or PST	distributions	
R6 0	Assessable contributions (R1 plus R2 plus R3 less R6)	
Calculation of non-arm's length income		
* Net non-arm's length private company dividends		Code
U1	* Other income	S
plus * Net non-arm's length trust distributions	*Assessable income due to changed tax status of fund	Т
<i>plus</i> * Net other non-arm's length income	Net non-arm's length income (subject to 45% tax rate) (U1 plus U2 plus U3)	U
#This is a mandatory label		Loss
* If an amount is entered at this label, check the instructions to ensure the correct tax treatment has been applied.	GROSS INCOME (Sum of labels A to U)	W
	Exempt current pension income	Y
	TOTAL ASSESSABLE INCOME (W less Y)	V 48,632

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).

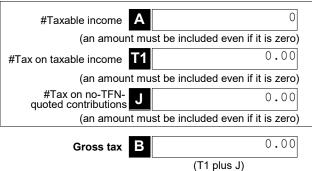


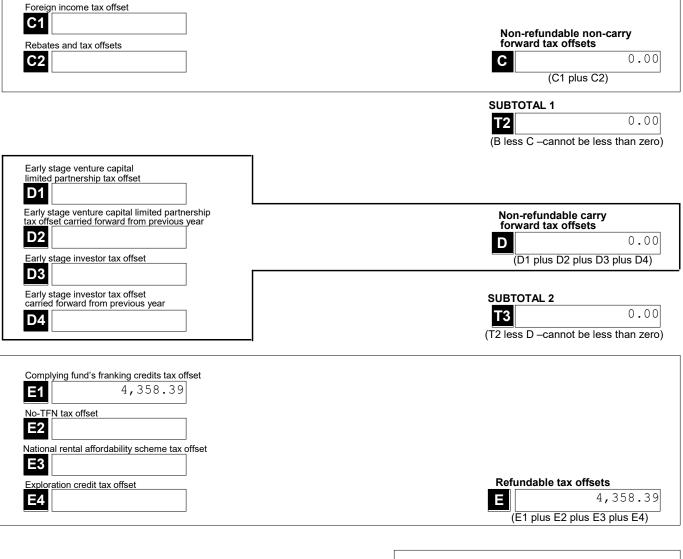
Section D: Income tax calculation statement #Important:

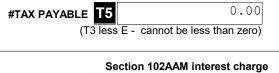
Section B label R3, Section C label O and Section D labels A,T1, J, T5 and I are mandatory. If you leave these labels blank you will have specified a zero amount

13 Calculation statement

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

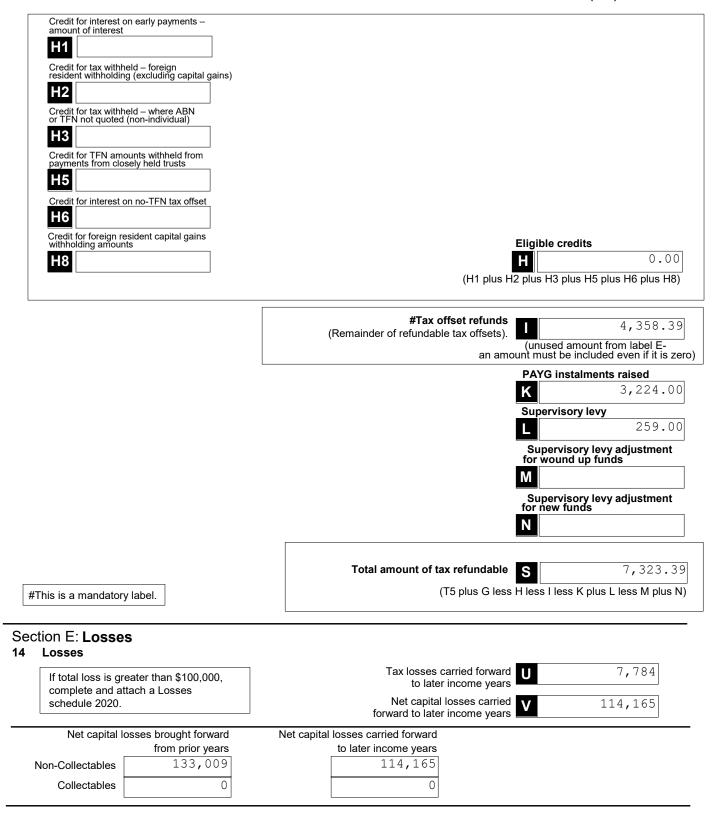






G

Fund's tax file number (TFN) 944 366 501



SMSF Return 2020

Glenn Millers Private Pension Fund

Section F / Section G: Member Information In Section F / G report all current members in the fund at 30 June. Use Section F / G to report any former members or deceased members who held an interest in the fund at any time during the income year. See the Privacy note in the Declaration. Member Number Mr Member'sTFN 483 291 061 1 Title Millers Family name Account status First given name Glenn Ο Code Christopher Other given names If deceased. 18/01/1959 Date of birth date of death 412,621.94 **OPENING ACCOUNT BALANCE** Contributions Proceeds from primary residence disposal Refer to instructions for completing these labels H Receipt date Employer contributions 4,166.66 Α Н 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: С assessable amount Κ CGT small business 15-year exemption amount Transfer from reserve: non-assessable amount D Personal injury election Contributions from non-complying funds and previously non-complying funds Ξ Spouse and child contributions F Any other contributions (including Super Co-contributions and low Income Super Contributions) Other third party contributions G Μ 4,166.66 TOTAL CONTRIBUTIONS Ν (Sum of labels A to M) Other transactions 8,709.75 Accumulation phase account balance L Allocated earnings or losses 0 408,078.85 **S1** Ρ Inward rollovers and transfers Retirement phase account balance Q Outward rollovers and transfers 0.00 **S2** Code Lump Sum payment R1 Retirement phase account balance - CDBIS Code 0.00 Income stream payment R2 **S**3 0 TRIS Count 408,078.85 CLOSING ACCOUNT BALANCE S1 plus S2 plus S3 408,078.85 X1 Accumulation phase value X2 Retirement phase value Outstanding limited recourse borrowing arrangement amount Υ

SMSF Return 2020		Glenn Millers Private Pension Fund	TFN:	944 366 501	Page 8 of 14
Sec 15	tion H: Assets and liabilities ASSETS	•			
15a	Australian managed investments	Listed trusts	A		
		Unlisted trusts	B		
		Insurance policy	C		
		Other managed investments	D		
15b	Australian direct investments	Cash and term deposits	E	13	3,183
		Debt securities	F		
Γ	Limited recourse borrowing arrangements	Loans	G		
	Australian residential real property J1 710,648	Listed shares	H	198	3,454
	Australian non-residential real property	Unlisted shares			
	Overseas real property 33	Limited recourse borrowing arrangements	J	710	,648
	Australian shares	Non-residential real property	K		
	J4 Overseas shares	Residential real property	/ L		
	J5	Collectables and personal use assets	M		
	Other J6	Other assets	0	28	8,481
	Property count				
	J7 2				
15c	Other investments	Crypto-Currency	/ N		
15d	Overseas direct investments	Overseas shares	P		
		Overseas non-residential real property	Q		
		Overseas residential real property	R		
		Overseas managed investments	S		
		Other overseas assets	T		
		TOTAL AUSTRALIAN AND OVERSEAS ASSETS (Sum of labels A to T)	U	950	,766
15e	In-house assets				
	Die	d 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]		
15f	Limited recourse borrowing arrang	ements			
		If the fund had an LRBA were the LRBA borrowings from a licensed financial institution?		Y for yes for no.	
		Did the members or related parties of the fund use personal guarantees or other security for the LRBA?		Y for yes for no.	

SMSF Return 2020

16 LIABILITIES

_

10	LIABILITIES		
	Borrowings for limited recourse borrowing arrangements 542,688		
	Permissible temporary borrowings		
	Other borrowings		540,600
	V3 0	Borrowings	V 542,688
_	(total of all 0	Total member closing account balances CLOSING ACCOUNT BALANCEs from Sections F and G)	W 408,078
		Reserve accounts	X
		Other liabilities	Υ
		TOTAL LIABILITIES	Z 950,766
	ction I: Taxation of financial arra Taxation of financial arrangements (TC	•	
		Total TOFA gains	Н
		Total TOFA losses	Ι
See	ction J: Other information		

Family trust election status

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 2019–20 income year, write 2020).	
If revoking or varying a family trust election, print R for revoke or print V for variation, and complete and attach the Family trust election, revocation or variation 2020.	
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 Interposed entity election or revocation 2020 for each election	
If revoking an interposed entity election, print R, and complete and attach the Interposed entity election or revocation 2020.	

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

, I		5				Day Month	Year
					Date	е	
Preferred trustee or director con	tact detai	ls:					
	Title	Mr					
Fa	mily name	Millers					
First g	iven name	Glenn					_
Other giv	ven names						
		Area code	Number				
Pho	ne number	07	32560058				
Ema	il address						
Non-individual trustee name (if a	applicable)						
ABN of non-individ	ual trustee						
						Hrs	1
		Time taken t	o prepare and	complete this	annual return		
The Commissioner of Taxation, as which you provide on this annual							
TAX AGENT'S DECLARATION:	ZA						
declare that the Self-managed sup		n fund annual retu	ırn 2020 has be	en prepared in a	ccordance with i	nformation prov	/ided
by the trustees, that the trustees h the trustees have authorised me to			tating that the ir	formation provid	ded to me is true	and correct, ar	nd that
						Day Month Y	'ear
Tax agent's signature					Date		
Tax agent's contact details							
Title	Mr						
Family name	Bowker						
First given name	Neil						-
Other given names							
Tax agent's practice	LORLEN	E MATA MENI	DOZA				
	Area code	Number	1				
Tax agent's phone number	07	3865299	90				
Tax agent number	2603335	50	7	Reference nur	mber MILL90	22	

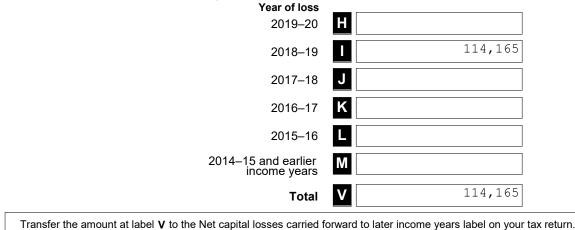
Losses Schedule 2020	Glenn Millers Private Pens	sion Fund	TFN: 944 366 501	Page 11 of 14
	Losses schedule Companies and trusts that do not join consolidated groups should complete and attach this schedule to their 2020 tax return.			2020
Superannuation funds should complete and attach this schedule to their 2020 tax return.		s schedule to their		
Refer to Losses schedule instructions 20 www.ato.gov.au for instructions on how to	·			
Tax file number (TFN) 944 366 501				
Name of entity				
Glenn Millers Private Pens	sion Fund			
Australian business number (ABN)				
25 267 294 122				

Part A Losses carried forward to the 2020-21 income year - excludes film losses

1 Tax losses carried forward to later income years Year of loss 7,784 В 2019–20 С 2018–19 D 2017–18 Ξ 2016-17 F 2015-16 G 2014-15 and earlier income years 7,784 U Total

Transfer the amount at label 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



Part F Tax losses reconciliation statement

Delence of tay looped brought ferward from the prior income year	Α	0
Balance of tax losses brought forward from the prior income year		
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	7,784
ADD Tax loss amount from conversion of excess franking offsets	Ε	
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)		
Total tax losses carried forward to later income years	J	7,784

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

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 more information about your privacy go to ato.gov.au/privacy

Taxpayer's declaration

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

Signature

Date		_
Daytime conta	ct number	
Area code	Number	

Contact person

Capital gains tax (CGT) schedule

Use in conjunction with company, trust, fund or self-managed superannuation fund annual return. For instructions on how to complete this schedule refer to the publication Guide to capital gains tax.

Tax file number (TFN) 944 366 501

Taxpayer's name

Glenn Millers Private Pension Fund

Australian Business Number (ABN) 25 267 294 122

Current year capital gains and capital losses 1

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

> Total current year capital gains

Capital losses 2

Total current year capital losses

Total current year net capital losses applied

Total prior year net capital losses applied Total capital losses transferred in applied (only for transfers involving a foreign bank branch or permanent establishment of a foreign financial entity)

Total capital losses applied

Unapplied net capital losses carried forward 3

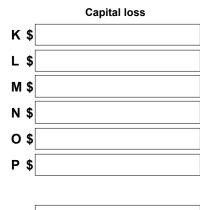
Net capital losses from collectables carried forward to later income years

Other net capital losses carried forward to later income years

6 Net capital gain

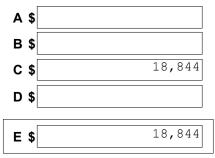
18,844 A \$ В\$ C \$ D \$ E \$ F \$ G \$ H \$ 1\$ S \$ 18,844 J \$

Capital gain

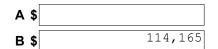




Add the amounts at labels K to R and write the total in item 2 label A - Total current year capital losses.



Add amounts at B, C and D.



Add amounts at A and B and transfer the total to label V - Net capital losses carried forward to later income years on your tax return.

	г	
Α	\$	0
	٠.	

1J less 2E less 4A less 5D (cannot be less than zero). Transfer the amount at A to label A - Net capital gain on your tax return.

Net capital gain

Sensitive (when completed)

Taxpayer's declaration

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

Important

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

Signature

Date

Contact person

Daytime contact number (include area code)