Self-managed superannuation fund annual return

2015

WHO SHOULD COMPLETE THIS ANNUAL RETURN?

Only self-managed superannuation funds (SMSFs) can complete this annual return. All other funds must complete the *Fund income tax return 2015* (NAT 71287).

The Self-managed superannuation fund annual return instructions 2015 (NAT 71606) (the instructions) can assist you to complete this annual return.

TO COMPLETE THIS ANNUAL RETURN

- Print clearly, using a BLACK pen only.
- Use BLOCK LETTERS and print one character per box.

orial actor per box.	
8 M 1 T H	ST

lacktriangle Place X in ALL applicable boxes.

ус	bu to complete this annual return.
Se	ection A: Fund information
1	Tax file number (TFN) ******** To assist processing, write the fund's TFN at the top of pages 3, 5 and 7.
	The Tax Office 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)
AY	OUB Family Super Fund
3	Australian business number (ABN) (if applicable) 74949275430
4	Current postal address
PC	9 Box 230
Sub	ourb/town State/territory Postcode
Gle	en Osmond SA 5064
5	Annual return status Is this an amendment to the SMSF's 2015 return? A No Yes Is this the first required return for a newly registered SMSF? B No Yes
6 Aud	SMSF auditor ditor's name
Title	·······
Boy	nily name
Firs	t given name Other given names Chony
	ISF Auditor Number Auditor's phone number 0014140 04 10702708
Pos	stal address
РΟ	Box 3376
Sub	ourb/town State/territory Postcode
Ru	ndle Mall SA 5000
Dat	te audit was completed A 26/05/2023
Wa	s Part B of the audit report qualified? B No Yes
	ne audit report was qualified, have the reported mpliance issues been rectified? C No Yes

		100017303MS
		Fund's tax file number (TFN) *********
7	Ele	ectronic 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.
	A	Financial institution details for super payments and tax refunds
		You must provide the financial institution details of your fund's nominated super account. If you would like your fund's tax refunds paid to a different account, you can provide additional financial institution details at B .
		Fund BSB number (must be six digits) 062334 Fund account number 10795261
		Fund account name (for example, J&Q Citizen ATF J&Q Family SF)
		VICTORIA AYOUB & MILAD AYOUB ATF
	В	Financial institution details for tax refunds only If you would like your fund's tax refunds paid to a different account, provide additional financial institution details. Tax refunds cannot be paid to a trustee's personal account. (See relevant instructions.)
		BSB number (must be six digits) Account number
		Account name (for example, J&Q Citizen ATF J&Q Family SF)
	С	Electronic service address alias
		We will use your electronic service address alias to communicate with your fund about ATO super payments.
		smsfdataflow
3	Sta	Australian superannuation fund A No 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 Contribution?
)	Wa	is the fund wound up during the income year?
	No	Yes If yes, provide the date on which the fund was wound up Day Month Year Have all tax lodgment and payment obligations been met? No Yes
0	Exe	empt current pension income
		the fund pay an income stream to one or more members in the income year?
	the	To claim a tax exemption for current pension income, you must pay at least the minimum benefit payment under e law. Record exempt current pension income at Label A.
	No	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?
	_	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.)
	the	If you are entitled to claim any tax offsets, you can list ese at Section D: Income tax calculation statement.

Fund's tax file number (TFN)	******

Section B: Income

Do not complete this section if your fund was in **full** pension phase for the **entire year** and there was **no** other income that was assessable. If you are entitled to claim any tax offsets, you can record these at Section D: Income tax calculation statement.

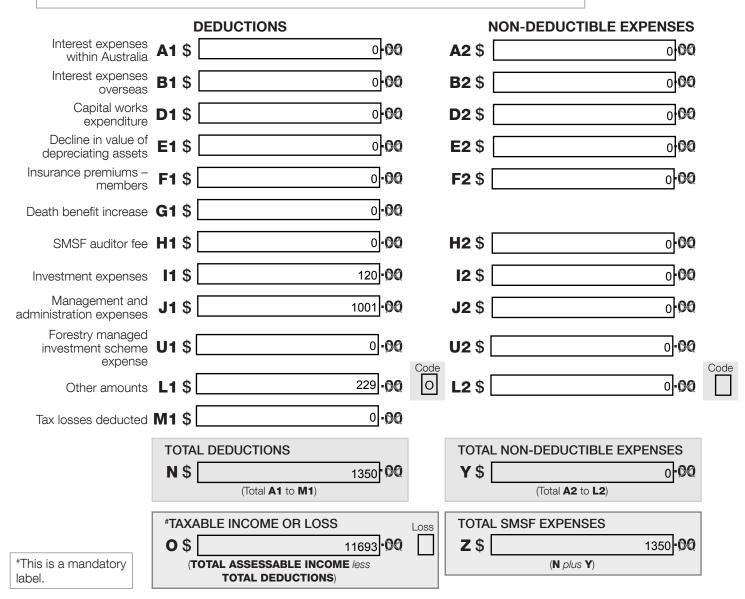
11 Income Did you have a capital gains tax (CGT) event during the year?	G No Yes	greater than	pital loss or total capital gain is \$10,000 complete and attach	
Have you applied an		Code	ns tax (CGT) schedule 2015.	
exemption or rollover?	M No Yes			
	Net capital gain	A \$	3124	
Gross rent and other leas	ing and hiring income	В\$	0.00	
	Gross interest	C \$	111 -00	
Forestry	managed investment scheme income	X \$	0-00	
Gross foreign income				Loss
D1 \$ 0	Net foreign income	D \$	0-00	
Australian franking credits from a N	ew Zealand company	E \$	0-00	Number
	Transfers from foreign funds	F \$	0-00	T Valified
G	ross payments where _ ABN not quoted	н \$	-00	1
Calculation of assessable contributions Assessable employer contributions	Gross distribution from partnerships	ı \$	-00	Loss
R1 \$ 5551	*Unfranked dividend amount	J \$	0-00	
Plus Assessable personal contributions R2 \$ 0.00	*Franked dividend amount	к \$	2980 -00	
plus *No-TFN-quoted contributions	*Dividend franking	L \$	1277 - 00	
R3 \$ 0-00 (an amount must be included even if it is zero)	credit *Gross trust	M \$	0-00	Code
less Transfer of liability to life insurance company or PST	distributions			_
R6 \$ -00	Assessable contributions (R1 plus R2 plus R3 less R6)	R \$	5551 -00	
Calculation of non-arm's length income *Net non-arm's length private company dividends 0-00	*Other income	s \$	0-00	Code
plus*Net non-arm's length trust distributions U2\$ 0-60	*Assessable income due to changed tax status of fund	T \$	0-00	
plus *Net other non-arm's length income U3 \$ 0-00	Net non-arm's length income (subject to 47% tax rate) (U1 plus U2 plus U3)	U \$	0 -00	
#This is a mandatory label.	GROSS INCOME (Sum of labels A to U)	w \$	13043	Loss
entered at this laber,	rrent pension income	Y \$	-00	
to ensure the correct tax treatment has been applied. TOTAL ASSESSAB	LE INCOME (W less Y) V \$		13043	Loss

Fund's tax file number (TFN)	*****

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).



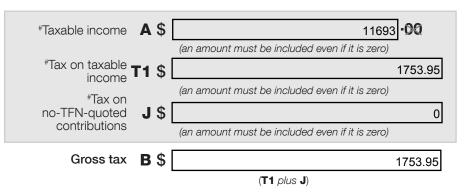
Section D: Income tax calculation statement

#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 2015 on how to complete the calculation statement.



		Fund's tax file number (TFN) ********
	Foreign income tax offset	
C1\$	0	
	Rebates and tax offsets	Non-refundable non-carry forward tax offsets
C2\$		C \$
		(C1 plus C2)
	Complying fund's franking credits tax offset	SUBTOTAL
E1\$		T2 \$ 1753.95
•	No-TFN tax offset	(B less C – cannot be less than zero)
E2 \$		
	National rental affordability scheme tax offset	Refundable tax offsets
E3\$		E \$ 1277.15
		(E1 plus E2 plus E3)
	*TAX PAYABLE	T5 \$ 476.80
		(T2 less E – cannot be less than zero)
	Credit for interest on early payments –	Section 102AAM interest charge
	amount of interest	G \$
H1\$		<u> </u>
	Credit for tax withheld – foreign	Fligible avadite
	resident withholding	Eligible credits
H2\$	0	(H4 plus H2 plus H2 plus H5 plus H6)
	Credit for tax withheld – where ABN or TFN not quoted (non-individual)	(H1 plus H2 plus H3 plus H5 plus H6)
Н3\$		*Tax offset refunds
115 ψ	Credit for TFN amounts withheld from	(Remainder of refundable tax offsets)
	payments from closely held trusts	I \$0
H5\$		(unused amount from label E – an amount must be included even if it is zero)
	Credit for interest on no-TFN tax offset	PAYG instalments raised
H6\$		1.5 A
		Supervisory levy
		L \$ 259
		Supervisory levy adjustment for wound up funds
		M \$
		Supervisory levy adjustment for new funds
		N \$
	AMOUNT DUE OR REFUNDABLE	S \$ 735.80
	A positive amount at S is what you owe,	(T5 plus G less H less I less K plus L less M plus N)
	while a negative amount is refundable to you.	
#This is	s a mandatory label.	
	-	
	ion F. Leone	
\sim eci	ion F: Losses	

Sensitive (when completed)

Tax losses carried forward to later income years

Net capital losses carried forward to later income years \boldsymbol{V} $\boldsymbol{\$}$

14 Losses

schedule 2015.

If total loss is greater than \$100,000,

complete and attach a Losses

0 -00

0 -00

Section F: Member information

In Section F report all current members in the fund at 30 June.

Use Section G to report any former members or deceased members who held an interest in the fund at any time during the income year.

MEMBER 1						
Title: MR						
Family name						
Ayoub First given name		Other give	en names			
Milad		Boutrou				
Member's TFN					Day Month	Year
See the Privacy note in	the Declarat	ion. *******		Date of birth	06/06/1945	
Contributions		NING ACCOUNT BALANCE			31415.70	
Refer to instruction for completing these labels.	ons L	Employer contributions	A \$		0	
	ABN	N of principal employer A1				
		Personal contributions	В\$		0	
(CGT small bu	usiness retirement exemption	C \$		0	
CGT s	mall busines	s 15-year exemption amount	D \$		0	
		Personal injury election	E \$		0	
Spouse and child contributions			F\$		0	
	С	other third party contributions	G \$		0	
Assessable foreign superannuation fund amount					0	
Non-assessable foreign superannuation fund amount					0	
Transfer from reserve: assessable amount					0	
Trans		erve: non-assessable amount	- +		0	
Contributions from non-complying funds and previously non-complying funds Any other contributions (including Super Co-contributions			IΨ		0	
,, cc. cc	and Low	Income Super Contributions)	IVI D		0]	
Other transactions		TOTAL CONTRIBUTIONS	N \$		0	Loss
	Alloc	cated earnings or losses O	\$		3204.59	
	Inward	d rollovers and transfers P	\$		0	
Outward rollovers and transfers Q\$			0	Code		
Lump Sum payment R1 \$ 9500				9500	F	
	lr	ncome stream payment R2	\$			
	CLOSING	ACCOUNT BALANCE \$	\$		25120.29	

Fund's tax file number (TFN)	******

	all current members i t any former members			eld an interest in the fund	at any time dur	ing the
MEMPED 0						
MEMBER 2						
Title: MS Family name						
Ayoub					7	
First given name		Other giver	n names		_	
Victoria		Christine	;			
Member's TFN See the Privacy note in the	ne Declaration.	***		Date of birth 06/10	/1985	Year
Contributions	11	OUNT BALANCE	\$		43402	
Refer to instructions for completing these labels.		oyer contributions	A \$		5551.80	
	ABN of princip	al employer A1				
	Pers	onal contributions	в\$		0	
CC	GT small business retir	rement exemption	C \$		0	
CGT sm	all business 15-year e	xemption amount	D \$		0	
	Perso	onal injury election	E \$		0	
	Spouse and o	child contributions	F \$		0	
Other third party contributions			G \$		0	
Assessable foreign superannuation fund amount			I \$		0	
Non-assessable foreign superannuation fund amount			J \$		0	
Transfer from reserve: assessable amount			K \$		0	
Transfer from reserve: non-assessable amount			L\$		0	
	Contributions from nor and previously nor	-complying funds	T \$		0	
Any other contribu	utions (including Super and Low Income Super	Co-contributions per Contributions)	м \$		0	
	TOTAL C	ONTRIBUTIONS	N \$		5551.80	Loss
Other transactions	Allocated earnir	ngs or losses O	\$		3298.79	
	Inward rollovers	and transfers P	\$		0	
Outward rollovers and transfers Q\$			\$		0	Code
Lump Sum payment R1 \$			\$			
Income stream payment R2 \$						Code
	CLOSING ACCOUN	T BALANCE S	\$		52252.59	

Fund's tax file number (TFN)	******

income year.				
MEMBER 3				
Title:				
Family name				
First given name	Other given names			
	Day Month	Year		
Member's TFN See the Privacy note in	the Declaration. Date of birth			
Contributions	OPENING ACCOUNT BALANCE \$			
Refer to instruction				
for completing these labels.	Employer contributions A\$			
	ABN of principal employer A1			
	Personal contributions B \$			
C	CGT small business retirement exemption C \$			
CGT sr	mall business 15-year exemption amount D \$			
	Personal injury election E \$			
	Spouse and child contributions F \$			
	Other third party contributions G \$			
Assessa	able foreign superannuation fund amount \$			
Non-assessa	able foreign superannuation fund amount J\$			
Т	Transfer from reserve: assessable amount K\$			
Transf	fer from reserve: non-assessable amount L\$			
	Contributions from non-complying funds and previously non-complying funds			
Any other contrib	outions (including Super Co-contributions and Low Income Super Contributions) M \$			
	TOTAL CONTRIBUTIONS N \$			
Other transactions	Allocated earnings or losses • \$	Loss		
	Inward rollovers and transfers P\$			
	Outward rollovers and transfers Q\$	Cada		
Lump Sum payment R1 \$				
	Income stream payment R2 \$	Code		
	CLOSING ACCOUNT BALANCE \$\$			

In Section F report all current members in the fund at 30 June.
Use Section G to report any former members or deceased members who held an interest in the fund at any time during the

Fund's tax file number (TFN)	*****

	t all current members in the fund at 30 June. rt any former members or deceased members	s who held an interest in the fund at any time during the
MEMBER 4		
Title:		
Family name		
First given name	Other given name	es
		Day Month Year
Member's TFN See the Privacy note in t	the Declaration.	Date of birth
Contributions	OPENING ACCOUNT BALANCE \$	
Refer to instruction for completing these labels.	Employer contributions A	\$
	ABN of principal employer A1	
	Personal contributions B \$	\$
C	GT small business retirement exemption C	\$
CGT sm	nall business 15-year exemption amount D \$	\$
	Personal injury election	\$
	Spouse and child contributions F	\$
	Other third party contributions G	\$
Assessa	ble foreign superannuation fund amount	\$
Non-assessa	ble foreign superannuation fund amount	\$
Tr	ansfer from reserve: assessable amount K	\$
Transfe	er from reserve: non-assessable amount	\$
(Contributions from non-complying funds and previously non-complying funds	\$
Any other contribu	utions (including Super Co-contributions and Low Income Super Contributions)	\$
	TOTAL CONTRIBUTIONS N	
Other transactions	Allocated earnings or losses O \$	Loss
	Inward rollovers and transfers P\$	
	Outward rollovers and transfers Q\$	Code
	Lump Sum payment R1 \$	
	Income stream payment R2\$	Code
	CLOSING ACCOUNT BALANCE \$\$	

Fund's tax file number (TFN)	******
,	

Section G: Supplementary member information

In Section G report any former members or deceased members who held an interest in the fund at any time during the income year. Also in Section G report any other members who cannot be included at pages 6 to 9.

MEMBER 5		Code
Title:		Account status
Family name		
First given name	Other given names	
That given hame		
Member's TFN	Date of birth	If deceased, date of death
See the Privacy note in the De	oclaration. Day Month Year	Day Month Year
Contributions	OPENING ACCOUNT BALANCE \$	
Refer to instructions		
for completing these labels.	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 \$	
Assessable	e foreign superannuation fund amount \$	
Non-assessable	e foreign superannuation fund amount J\$	
Trans	sfer from reserve: assessable amount K\$	
Transfer f	rom reserve: non-assessable amount L\$	
Cor	ntributions from non-complying funds and previously non-complying funds	
Any other contribution	ons (including Super Co-contributions and Low Income Super Contributions)	
	TOTAL CONTRIBUTIONS N \$	
Other transactions	Allocated earnings or losses O \$	Loss
	Inward rollovers and transfers P\$	
	Outward rollovers and transfers Q \$	Code
	Lump Sum payment R1 \$	Code
	Income stream payment R2 \$	
С	LOSING ACCOUNT BALANCE \$\$	

			Fund	's tax	file	number	(TFN) [*****			
In Section G report are income year. Also in Section									t any time	during the)
MEMBER 6											Code
Title:									Accour	nt status	
Family name									1		
First given name		Ot	her giver	n names	3]		
Member's TFN See the Privacy note in the Dec	claration.	Date o	f birth Mor	ıth		Year		If dec	eased, da		t h Year
	0.00.00.00	,									
Contributions										7	
	OPENIN	G ACCOUNT BALA	ANCE	\$							
Refer to instructions for completing these labels.		Employer contrib	outions	A \$							
	 ABN of	principal employer	A1								
		Personal contrib	outions	в\$							
CGT	small busin	ess retirement exer	mption	c \$							
CGT small	business 15	5-year exemption a	mount	D \$							
		Personal injury e	lection	E \$							
	Spous	se and child contrib	outions	F \$							
	Othe	r third party contrib	outions	G \$							
Assessable	foreign sup	erannuation fund a	mount	ı \$							
Non-assessable	foreign sup	erannuation fund a	mount	J \$							
Trans	sfer from res	erve: assessable a	mount	K \$							
Transfer fr	rom reserve	: non-assessable a	mount	L \$							
		om non-complying usly non-complying		T \$							
Any other contributio a	ns (including	g Super Co-contrib ome Super Contrib	utions)	м \$							
	Т	OTAL CONTRIBUT	TIONS	N \$							
Other transactions	Allocate	d earnings or losse	es O	\$ [Loss	
	Inward ro	llovers and transfer	P	\$ [
	Outward ro	llovers and transfer	s Q	\$ [Code	
Lump Sum payment R1 \$			\$ [
Income stream payment R2 \$				\$ [Code	

S\$

CLOSING ACCOUNT BALANCE

		Fund's tax file n	ıur	nbe	ər (TFN) <u>*******</u>	
	ction H: Assets and liabilitie	es				
15a	Australian managed investments	Listed trusts	A	\$	0-00)
		Unlisted trusts	В	\$	0-00)
		Insurance policy	C	\$	0-00)
	Other	managed investments	D	\$	0-00)
15b	Australian direct investments	Cash and term deposits	Е	\$	5148)
	Limited recourse borrowing arrangements Australian residential real property	Debt securities	F	\$	0 -00)
	J1 \$ 0-00	Loans	G	\$	0-00)
	Australian non-residential real property J2 \$ 0-90	Listed shares	Н	\$	51314)
	Overseas real property	Unlisted shares	ı	\$	0-90)
	J3 \$ 0-00	Limited recourse orrowing arrangements	J	\$	0-00)
	Australian shares 0-00	Non-residential		ф.		
	Overseas shares	real property Residential		\$	0-00	
	J5 \$	real property		\$	0-00)
	Other 0-00	Collectables and personal use assets	M	\$	0 -00)
	<u> </u>	Other assets	0	\$	21597)
15c	Overseas direct investments	Overseas shares	P	\$	0 -00)
	Overseas non-	residential real property	Q	\$	0-00)
	Overseas residential real property			\$	0-00)
	Overseas	managed investments	S	\$	0-00)
		Other overseas assets	T	\$	0-00)
	TOTAL AUSTRALIAN AND (Sum of labels		U	\$	78059)
5d	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?	No Yes		\$	-00)

100017303MS

	Fund's tax file	e nu	mb	er (TFN)	******				
16	LIABILITIES Borrowing	s V	\$					0-00	
	Total member closing account balance (total of all CLOSING ACCOUNT BALANCE s from Sections F and G	s G) V	/ \$	3			773	372 -00	
	Reserve account	s X	\$	5				0-00	
	Other liabilitie	s Y	\$				6	87-00	
	TOTAL LIABILITIE	s Z	\$				780	59 .00	
_ Se	ection I: Taxation of financial arrangeme	nt							
	Taxation of financial arrangements (TOFA)		r		—				
	from a financial arrangement subject to the TOFA rules?	i No) [X Yes					
	Total TOFA gains H	\$						-00	
	Total TOFA losses	\$						-00	Loss
	TOFA transitional balancing adjustment J	\$						-00	
_ Se	ection J: Other information								
Fan	nily trust election status If the trust or fund has made, or is making, a family trust election, write specified of the election (for example, for the 2014–18)					A			
	If revoking or varying a family trust election, print R for revand complete and attach the Family trust election, re					В			
Inte	erposed entity election status If the trust or fund has an existing election, write the earliest incom or fund is making one or more elections this year, write the specified and complete an Interposed entity election or revocate	earli	est	income ye	ar being	С			
	If revoking an interposed entity elec and attach the <i>Interposed entity</i> e					D			

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 current trustees and directors have authorised this annual return and it is documented as such in the SMSF's records. I have received the audit report and I am aware of any matters raised. I declare that the information on this annual return, including any attached schedules and additional documentation is true and correct. I also authorise the ATO to make any tax refunds to the nominated bank account (if applicable).

Ayoub First given name Cither given names Boutrous Boutrous Phone number 04	Authorised trustee's, director's or public office	cer's signature				
Preferred trustee or director contact details: Title: MR Family name Ayoub First given name Cither given names Boutrous Cither given names Boutrous Cither given names Boutrous Phone number 04 59777125 Email actdress ayoubvicky85@gmail.com Non-individual trustee name (if applicable) ABN of non-individual trustee Time taken to prepare and complete this annual return Hrs The Commissioner of Taxation, as Registrar of the Australian Business Register, may use the ABN and business details which you provide on this annual return to maintain the integrity of the register. For further information, refer to the instructions. TAX AGENT'S DECLARATION: I declare that the Self-managed superannuation fund annual return 2015 has been prepared in accordance with information provided by the trustees, that the trustees have given me a declaration stating that the information provided to me is true and correct, and the the trustees have authorised me to lodge this annual return. Tax agent's contact details Title: MS Family name Cooper First given name Cher given names Emily Tax agent's practice SMSF Australia Tax agent's phone number Reference number Ayoub Ayoub Tax agent sphone number Tax agent number Tax agent number Tax agent number Tax agent number				Day Mont	th .	Year
Title: MR Family name Ayoub Phone number 04 59777125 Email address ayoubvicky85@gmail.com Non-individual trustee name (if applicable) ABN of non-individual trustee name (if applicable) ABN of non-individual trustee name (if applicable) Time taken to prepare and complete this annual return			Date			
Family name Ayoub First given name Milad Phone number [04	Preferred trustee or director contac	t details:				
Ayoub First given name Other given names Boutrous Cher given names Cher given name	Title: MR					
Cither given name Cither given names Boutrous Phone number 04	Family name					
Cither given name Cither given names Boutrous Phone number 04	Ayoub					
Phone number 04	First given name	Other given names				
Email address ayoubvicky85@gmail.com Non-individual trustee name (if applicable) ABN of non-individual trustee Time taken to prepare and complete this annual return	Milad	Boutrous				
ABN of non-individual trustee name (if applicable) ABN of non-individual trustee name (if applicable) Time taken to prepare and complete this annual return	Phone number 04 59777125					
ABN of non-individual trustee name (if applicable) Time taken to prepare and complete this annual return Hrs It has been prepared in accordance with information provided by the trustees, that the fustees have given me a declaration stating that the information provided to me is true and correct, and that the trustees have authorised me to lodge this annual return. Tax agent's contact details Time taken to prepare and complete this annual return Hrs It has been prepared in accordance with information provided by the trustees, that the trustees have given me a declaration stating that the information provided to me is true and correct, and that the trustees have authorised me to lodge this annual return. Tax agent's signature Day Month Year Date / / Date / / Tax agent's contact details Title: MS Family name Cooper First given name Other given names Emily Tax agent's practice SMSF Australia Tax agent's phone number Tax agent agent sphone number AYOUB Tax agent agent agent agent agent agent number AYOUB	Email address					
ABN of non-individual trustee Time taken to prepare and complete this annual return Hrs The Commissioner of Taxation, as Registrar of the Australian Business Register, may use the ABN and business details which you provide on this annual return to maintain the integrity of the register. For further information, refer to the instructions. AAGENT'S DECLARATION: I declare that the Self-managed superannuation fund annual return 2015 has been prepared in accordance with information provided by the trustees, that the trustees have given me a declaration stating that the information provided to me is true and correct, and that the trustees have authorised me to lodge this annual return. Tax agent's signature Daty Month Year Date Tax agent's contact details Title: MS Family name Cooper First given name Cither given names Emily Tax agent's practice SMSF Australia Tax agent's phone number Reference number AYOUB Tax agent's phone number Tax agent number	ayoubvicky85@gmail.com					
Time taken to prepare and complete this annual return Hrs The Commissioner of Taxation, as Registrar of the Australian Business Register, may use the ABN and business details which you provide on this annual return to maintain the integrity of the register. For further information, refer to the instructions. TAX AGENT'S DECLARATION: I declare that the Self-managed superannuation fund annual return 2015 has been prepared in accordance with information provided by the trustees, that the trustees have given me a declaration stating that the information provided to me is true and correct, and the trustees have authorised me to lodge this annual return. Tax agent's signature Day Month Year Date / / Tax agent's contact details Title: MS Family name Cooper First given name Other given names Emily Tax agent's practice SMSF Australia Tax agent's phone number Reference number Tax agent number 13 00392544 AYOUB	Non-individual trustee name (if applicable)					
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you provide on this annual return to maintain the integrity of the register. For further information, refer to the instructions. TAX AGENT'S DECLARATION: I declare that the Self-managed superannuation fund annual return 2015 has been prepared in accordance with information provided by the trustees, that the trustees have given me a declaration stating that the information provided to me is true and correct, and the trustees have authorised me to lodge this annual return. Tax agent's signature Dey Month Year Date Date Date Date Dey Month Year Date Date Tax agent's contact details Title: MS Family name Cooper First given name Other given names Emily Tax agent's practice SMSF Australia Tax agent's phone number Reference number Tax agent number 13 00392544 AYOUB	Time taken to	prepare and complete this annual return	Н	rs		
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Tax agent's contact details Title: MS Family name Cooper First given name Other given names Emily Tax agent's practice SMSF Australia Tax agent's phone number Reference number 13 00392544 AYOUB Date // // // // // // // // // // // // //	I declare that the Self-managed superannual by the trustees, that the trustees have given the trustees have authorised me to lodge this	me a declaration stating that the information				
Tax agent's contact details Title: MS Family name Cooper First given name Other given names Emily Tax agent's practice SMSF Australia Tax agent's phone number Reference number Tax agent number 13 00392544 AYOUB 25957257				Day Mont	th ,	Year
Title: MS Family name Cooper First given name Cither given names Emily Tax agent's practice SMSF Australia Tax agent's phone number Tax agent number AYOUB Tax agent number AYOUB			Date			
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Cooper First given name Other given names Emily Tax agent's practice SMSF Australia Tax agent's phone number Reference number Tax agent number AYOUB Tax agent number 25957257	Title: MS					
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Emily Tax agent's practice SMSF Australia Tax agent's phone number Reference number Tax agent number AYOUB Tax agent number 25957257	Cooper					
Tax agent's practice SMSF Australia Tax agent's phone number Reference number Tax agent number 13 00392544 AYOUB 25957257	First given name	Other given names				
SMSF Australia Tax agent's phone number Reference number Tax agent number AYOUB Tax agent number 25957257	Emily					
Tax agent's phone number Reference number Tax agent number 25957257	Tax agent's practice					
13 00392544 AYOUB 25957257	SMSF Australia					
13 00392544 AYOUB 25957257	Tax agent's phone number	Reference number		Tax agent n	umber	
			7			

Capital gains tax (CGT) schedule 2015

WHEN	COMPL	.ETING	THIS	FORM

- Print clearly, using a black or dark blue pen only.
- Use BLOCK LETTERS and print one character in each box.

8 M 1 T	H S T	

- Do not use correction fluid or covering stickers.
- Sign next to any corrections with your **full signature** (not initials).
- Use in conjunction with company, trust, fund income tax return or the self-managed superannuation fund annual return.
- Refer to the Guide to capital gains tax 2015 available on our website at ato.gov.au for instructions on how to complete this schedule.

T ("	*****
Tax file number (TFN)	

We are authorised by law to request your TFN. You do not have to quote your TFN. However, if you don't it could increase the chance of delay or error in processing your form.

Australian business number (ABN) 74949275430

Taxpayer's name

AYOUB Family Super Fund

capital gains

Current year capital gains and capital losses

Shares in companies		Capital gain	Ca	pital loss
listed on an Australian securities exchange	A \$	4685 -00	K \$	0-00
Other shares	В\$	0 -00	L \$	o- 00
Units in unit trusts listed on an Australian securities exchange	C \$	0 -00	м\$	0-00
Other units	D \$	0-00	N \$	0-00
Real estate situated in Australia	E \$	0 -00	o \$	0-00
Other real estate	F \$	0 -00	P \$	0 -00
Amount of capital gains from a trust (including a managed fund)	G \$	0 -00		
Collectables	н\$	0 -00	Q \$	0-00
Other CGT assets and any other CGT events	I \$	0 -90	R \$	0-00
Total current year	J \$	4685	Add the amounts at la the total in item 2 labe	abels K to R and write

capital losses.

	Fund's tax file	nu	mber (TE	:NI)	1000	17303BV
2		Hui	ilibei (II	14)		
2	Capital losses Total current year capital losses	A	\$			0 -00
	Total current year capital losses applied	В	\$			0-00
	Total prior year net capital losses applied	C	\$			0 -00
	Total capital losses transferred in applied (only for transfers involving a foreign bank branch or permanent establishment of a foreign financial entity)	D	\$			-00
	Total capital losses applied	Ε	\$	_		0 -00
		Ad	ld amounts	at i	B, C and D.	
3	Unapplied net capital losses carried forward					
	Net capital losses from collectables carried forward to later income years	A	\$			0 -00
	Other net capital losses carried forward to later income years	В	\$			0 -00
		to	label V - N	let c	A and B and transfer the capital losses carried fo years on your tax return.	
4	CGT discount					
	Total CGT discount applied	A	\$	<u> </u>	15	61 -00
5	CGT concessions for small business					
	Small business active asset reduction	A	\$			-00
	Small business retirement exemption	В	\$			-00
	Small business rollover	С	\$			-00
	Total small business concessions applied	D	\$	<u> </u>		-00
6	Net capital gain					
	-	$\overline{}$				

Net capital gain A \$ 3124 **-00**

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.

	Fund's tax file number (TFN)	100017303BW
7	Earnout arrangements	
	Are you a party to an earnout arrangement? A Yes, as a buyer Yes, as a seller (Print X in the appropriate box.)	No
	If you are a party to more than one earnout arrangement, copy and attach a separate sheet to this schedu details requested here for each additional earnout arrangement.	le providing the
	How many years does the earnout arrangement run for? B	
	What year of that arrangement are you in? C	
	If you are the seller, what is the total estimated capital proceeds from the earnout arrangement?	-00
	Amount of any capital gain or loss you made under your earnout arrangement in the income year.	-00 / Loss
8	Other CGT information required (if applicable)	CODE
	Small business 15 year exemption – exempt capital gains A\$	-00/
	Capital gains disregarded by a foreign resident B \$	-00
	Capital gains disregarded as a result of a scrip for scrip rollover C\$	-00
	Capital gains disregarded as a result of an inter-company asset rollover D \$	-00
	Capital gains disregarded by a demerging entity E \$	-00

Losses schedule

Companies and trusts that do not join consolidated groups should complete and attach this schedule to their 2015 tax return.

Superannuation funds should complete and attach this schedule to their 2015 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.

Refer to Losses schedule instructions 2015, available on our website ato.gov.au for instructions on how to complete this schedule.

Name of entity			
AYOUB Family Super Fund			
L			
74949275430]		

Part A Losses carried forward to the 2015–16 income year – excludes film losses

1 Tax losses carried forward to later income years

Tax file number (TFN)

	Year of loss
·00	2014–15
·00	2013–14
·00	2012–13
E .00	2011–12
F .00	2010–11
G	2009–10 and earlier income years
U0-00	Total

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

2 Net capital losses carried forward to later income years

Year of loss 2014-15 00 2013-14 00 2012-13 -00 2011-12 -00 2010-11 00 2009-10 and earlier 00 income years Total V 0-00

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

		Fund's tax file num	ber (TFN)	*****	
	Part B Ownership and same busin	ess test – company and listed wide	ly held trust or	nly	
sa D	omplete item 3 of Part B if a loss is being of atisfied in relation to that loss. o not complete items 1 , 2 or 4 of Part B if, gainst a net capital gain or, in the case of co	in the 2014–15 income year, no lo	ss has been	claimed as a deduction, app	
a	- · · · · · · · · · · · · · · · · · · ·	•	ansierred in	Or out.	
1	Whether continuity of majority ownership test passed	Year of loss 2014–15	A Yes	No Print X in the appropriate box.	
	Note: If the entity has deducted, applied, transferred in or transferred out (as applicable) in the 2014–15 income year a loss incurred in	2013–14	B Yes	No Print X in the appropriate box.	
	any of the listed years, print X in the Yes or No box to indicate whether the entity has satisfied	2012–13	C Yes	No Print X in the appropriate box. Print X in the	
	the continuity of majority ownership test in respect of that loss.	2011–12 2010–11	D Yes E Yes	appropriate box. No Print X in the appropriate box.	
		2009–10 and earlier income years	F Yes	No Print X in the appropriate box.	
2	Amount of losses deducted/applied for same business test is satisfied – exclude		rity owners	hip test is not passed but	the
		Tax losses	G		-00
		Net capital losses	H		-00
3	Losses carried forward for which the in later years – excludes film losses		ntisfied befo	ore they can be deducted	_
		Tax losses			00
		Net capital losses	J		-00
4	Do current year loss provisions apply's ls the company required to calculate its taxa the year under Subdivision 165-B or its net cap for the year under Subdivision 165-CB of the In 1997 (ITAA 1997)?	ble income or tax loss for bital gain or net capital loss	K Yes	No Print X in the appropriate box.	
	Part C Unrealised losses - company of	only			
	Note: These questions relate to the operation of	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?		Yes	No Print X in the appropriate box.	
	If you printed X in the No box at L , do not com	olete M, N or O.			
	At the changeover time did the company satisfactor net asset value test under section 152-15 of IT.		M Yes	No Print X in the appropriate box.	
	If you printed ${\bf X}$ in the ${\bf No}$ box at ${\bf M}$, has the codetermined it had an unrealised net loss at the		N Yes	No Print X in the appropriate box.	
	If you printed X in the Yes box at N , what was unrealised net loss calculated under section 16		0		-00
	Part D Life insurance companies				
	Complying superar	nnuation/FHSA class tax losses carried forward to later income years	Р		-00
	Complying superanr	nuation/FHSA net capital losses carried forward to later income years			

100017303BP

			100017303BP
		Fund's tax file number (TFN)	******
Part E	Controlled foreign company losses		
		Current year CFC losses M	-00
		CFC losses deducted N	-00
		CFC losses carried forward	-00
D			

	r lax losses reconciliation statement
A .00	Balance of tax losses brought forward from the prior income year
B .00	ADD Uplift of tax losses of designated infrastructure project entities
C .00	SUBTRACT Net forgiven amount of debt
D .00	ADD Tax loss incurred (if any) during current year
E .00	ADD Tax loss amount from conversion of excess franking offsets
F -00	SUBTRACT Net exempt income
G .00	SUBTRACT Tax losses forgone
H .00	SUBTRACT Tax losses deducted
-00	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)
J 0-00	Total tax losses carried forward to later income years

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