Sin	nature as prescribed in tax return	
Jig		ged superannuation 2023
Only this inco	o should complete this annual return? If self-managed superannuation funds (SMSFs) can complete annual return. All other funds must complete the Fund time tax return 2023 (NAT 71287). The Self-managed superannuation fund annual return instructions 2023 (NAT 71606) (the instructions) can assist you to complete this annual return. The SMSF annual return cannot be used to notify us of a change in fund membership. You must update fund details via ABR.gov.au or complete the Change of details for superannuation entities form (NAT 3036).	To complete this annual return ■ Print clearly, using a BLACK pen only. ■ Use BLOCK LETTERS and print one character per box. ⑤ M / T H ⑤ T □ □ □ □ ■ Place X in ALL applicable boxes. Selection Postal address for annual returns: Australian Taxation Office GPO Box 9845 [insert the name and postcode of your capital city] For example; Australian Taxation Office GPO Box 9845 SYDNEY NSW 2001
 Se	ection A: Fund information Tax file number (TFN) 459492170	To assist processing, write the fund's TFN at the top of pages 3, 5, 7, 9 and 11.
	The ATO is authorised by law to request your TFN. You at the chance of delay or error in processing your annual ret	re not obliged to quote your TFN but not quoting it could increase urn. See the Privacy note in the Declaration.
2	Name of self-managed superannuation fund (SMS	F)
Co	niglio Superannuation Fund	
3	Australian business number (ABN) (if applicable) 90	302393722
4	Current postal address	
Sı	uite 2, 115 Currumburra Road	
Г		
	ourb/town shmore	State/territory Postcode QLD 4214
5	Annual return status Is this an amendment to the SMSF's 2023 return? Is this the first required return for a newly registered SMSF?	A No X Yes B No X Yes

Signature	as prescribed in tax return Tax File Number 459492170
6 SMSF Auditor's nar	auditor
Title: Mr X	
Family name	
Boys First given nam	e Other given names
Anthony	William
SMSF Audito	
100014140	
Postal addre	
Box 3376	
BOX GOT G	
	Otate harden. Destands
Suburb/town	State/territory Postcode SA 5000
Rundle Ma	Day Month Year
Date audit w	as completed A / / /
Was Part A	of the audit report qualified? B No X Yes
Was Part B	of the audit report qualified? C No X Yes
	e audit report was qualified
	orted issues been rectified?
We nee	onic funds transfer (EFT) d your self-managed super fund's financial institution details to pay any super payments and tax refunds owing to you.
	is account is used for super contributions and rollovers. Do not provide a tax agent account here. O14527 Fund account number 410969754
	nd account name
C	oniglio Superannuation Fund
L	Coto C
1)	vould like my tax refunds made to this account. X Go to C.
ВБ	nancial institution account details for tax refunds
	his account is used for tax refunds. You can provide a tax agent account here.
	SB number Account number
	count name
ŕ	Acount Harrio
^ -	lectronic service address alias
	rovide the electronic service address alias (ESA) issued by your SMSF messaging provider.
(F	or example, SMSFdataESAAlias). See instructions for more information.
<u> </u>	GLSF360
L	

Sig	nature as prescribed in tax return Tax File Number 459492170
8	Status of SMSF Australian superannuation fund A No Yes X 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?
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.

Signature as prescribed in t	ax return			Tax File Number	459492170
Section B: Income					
Do not complete this section if all superannuation interests in the SMSF were supporting superannuation income streams in the retirement phase for the entire year, there was no other income that was assessable, and you have not realised a deferred notional gain. If you are entitled to claim any tax offsets, you can record these at Section D: Income tax calculation statement.					
11 Income Did you have a capita (CGT) event during		No Yes	\$10,000 2017 ar comple	tal capital loss or total capita O or you elected to use the t nd the deferred notional gain te and attach a Capital gains	ransitional CGT relief in has been realised,
Have you exemption of		No Yes	Code		
		Net capital gain	A \$		
Gross rent	and other leasi	ng and hiring income	B \$		
		Gross interest	C \$		
	Forestry	managed investment scheme income	x \$		
Gross foreign inco	me				Loss
D1 \$		Net foreign income	D \$		
Australian franking c	redits from a Ne	ew Zealand company	E\$		
		Transfers from	F\$		Number
	G	foreign funds ross payments where			
Calculation of assessable c		ABN not quoted	Н\$		Loss
Assessable employer contributions R1 \$		Gross distribution from partnerships	1\$		
		*Unfranked dividend amount	J \$		
		*Franked dividend	K \$		
		amount *Dividend franking	L S		
		credit *Gross trust			Code
(an amount must be included less Transfer of liability to life in		distributions	M \$		
company or PST		Assessable contributions (R1 plus R2 plus R3 less R6)	R\$		
Calculation of non-arm's le					Code
*Net non-arm's length private cor	npany dividends	*Other income	s \$		
plus *Net non-arm's length trust distributions #Ass due plus *Net other non-arm's length income (subic		*Assessable income due to changed tax	т\$		
		status of fund			
		Net non-arm's length income (subject to 45% tax rate) (U1 plus U2 plus U3)	U \$		
"This is a mandatory label.		GROSS INCOME (Sum of labels A to U)	w \$		Loss
*If an amount is entered at this label, check the instructions		urrent pension income	Y \$		l nee
to ensure the correct tax treatment has been applied.		SSESSABLE ME (W less Y) V \$			Loss

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Section C: Deductions and no	on-deductible expenses
12 Deductions and non-deductible expense	es
expenses', list all other expenses or normall	owances you are entitled to claim a deduction for. Under 'Non-deductible by allowable deductions that you cannot claim as a deduction (for example, sion income should be recorded in the 'Non-deductible expenses' column).
DEDUCTIONS	NON-DEDUCTIBLE EXPENSES
Interest expenses within Australia A1 \$	A2 \$
Interest expenses overseas B1 \$	B2 \$
Capital works expenditure D1 \$	D2 \$
Decline in value of depreciating assets E1 \$	E2 \$
Insurance premiums – members F1 \$	F2 \$
SMSF auditor fee H1 \$	H2 \$
Investment expenses I1 \$	12 \$
Management and administration expenses J1 \$	259 J2 \$
Forestry managed investment scheme expense	U2 \$
Other amounts L1 \$	L2\$
Tax losses deducted M1 \$	
TOTAL DEDUCTIONS	TOTAL NON-DEDUCTIBLE EXPENSES
N \$	259 Y \$
(Total A1 to	M1) (Total A2 to L2)
*TAXABLE INCOME OF	
"This is a mandatory TOTAL ASSESSABLE	259 L Z \$ 259 (N plus Y)
#This is a mandatory label. (TOTAL ASSESSABLE TOTAL DEDUC	E INCOME 1000

gnature as prescribed in tax	return			Tax File Number	45949217
Section D: Incom	ne tax calcu	ılatioı	n statem	ent	
"Important: Section B label R3, Section C	label O and Section	D labels	A,T1, J, T5 and	d I are mandatory. If you	leave these la
you will have specified a zero					
Calculation statement	*Taxable income	AST			0
ease refer to the elf-managed superannuation	#T		(an amount must	be included even if it is zero,)
nd annual return instructions 023 on how to complete the	*Tax on taxable income	T1 \$	6 1 1	be test and a see Mile see	0.00
alculation statement.	Tax or no-TFN-quoted		(an amount must	be included even if it is zero,	0.00
	contributions		(an amount must	be included even if it is zero,	
	Gross tax	в \$ Г			0.00
		- • [(T1 plus J)	
Foreign income tax offset					
:1\$		· · · · · · · · · · · · · · · · · · ·			
Rebates and tax offsets		Non-ref	fundable non-	carry forward tax offse	ets
2\$		C 2	(C1 plus C2)	
		SUBTO	TAL 1		
		T2 \$			
		_	(B less C -	cannot be less than zero)	
Early stage venture capital I	imited				
partnership tax offset	0.00				
Early stage venture capital I					
tax offset carried forward fro	om previous year		fundable cam	forward tax offsets	0.00
D2\$	0.00	D \$	(D1 plus	D2 plus D3 plus D4)	0.00
Early stage investor tax offs	0.00		(2.1)		
Early stage investor tax offs	et	OURT	TAL 0		
carried forward from previo		SUBTO	JIAL 2		0.00
D4\$	0.00	13 4	(T2 less D -	- cannot be less than zero)	0.00
Complying fund's franking of	redits tax offset				
No-TFN tax offset					
E2\$					
National rental affordability so	cheme tax offset				
E3\$					
Exploration credit tax offset			dable tax offse	ets	
E4\$	0.00	E\$	/E1	plus E2 plus E3 plus E4)	
			\ ~ .		
	*TAX PAYABL	E T5 \$			0.00
				- cannot be less than zero)	
		Section Sectio	n 102AAM int	erest charge	
		G 5			

gnatu	re as prescribed in tax return		Tax File Number 459492170	
C	eredit for tax withheld – foreign resident rithholding (excluding capital gains)			
H2\$□	in relating (orcidating papillar gains)			
C	redit for tax withheld – where ABN r TFN not quoted (non-individual)			
13\$				
	credit for TFN amounts withheld from ayments from closely held trusts			
н5 \$Ё	0.00			
С	redit for interest on no-TFN tax offset			
H6\$				
	credit for foreign resident capital gains vithholding amounts	Eligible	credits	
нв\$	0.00	H \$		
		_	(H2 plus H3 plus H5 plus H6 plus H8)	
		K \$[instalments raised	
		L\$	visory levy 259.00	
		_	risory levy adjustment for wound up funds	
		M \$, , , , , , , , , , , , , , , , , , , ,	
		Superv	visory levy adjustment for new funds	
		N \$		
	AMOUNT DUE OR REFUNDABLE A positive amount at S is what you owe		259.00	
	while a negative amount is refundable to you		(T5 plus G less H less I less K plus L less M plus N)	
*This is	a mandatory label.			
	on E: Losses			
14 Los	TOTAL STATE OF	ax losses to lat	s carried forward U \$	2
con	otal loss is greater than \$100,000, implete and attach a Losses forwardule 2023.	Net capit	tal losses carried ter income years V \$	

Signature as prescribed in tax return		Tax File Number	459492170
Section F: Member inform	nation		
MEMBER 1			
Title: Mr X Mrs Miss Ms Other			
Family name			
Coniglio			
First given name	Other given names		
Alain	Francis		
Member's TFN See the Privacy note in the Declaration. 36107353	3	Date of birth	12/03/1948
Contributions OPENING ACCOUNT BA	LANCE \$	105,30.	2.59
Refer to instructions for completing these label	Proceed H \$	ls from primary residence disp	posal
Employer contributions	110	Day Month	Year
A \$	H1 Receipt		
ABN of principal employer	Assessa	able foreign superannuation ful	nd amount
A1	1\$		
Personal contributions	Non-as	sessable foreign superannuat	ion fund amount
B \$ 80,000.00	J \$		
CGT small business retirement exemption		from reserve: assessable am	nount
C \$	K \$		
CGT small business 15-year exemption an	The state of the s	r from reserve: non-assessabl	le amount
D \$	L \$		
Personal injury election	Contrib and pre	utions from non-complying fu eviously non-complying funds	inds
E\$	T \$		
Spouse and child contributions	Any oth	ner contributions	
F\$	(includi	ng Super Co-contributions w Income Super Amounts)	
Other third party contributions	M \$	Willicome Super Amounts)	
G \$	Ψ		
TOTAL CONTRIB	UTIONS N \$	80,00	00.00
		(Sum of labels A to M)	4
	Allocat	ed earnings or losses	Loss
Other transactions	0\$	10,48	89.00
	Inward	rollovers and transfers	
Accumulation phase account balance	P \$		
S1 \$ 133,914.04	Outwa	rd rollovers and transfers	
Retirement phase account balance – Non CDBIS	Q \$		
MASSURE DAY	Lump	Sum payments	Code
	R1 \$		
Retirement phase account balance – CDBIS	Incom	e stream payments	Code
S3 \$ 0.00	1	SOSSOCIAL SOCIAL	00.00 M
0 TRIS Count CLOSING ACCOUNT B	ALANCE S\$	185,7	91.59
		(\$1 plus \$2 plus \$3)	V
Accumulation ph	ase value X1 \$		
	ase value X2 \$		
Outstanding limited			
borrowing arrangemen	recourse Y \$		

Simple of the second	Tax File Number 459492170
Signature as prescribed in tax return	1ax File Number 459492170
MEMBER 2	
Title: Mr Mrs Miss Ms Other	
Family name	
First given name Other give	n names
20. 0. 0. 0. 0.0000	Day Month Year
Member's TFN See the Privacy note in the Declaration.	Date of birth
Contributions OPENING ACCOUNT BALANCE \$	
Refer to instructions for completing these labels.	Proceeds from primary residence disposal
Employer contributions	Day Month Year
A Company of the Comp	-11 Receipt date / / /
ABN of principal employer	Assessable foreign superannuation fund amount
Personal contributions	Non-assessable foreign superannuation fund amount
	J\$
CGT small business retirement exemption	Transfer from reserve: assessable amount
	(\$
CGT small business 15-year exemption amount D \$	Transfer from reserve: non-assessable amount
Personal injury election	Contributions from non-complying funds
E\$	and previously non-complying funds
Spouse and child contributions	T\$
F \$	Any other contributions (including Super Co-contributions
Other third party contributions G \$	and Low Income Super Amounts) 1 \$
G 5	
TOTAL CONTRIBUTIONS	N \$
	(Sum of labels A to M)
Other transactions	Allocated earnings or losses Loss
Other transactions	Inward rollovers and transfers
Accumulation phase account balance	P \$
S1 \$	Outward rollovers and transfers
Retirement phase account balance - Non CDBIS	Q \$
S2 \$	Lump Sum payments Code
Retirement phase account balance	1 \$
- CDBIS	Income stream payments Code
S3 \$ R	2 \$
TRIS Count CLOSING ACCOUNT BALANCE	s \$
This south Section 1	(S1 plus S2 plus S3)
Accumulation phase value X	1 \$
Retirement phase value X	
O to the first fluid assessment	
borrowing arrangement amount	Y \$

Signature as prescribed in tax return		Tax File Numbe	459492170
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	Month Year
Contributions OPENING ACCOUNT BALAN	CE \$		
Refer to instructions for completing these labels.	Proceed:	s from primary residence di	sposal
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 G \$ TOTAL CONTRIBUTI	H1 Receipt Assessal I \$ Non-ass J \$ Transfer K \$ Transfer L \$ Contribut and prev T \$ Any othe (includin and Low M \$	date/ Month / [date/ Mon	ation fund amount mount ble amount funds
TOTAL CONTRIBUTI		Sum of labels A to M)	
Other transactions	O \$	d earnings or losses	Loss
Accumulation phase account balance	Inward	rollovers and transfers	
S1 \$	Outwar	d rollovers and transfers	
Retirement phase account balance - Non CDBIS	Q \$ Lump S	Sum payments	Code
Retirement phase account balance	R1 \$	an paj ma	
- CDBIS	R2 \$	stream payments	Code
TRIS Count CLOSING ACCOUNT BALA		(\$1 plus \$2 plus \$3)	
Accumulation phase	value X1 \$		
Retirement phase	value X2 \$		
Outstanding limited rec borrowing arrangement an	ourse Y\$		

Signature as prescribed in tax return	Tax File Number 459492170
MEMBER 4	
Title: Mr Mrs Miss Ms Other	
Family name	
First given name Other given names	
	Day Month Year
Member's TFN See the Privacy note in the Declaration.	Date of birth
Coc the Finally hate in the Books and h	
Contributions OPENING ACCOUNT BALANCE \$	
Refer to instructions for completing these labels.	ceeds from primary residence disposal
Employer contributions	Day Month Year
A \$ H1 Rec	ceipt date//
A CONTRACTOR OF THE PROPERTY O	essable foreign superannuation fund amount
A1 Sersonal contributions	n-assessable foreign superannuation fund amount
B \$ J\$	1-assessable foreign superamidation fund amount
	nsfer from reserve: assessable amount
C\$K\$_	
	nsfer from reserve: non-assessable amount
D \$ L \$ Co	ntributions from non-complying funds
E \$ and	d previously non-complying funds
Spouse and child contributions T\$	
F \$ (inc	y other contributions cluding Super Co-contributions
Other third party contributions and	d Low Income Super Amounts)
G \$ M \$ _	
TOTAL CONTRIBUTIONS N \$	
	(Sum of labels A to M)
	ocated earnings or losses Loss
Other transactions • \$	ward rollovers and transfers
Accumulation phase account balance P\$	ward (bilovers and transfers
64.6	utward rollovers and transfers
Retirement phase account balance - Non CDBIS	
S2 \$	imp Sum payments Code
Retirement phase account balance	
- CDBIS	come stream payments Code
S3 \$ R2 \$	
TRIS Count CLOSING ACCOUNT BALANCE \$\$	
L I I I I I I I I I I I I I I I I I I I	(\$1 plus \$2 plus \$3)
Accumulation phase value X1 \$	
V =	
Retirement phase value X2 \$	
Outstanding limited recourse borrowing arrangement amount	

Signature as prescribed in tax return	Tax File Number 459492170
MEMBER 5	
Title: Mr Mrs Miss Miss Other Family name	
Tariny rearre	
First given name Other	given names
Member's TFN	Date of birth Peer Month Year
See the Privacy note in the Declaration.	Date of birth
Contributions OPENING ACCOUNT BALANCE	\$
Refer to instructions for completing these labels.	Proceeds from primary residence disposal H \$
Employer contributions	Day Month Year
A \$	H1 Receipt date / / /
ABN of principal employer	Assessable foreign superannuation fund amount
Personal contributions	Non-assessable foreign superannuation fund amount
В\$	J\$
CGT small business retirement exemption	Transfer from reserve: assessable amount
C \$	K \$
CGT small business 15-year exemption amount	Transfer from reserve: non-assessable amount
Personal injury election	Contributions from non-complying funds
E \$	and previously non-complying funds
Spouse and child contributions	Any other contributions
F\$	(including Super Co-contributions and Low Income Super Amounts)
Other third party contributions G \$	M \$
G 3	
TOTAL CONTRIBUTIONS	
	(Sum of labels A to M)
Other transactions	Allocated earnings or losses
Other transactions	Inward rollovers and transfers
Accumulation phase account balance	P \$
S1 \$	Outward rollovers and transfers
Retirement phase account balance Non CDBIS	Q \$
S2 \$	Lump Sum payments Code
Retirement phase account balance	R1 \$
- CDBIS	Income stream payments Code
S3 \$	R2 \$
TRIS Count CLOSING ACCOUNT BALANCE	S \$
	(S1 plus S2 plus S3)
Accumulation phase value	e X1 \$
Retirement phase value	
Outstanding limited recourse borrowing arrangement amount	e Y \$

Signature as prescribed in tax return	Tax File Number 459492170
MEMBER 6	
Title: Mr Mrs Miss Miss Other Family name	
ramy name	
First given name Other give	on names
Member's TFN	Day Month Year Date of birth
See the Privacy note in the Declaration.	Date of Diff.
Contributions OPENING ACCOUNT BALANCE \$	
Refer to instructions for completing these labels.	Proceeds from primary residence disposal
Employer contributions	1 \$ Day Month Year
	H1 Receipt date / / /
ABN of principal employer	Assessable foreign superannuation fund amount
V=1000	1\$
Personal contributions	Non-assessable foreign superannuation fund amount
B \$ CGT small business retirement exemption	Transfer from reserve: assessable amount
	(\$
CGT small business 15-year exemption amount	Transfer from reserve: non-assessable amount
D \$	L\$
Personal injury election	Contributions from non-complying funds and previously non-complying funds
E \$	T \$
Spouse and child contributions F \$	Any other contributions (including Super Co-contributions
Other third party contributions	(including Super Co-contributions and Low Income Super Amounts)
	A \$
	NI C
TOTAL CONTRIBUTIONS I	(Sum of labels A to M)
	Allocated earnings or losses Loss
Other transactions	o \$
	Inward rollovers and transfers
	P \$
S1 \$	Outward rollovers and transfers
Retirement phase account balance – Non CDBIS	Q \$
S2 \$	Lump Sum payments Code
Retirement phase account balance	
- CDBIS	Income stream payments Code
\$3 \$ R	
TRIS Count CLOSING ACCOUNT BALANCE	\$ \$ (\$1 plus \$2 plus \$3)
Accumulation phase value X	(1 \$
Retirement phase value	
Outstanding limited recourse	Y \$

Signature as prescribed in tax return			Tax File Number 459492170
Section G: Supplemen	tary mem	ber in	formation
MEMBER 7 Title: Mr Mrs Miss Miss Ms Other			Account status Code
Family name			
First given name	Other given	names	
Member's TFN See the Privacy note in the Declaration,	ate of birth Day Month	Year	If deceased, date of death Day Month Year
Contributions OPENING ACCO	DUNT BALANCE \$	S	
Refer to instructions for completing thes	e labels.	H \$	oceeds from primary residence disposal
Employer contributions A \$			ceipt date / Month / Year
ABN of principal employer A1		Ass	sessable foreign superannuation fund amount
Personal contributions B \$			n-assessable foreign superannuation fund amount
CGT small business retirement exem	otion	100	ansfer from reserve: assessable amount
CGT small business 15-year exempti	on amount	Tra	ansfer from reserve: non-assessable amount
Personal injury election	_		ontributions from non-complying funds
Spouse and child contributions		T \$ [d previously non-complying funds
Other third party contributions		M \$	y other contributions (including Super o-contributions and Low Income Super Amounts)
G \$		IM D	
TOTAL C	ONTRIBUTIONS	N \$	(Sum of labels A to M)
Other transactions		o \$	located earnings or losses
Accumulation phase account balance	e	P\$	ward rollovers and transfers
S1 \$			utward rollovers and transfers
- Non CDBİS		Li	ump Sum payments Code
Retirement phase account balance – CDBIS		R1 \$ _	come stream payments Code
S3 \$		R2 \$	
TRIS Count CLOSING ACC	OUNT BALANCE	s \$	(S1 plus S2 plus S3)
Accumu	lation phase value	X1 \$[
Retire	ement phase value	X2 \$ [
	g limited recourse angement amount	Y \$	

OFFICIAL: Sensitive (when completed)

Signature as prescribed in tax return	Tax File Number 459492170
MEMBER 8	Contr
Title: Mr Mrs Miss Ms Other	Account Code
Family name	status L
First given name Other given	names
Member's TFN Date of birth	If deceased, date of death
See the Privacy note in the Declaration. Date of Difffi Day Month	Year Day Month Year
Contributions OPENING ACCOUNT BALANCE S	\$
O Defends instructions for consoliting these labels	Proceeds from primary residence disposal
Refer to instructions for completing these labels.	H\$
Employer contributions A \$	H1 Receipt date / Month / Year
ABN of principal employer	Assessable foreign superannuation fund amount
A1	I \$
Personal contributions	Non-assessable foreign superannuation fund amount
В\$	J\$
CGT small business retirement exemption C \$	Transfer from reserve: assessable amount
CGT small business 15-year exemption amount	K \$
D \$	Transfer from reserve: non-assessable amount
Personal injury election	Contributions from non-complying funds
E \$	and previously non-complying funds
Spouse and child contributions	T \$
Other third party contributions	Any other contributions (including Super Co-contributions and Low Income Super Amounts)
G \$	M \$
	N o
TOTAL CONTRIBUTIONS	(Sum of labels A to M)
	Allocated earnings or losses Loss
Other transactions	o \$
A leties shape appoint balance	Inward rollovers and transfers
Accumulation phase account balance	P\$
Retirement phase account balance	Outward rollovers and transfers
- Non CDBIS	Q \$ Lump Sum payments Code
S2 \$	R1 \$
Retirement phase account balance - CDBIS	Income stream payments Code
s3 \$	R2 \$
95.0	
TRIS Count CLOSING ACCOUNT BALANCE	(51 plus 52 plus 53)
Accumulation phase value	X1 \$
Retirement phase value	X2 \$
Outstanding limited recourse borrowing arrangement amount	Y\$
	itive (when completed) Page 15

Signature as prescribed in tax return	Tax File Number 459492170
MEMBER 9	Code
Title: Mr Mrs Miss Ms Other	Account status
Family name	status —
First given name Other given r	names
Member's TFN Date of birth	If deceased, date of death
See the Privacy note in the Declaration. Day Month	Year Day Month Year
Contributions OPENING ACCOUNT BALANCE \$	
Refer to instructions for completing these labels.	Proceeds from primary residence disposal
Employer contributions	H\$
A \$	H1 Receipt date Day / Month / Year
ABN of principal employer	Assessable foreign superannuation fund amount
A1	1\$
Personal contributions	Non-assessable foreign superannuation fund amount
В\$	J\$
CGT small business retirement exemption C \$	Transfer from reserve: assessable amount
CGT small business 15-year exemption amount	K \$
D\$	Transfer from reserve: non-assessable amount
Personal injury election	Contributions from non-complying funds
E\$	and previously non-complying funds
Spouse and child contributions	T\$
F\$	Any other contributions (including Super Co-contributions and Low Income Super Amounts)
Other third party contributions G \$	M \$
σ ψ	
TOTAL CONTRIBUTIONS	N \$
	(Sum of labels A to M) Allocated earnings or losses Loss
Other transactions	Allocated earnings or losses Loss O \$
	Inward rollovers and transfers
Accumulation phase account balance	P\$
S1 \$	Outward rollovers and transfers
Retirement phase account balance – Non CDBIS	Q \$
2 22	Lump Sum payments Code
Retirement phase account balance	R1 \$
- CDBIS	Income stream payments Code
S3 \$	R2 \$
TRIS Count CLOSING ACCOUNT BALANCE	S \$
	(\$1 plus \$2 plus \$3)
Accumulation phase value	X1 \$
Retirement phase value	X2 \$
Outstanding limited recourse	Y \$
borrowing arrangement amount	

Signature as prescribed in tax return	Tax File Number 459492170
MEMBER 10	Code
Title: Mr Mrs Miss Ms Other	Account status
Family name	- Status -
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	Day Month Year
Contributions OPENING ACCOUNT BALANCE \$	
Refer to instructions for completing these labels.	oceeds from primary residence disposal
Employer contributions	Day Month Year
50-50-6 Total	eceipt date / / / / / / / / / / / / / / / / / / /
	ssessable foreign superannuation fund amount
Personal contributions	on-assessable foreign superannuation fund amount
B\$ J\$	on-assessable loreign superal indution to it distribution
	ansfer from reserve: assessable amount
C\$K\$	
	ransfer from reserve: non-assessable amount
	contributions from non-complying funds
E \$	nd previously non-complying funds
Spouse and child contributions T \$	
	ny other contributions (including Super co-contributions and Low Income Super Amounts)
Other third party contributions M \$	
TOTAL CONTRIBUTIONS N \$	(Sum of labels A to M)
	Allocated earnings or losses Loss
Other transactions O\$	
- I I I I I I I I I I I I I I I I I I I	nward rollovers and transfers
Accumulation phase account balance P \$[1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Retirement phase account balance Q\$	Outward rollovers and transfers
- Non CDBIS	_ump Sum payments Code
S2 \$ R1 \$	
Retirement phase account balance – CDBIS	Income stream payments Code
S3 \$ R2 \$	
TRIS Count CLOSING ACCOUNT BALANCE \$ \$	(S1 plus S2 plus S3)
Accumulation phase value X1 \$	
¥ 1	
Retirement phase value X2 \$	
Outstanding limited recourse borrowing arrangement amount	

Signature as prescribed in tax return	Tax File Number 459492170
MEMBER 11	Code
Title: Mr Mrs Miss Ms Other	Account status
Family name	
First given name Other given names	
That grow mane	
Member's TFN See the Privacy note in the Declaration. Date of birth Day Month	If deceased, date of death Day Month Year
See the Privacy note in the Declaration, Day Month	Year July Michin Teas
Contributions OPENING ACCOUNT BALANCE \$	
	Proceeds from primary residence disposal
Refer to instructions for completing these labels.	
Employer contributions A \$ H1	Day Month Year
ABN of principal employer	Receipt date//
A1 IS	
Personal contributions	Non-assessable foreign superannuation fund amount
B\$	
CGT small business retirement exemption C \$ K \$	Transfer from reserve: assessable amount
CGT small business 15-year exemption amount	Transfer from reserve: non-assessable amount
D\$ L\$	AMORAN CONTROL OF THE
Personal injury election	Contributions from non-complying funds
E \$ Spouse and child contributions T \$	and previously non-complying funds
Spouse and child contributions T \$	Any other contributions (including Super Co-contributions and Low Income Super Amounts)
Other third party contributions	
G \$	
TOTAL CONTRIBUTIONS N S	
10112 001111	(Sum of labels A to M)
	Allocated earnings or losses Loss
Other transactions O S	Inward rollovers and transfers
Accumulation phase account balance	MAINTAIN TO THE PARTY OF THE PA
S1 \$	Outward rollovers and transfers
Retirement phase account balance – Non CDBIS	\$
S2 \$	Lump Sum payments Code
Retirement phase account balance	
- CDBIS	Income stream payments Code
S3 \$ R2	>
TRIS Count CLOSING ACCOUNT BALANCE S	\$
	(S1 plus S2 plus S3)
Accumulation phase value X1	\$
Retirement phase value X2	\$
Outstanding limited recourse borrowing arrangement amount	\$

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Signature as prescribed in tax return	Tax File Number 459492170
MEMBER 12 Title: Mr Mrs Miss Ms Other Family name Other Other	Account status Code
First given name Other given n	ames
Member's TFN See the Privacy note in the Declaration. Date of birth Day Month	If deceased, date of death Year Day Month Year //
Contributions OPENING ACCOUNT BALANCE \$	
Refer to instructions for completing these labels.	Proceeds from primary residence disposal
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	H1 Receipt date / / / / / / / / / / / / / / / / / / /
TOTAL CONTRIBUTIONS	(Sum of labels A to M)
	Allocated earnings or losses Solution Loss Los
Accumulation phase account balance \$1 \$	P \$ Outward rollovers and transfers
Retirement phase account balance – Non CDBIS	Q \$
S2 \$	Lump Sum payments Code
Retirement phase account balance – CDBIS \$3 \$	Income stream payments Code
TRIS Count CLOSING ACCOUNT BALANCE	\$ \$ (S1 plus S2 plus S3)
Accumulation phase value	K1 \$
Retirement phase value	X2 \$
Outstanding limited recourse borrowing arrangement amount	Y \$

Section H: Assets and ASSETS	liabilities			
a Australian managed investments	Listed trusts	A	\$	
	Unlisted trusts	В	\$	
	Insurance policy	C	\$	
	Other managed investments	D	\$	
b Australian direct investments	Cash and term deposits	E	\$	5,791
Limited recourse borrowing arrangen	nents Debt securities	F	\$	
Australian residential real property J1 \$	Loans			
Australian non-residential real property				
J2 \$	Listed shares		Þ	
Overseas real property	Unlisted shares	1	\$	
J3 \$	Limited recourse		5	
Australian shares	borrowing arrangements	-	9	
J4 \$	Non-residentia		\$	
Overseas shares	real property Residentia			
J5 \$	real property	, -	. \$	
Other	Collectables and personal use assets	N	1 \$	
J6 \$			100	
Property count J7	Other assets		, ψ	
5c Other investments	Crypto-Currency	y N	1 \$	S
5d Overseas direct investments	Overseas share:	s F	9	S
Overse	as non-residential real propert	y (2 9	5
0	verseas residential real propert	y F	3 5	5
	Overseas managed investment	s \$	S S	\$
	Other overseas asset	s	T S	5
TOTAL AUSTRALIA	AN AND OVERSEAS ASSETS n of labels A to T)	3 (J S	\$ 185,791

Signature as prescribed in tax return		Tax File Number	459492170
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		
16 LIABILITIES			
Borrowings for limited recourse			
borrowing arrangements V1 \$	1		
Permissible temporary borrowings	1		
V2 \$	1		
Other borrowings	-		
V3 \$	Borrowings \	/ \$	
Total member cl	osing account balances	v s	185,791
(total of all CLOSING ACCOUNT BALANCES	from Sections F and G)	v 3	165,751
	Reserve accounts	K \$	
	Other liabilities	Y \$	
	TOTAL LIABILITIES	7 ¢	185,791
	TOTAL LIABILITIES 2	- Ψ	100,101
Section I: Taxation of financ 17 Taxation of financial arrangements (To	ial arrangemen DFA) Total TOFA gains H \$		
	Total TOFA losses \$	6	
Section J: Other information	1		
Family trust election status			
If the trust or fund has made, or is making, a specified of the election (for	example, for the 2022-23 in	Corrie year, write 2025).	A
If revoking or varying a family tro and complete and attach the	ust election, print R for revok ne <i>Family trust election, revo</i>	te or print V for variation, cation or variation 2023.	В
Interposed entity election status If the trust or fund has an existing election or fund is making one or more expecified and complete an Interpose.	lections this year, write the e	aniest income year being	c
	an interposed entity election		A1 10 10 10 10 10 10 10 10 10 10 10 10 10

gnature as prescribed in tax return	Tax File Number 459492170
Section K: Declarations	
Penalties may be imposed for false or misleading informa	ation in addition to penalties relating to any tax shortfalls.
prortant affore making this declaration check to ensure that all income has been by additional documents are true and correct in every detail. If you leave be was not applicable to you. If you are in doubt about any aspect of the rivacy are ATO is authorised by the Taxation Administration Act 1953 to request entify the entity in our records. It is not an offence not to provide the TFI rm may be delayed. Exation law authorises the ATO to collect information and disclose it to describe the action of the action of the provide the ATO to collect information and disclose it to describe the action of the action of the provide the ATO to collect information and disclose it to describe the action of the action of the provide the ATO to collect information and disclose it to describe the action of the provide the pr	e labels blank, you will have specified a zero amount or the he annual return, place all the facts before the ATO. st the provision of tax file numbers (TFNs). We will use the TFN to FN. However if you do not provide the TFN, the processing of this
to ato.gov.au/privacy	Albi gotomich agaraca, formanian according
RUSTEE'S OR DIRECTOR'S DECLARATION: declare that, the current trustees and directors have authorised this cords. I have received a copy of the audit report and are aware of a sturn, including any attached schedules and additional documentation uthorised trustee's, director's or public officer's signature	any matters raised therein. The information on this annual
Milonsed trastees, directors or public officer o organization	Day Month Year
	Date / / /
referred trustee or director contact details:	
mily name	
oniglio st given name Other given nar	mes
lain Francis	
none number 0755646884 mail address	
on-individual trustee name (if applicable)	
BN of non-individual trustee	
Time taken to prepare and complete th	his annual return Hrs
The Commissioner of Taxation, as Registrar of the Australian Busin provide on this annual return to maintain the integrity of the register.	ness Register, may use the ABN and business details which you ar. For further information, refer to the instructions.
TAX AGENT'S DECLARATION: declare that the Self-managed superannuation fund annual return 2 provided by the trustees, that the trustees have given me a declaration correct, and that the trustees have authorised me to lodge this annual correct.	or stating that the information provided to
Tax agent's signature	Day Month Year
	Date 09 / 01 / 2024
Tax agent's contact details Title: Mr Mrs Miss Ms Other	
amily name	
amily name	ames
iamily name banez irst given name	iames
iamily name Ibanez First given name Reynaldo	names
iamily name banez irst given name	names
Family name Ibanez	

2023 Losses schedule

Companies and trusts that do not join consolidated groups should complete and attach this schedule to their 2023 tax return. Superannuation funds should complete and attach this schedule to their 2023 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 2023, available on our website ato.gov.au for instructions on how to complete this schedule.	
Tax file number (TFN)	
459492170	
Name of entity	
Coniglio Superannuation Fund	
Australian business number	
90302393722	
- 1 forward to the 2022 24 income year avoides fi	Im losses
Part A – Losses carried forward to the 2023–24 income year – excludes file 1 Tax losses carried forward to later income years	111 105565
tear or ioss	259
2022–23 B	259
2021–22 C	251
2020–21 D	1,975
2019–20 E	
2018–19 F	
2017–18 and earlier income years G	
Total U	2,485
Transfer the amount at U to the Tax losses carried forward to later income years label on your to	ax return.
2 Net capital losses carried forward to later income years Year of loss	
2022–23 H	
2021–22	
2020–21 J	
2019–20 K	
2018–19 L	
2017–18 and earlier income years	

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

Total V

Sig	nature as prescribed in tax return		Ta	ax File Number	459492170
2	art B - Ownership and b	usiness continuity	te	st - company and	d listed widely held trust only
sa	omplete item 3 of Part B if a loss is being of tis ied in relation to that loss. on not complete items 1 or 2 of Part B if, in ainst a net capital gain or, in the case of co	the 2022–23 income year, no loss	s has	been claimed as	
1	Whether continuity of majority	Year of loss			
	ownership test passed	2022–23	A	Yes No	
	Note: If the entity has deducted, applied, transferred in or transferred out (as applicable) in the 2022–23 income year a loss incurred in	2021–22	В	Yes No	
	any of the listed years, print X in the Yes or No box to indicate whether the entity has satisfied the continuity of majority ownership test in	2020–21	C	Yes No	
	respect of that loss.	2019–20	D	Yes No	
		2018–19	E	Yes No	
		2017–18 and earlier income years	F	Yes No	
2	Amount of losses deducted/applied for business continuity test is satisfied -	or which the continuity of maj excludes film losses	jority	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 mus- ies Tax losses Net capital losses	1	satisfied before	they can be deducted/
4	Do current year loss provisions apply Is the company required to calculate its tay the year under Subdivision 165-B or its net c for the year under Subdivision 165-CB of the 1997 (ITAA 1997)?	able income or tax loss for	K	Yes No	
F	Part C - Unrealised losses				
	Note: These questions relate to the operation				
	Has a changeover time occurred in relation tafter 1.00pm by legal time in the Australian 0 11 November 1999?	o the company Capital Territory on	L	Yes No	
	If you printed \boldsymbol{X} in the \boldsymbol{No} box at \boldsymbol{L} , do not con	nplete M, N or O.			
	At the changeover time did the company sainet asset value test under section 152-15 of	tisfy the maximum ITAA 1997?	M	Yes No	
	If you printed X in the No box at M, has the	company determined	N	Yes No	
	it had an unrealised net loss at the changeov	ver time r			N

Tax	x File Number	459492170
P		
Q	Q	
M		
N		
0		
11		
ar A		2,226
s B		
ot C		
ar D		259
ts E		
ne F		
ne G		
ed H		
ty)		
ars J		2,485
	B S M N O O O O O O O O O O O O O O O O O O	s M d N d O ar A be B bt C ar D bts E ne F ne G ed H

OFFICIAL: Sensitive (when completed)

Tax File Number	459492170

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

Important

Before making this declaration check to ensure that all the information required has been provided on this form and any attachments to this form, and that the information provided is true and correct in every detail. If you are in doubt about any aspect of the tax return, place all the facts before the ATO. The income tax law imposes heavy penalties for false or misleading statements.

Privacy

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

Taxpayer's declaration

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

Signature	
	Date Day / Month / Year
Contact person	Daytime contact number (include area code)
Alain Francis Coniglio	0755646884