#### KELLY FAMILY SUPERANNUATION FUND

TFN: 924 094 669

#### **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 However, you cannot lodge your tax return electronically if you do not quote your TFN.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	924 094 669		Year		2018		
Name of partnership, trust, fund or entity	KELLY FAI	MILY	SUPERANNUATION	FUND			

I authorise my tax agent to electronically transmit this tax return via an approved ATO electronic channel.

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. Signature of partner, Date trustee or director

#### **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 refe	erence umber									
Account	Name	KELLY	FAMILY	SUPER						
authorise the refund	d to be o	deposited o	directly to the	specified a	ccount.	$\neg$				
Signature							Date			
								_		

Client Ref: KELL0002 Agent: 73164-000

2018

TFN: 924 094 669

# Self-managed superannuation fund annual return

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 2018 (NAT 71287).

The Self-managed superannuation fund annual return instructions 2018 (NAT 71606) (the instructions) can assist you to complete this annual return.

Se	ction A: Fund information			
1	Tax file number (TFN)	924 094 669		
		uest your TFN. You are not obliged to quote your TFN but r r annual return. See the Privacy note in the Declaration.	not quoting it	could increase the
2	Name of self-managed superannuat	ion fund (SMSF)		
		KELLY FAMILY SUPERANNUATION FUND		
3	Australian business number (ABN)	51 164 847 080		
_	Current postal address			
4	Current postal address	PO Box 652		
		BROADWAY	NSW	2007
6	SMSF auditor Auditor's name Title	MR		
	Family name	BOYS		
	First given name	TONY		
	Other given names			
	SMSF Auditor Number	100 014 140		
	Auditor's phone number	02 92811880		
	Use Agent address details?	PO Box 3376		
		RUNDLE MALL	SA	5000
		Date audit was completed A 01/07/2019		JL.
		Was Part B of the audit report qualified ?		
		If the audit report was qualified, have the reported	С	

7	EI W	ectronic funds transfe e need your self-manage	fer (EFT) ed super fund's financial institution details to pay any super payments and tax refunds owing to you.	
	A	You must provide the fi	details for super payments and tax refunds inancial institution details of your fund's nominated super account. If you would like your fund's ifferent account, you can provide additional financial institution details at B.	
		Fund BSB number (must be six digits)	012030 Fund account number 247960943	
		Fund account name (for	r example, J&Q Citizen ATF J&Q Family SF)	
		KELLY FAMILY S	SUPER	
	В		Use Agent Trust Account?  In details for tax refunds only  and a different account, provide additional financial institution details.	
		Tax refunds cannot be	paid to a trustee's personal account. (See relevant instructions.)	
		Fund BSB number (must be six digits)	Account number	
		` ,	r example, J&Q Citizen ATF J&Q Family SF)	
	С	Electronic service a We will use your electronic	onic service address alias to communicate with your fund about ATO super payments.	
8	St		Australian superannuation fund  A Y Fund benefit structure  B E Code	)
		Governm	st deed allow acceptance of the nent's Super Co-contribution and Low Income Super Contribution?	
9	w	as the fund wound u	p during the income year?	
	N	Print Y for yes	If yes, provide the date on which fund was wound up  Day Month Year Have all tax lodgment and payment obligations been met?	
10	Die	kempt current pension d the fund pay retirement the income year?	t phase superannuation income stream benefits to one or more members  Y  Print Y for yes or N for no.	
			for current pension income, you must pay at least the minimum benefit payment under urrent pension income at Label A	
	If	No, Go to Section B: Inco	ome	
	If	Yes Exempt current pe	ension income amount A 35,681	
		Which method did	you use to calculate your exempt current pension income?	
		Segre	gated assets method B	
		Unsegre	gated assets method C X Was an actuarial certificate obtained? D Print Y for yes	
		Did the fund have any o	other income that was assessable?     Y	
			Choosing 'No' means that you do not have any assessable income, including no-TFN quoted contribution If No - Go to Section C: Deductions and non-deductible expenses. (Do not complete Section B: Income.)	3.

If you are entitled to claim any tax offsets, you can list these at Section D: Income tax calculation statement

## 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.

Income	Did you have a capital gains to (CGT) event during the yea	r? or <b>N</b> for no. and attach a Capital Gains Tax (CGT) schedule 2018	and
	Have you applied a exemption or rollove	an M N Print Y for yes	
		Net capital gain A 273	
		Gross rent and other leasing and hiring income B 15,531	
		Gross interest C 155	
		Forestry managed investment scheme income	
Gross	foreign income		Loss
D1		Net foreign income D	
	Aust	ralian franking credits from a New Zealand company	
		Transfers from foreign funds	Numb
		Gross payments where ABN not quoted	
	of assessable contributions cable employer contributions	Gross distribution from partnerships	Loss
R1	0	* Unfranked dividend amount 418	
R2	sable personal contributions 500	* Franked dividend amount 22,947	
	N-quoted contributions	* Dividend franking credit 9,834	
•	nust be included even if it is zero)	+ O ()	Code
insura	fer of liability to life nce company or PST	Accessed a contributions	
R6	0	(R1 plus R2 plus R3 less R6)	
Calculation	of non-arm's length income		
	on-arm's length private mpany dividends		Code
U1		* Other income S	
plus * Net ne	on-arm's length trust distributions	*Assessable income due to changed tax status of fund	
plus * Net of	ther non-arm's length income	Net non-arm's length income (subject to 45% tax rate) (U1 plus U2 plus U3)	
* If an amour instructions to	andatory label nt is entered at this label, check the to ensure the correct tax s been applied.	GROSS INCOME W 50,292	Loss
	арричи.	Exempt current pension income Y 35,681	
		TOTAL ASSESSABLE INCOME (W less Y)	Loss

### Section C: Deductions and non-deductible expenses

#### 12 Deductions and non-deductible expenses

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

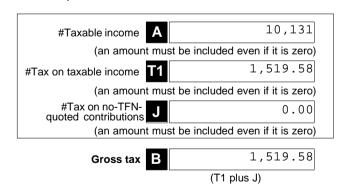
	DEDUCTIONS	NON-DEDUCTIBLE EXPENSES
Interest expenses within Australia	A1	A2
Interest expenses overseas	B1	B2
Capital works expenditure	D1	D2
Decline in value of depreciating assets	E1	E2
Insurance premiums – members	F1	F2
Death benefit increase	G1	
SMSF auditor fee	H1	H2
Investment expenses	4,480	<b>12</b> 0
Management and administration expenses		J2
Forestry managed investment scheme expense	U1	Code Code
Other amounts	L1	L2
Tax losses deducted	M1	
	TOTAL DEDUCTIONS	TOTAL NON-DEDUCTIBLE EXPENSES
	N 4,480	Y 0
	(Total A1 to M1)	(Total A2 to L2)
	#TAXABLE INCOME OR LOSS	2033
	O 10,131	Z 4,480 (N plus Y)
	(TOTAL ASSESSABLE INCOME TOTAL DEDUCTIONS)	E less (N plus 1)
This is a mandatory label.	· ·	

## 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.

#### 13 Calculation statement

Please refer to the Self-managed superannuation fund annual return instructions 2018 on how to complete the calculation statement.



Foreign income tax offset	
GI	Non-refundable non-carry forward tax offsets
Rebates and tax offsets	
C2	0.00
	(C1 plus C2)
	SUBTOTAL 1
	<b>T2</b> 1,519.58
	(B less C –cannot be less than zero)
	(Bless C –calliot be less than zero)
Early stage venture capital limited partnership tax offset	
D1	
Early stage venture capital limited partnership tax offset carried forward from previous year	Non-refundable carry forward tax offsets
D2	
Early stage investor tax offset	
D3	(D1 plus D2 plus D3 plus D4)
Early stage investor tax offset carried forward from previous year	
D4	
	SUBTOTAL 2
	<b>T3</b> 1,519.58
	(T2 less D –cannot be less than zero)
Complying fund's franking credits tax offset	
<b>E1</b> 9,834.44	
No-TFN tax offset	
E2	
National rental affordability scheme tax offset	
E3	
Exploration credit tax offset	Refundable tax offsets
E4	9,834.44
	(E1 plus E2 plus E3 plus E4)

#TAX PAYABLE T5	0.00
(T3 less l	E - cannot be less than zero)

Section 102AAM interest charge

G

Credit for interest	on early payments -								
amount of interest									
H1									
Credit for tax with	neld – foreign								
resident withholdin	neld – foreign g (excluding capital gains)	)							
H2									
Credit for tax withh	neld – where ARN								
or TFN not quoted	(non-individual)								
H3									
Credit for TFN am	ounts withheld from								
payments from clo	ounts withheld from osely held trusts								
H5									
Credit for interest	on no-TFN tax offset								
H6	OII 110-11 IV tax oilset								
ПО									
Credit for foreign r withholding amoun	esident capital gains					Eligible c	redits		
H8						H		0.0	20
					(H1 plus	H2 plus H3	3 plus H5 plu	ıs H6 plus F	18)
				#Tax of	set refunds			8,314.	96
			(R	emainder of refundab	e tax offsets).				
					an am			om label E- even if it is	
					anam				2010)
							stalments r	aised	
						K			
						Supervis	ory levy		
								259.	00
						Supervis	ory levy ac id up funds	djustment	
							iu up iuiius	•	
						M			
						Supervis	ory levy ac	djustment	
							unds		
						N			
				Total amount of tax	refundable	C		8,055.	86
						S			
#This is a mandatory	/ label.				(T5 plus G less	s H less I le	ess K plus L	less M plu	s N)
ection E: Losse	•								
t Losses	5								
LUSSES									
If total loss is gr	eater than \$100,000,			Tax losses	carried forward	U			
complete and at					r income years				
schedule 2018.					losses carried				
				forward to late	r income years				
Net capital lo	sses brought forward	Ne	et capital I	osses carried forward					
_	from prior years			to later income years					
Non-Collectables									
Collectables									
22.100.00.00	I			l l					

#### 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. 1 Member Number MR Member'sTFN 123 130 275 Title KELLY Account status Code Family name JOHN First given name **JAMES** Other given names If deceased Date of birth 13/10/1949 date of death Contributions 510,020.44 OPENING ACCOUNT BALANCE Refer to instructions for completing these labels. Employer contributions ABN of principal employer Personal contributions В C CGT small business retirement exemption D CGT small business 15-year exemption amount П Personal injury election Spouse and child contributions G Other third party contributions Assessable foreign superannuation fund amount J Non-assessable foreign superannuation fund amount Transfer from reserve: assessable amount Transfer from reserve: non-assessable amount Contributions from non-complying funds T and previously non-complying funds Any other contributions (including Super Co-contributions and Low Income Super Contributions) M **TOTAL CONTRIBUTIONS** Ν 0.00 Other transactions Accumulation phase account balance Allocated earnings or losses 85,160.51 0 151,325.22 **S1** Inward rollovers and transfers Retirement phase account balance - Non CDBIS Outward rollovers and transfers 424,855.73 **S2** Lump Sum payment Retirement phase account balance **CDBIS** 19,000.00 0.00 Income stream payment R2 **S**3 576,180.95 TRIS Count CLOSING ACCOUNT BALANCE S S1 plus S2 plus S3 Accumulation phase value Retirement phase value

		Se	ee the Privacy	note in t	he Decla	ration.				_
Title	MS	M	ember'sTFN	391	771 0	53	Member	Number		2
Family name	ZHOU						Account	status	0	Cod
First given name	MEINA									
Other given names										
o .		<b>5</b>	22 / 00 / 10	Г.С		If deceased,				
		Date of birth	23/08/19	56		date of death				
Contributions						224	250 25	7		
Refer to instruction for completing these		OPENING A	CCOUNTBA	LANCE		334,	358.35			
labels.	=	Emple	vor contribu	tions	Α			_		
			yer contribu							
		ABN of princip	al employer	A1						
		Perso	onal contribu	tions	В		500.00			
	C	GT small business retir	ement exem	otion	С					
					D					
	CGTSI	mall business 15-year e								
		Person	nal injury ele	ction						
		Spouse and c	hild contribu	tions	F					
		Other third page	arty contribu	tions	G					
	Accossal	ole foreign superannua	-	-						
	Non-assessal	ole foreign superannua	tion fund am	ount	J					
	Tra	nsfer from reserve: as:	sessable am	ount	K					
	Transfei	r from reserve: non-as	sessable am	ount	L					
		Contributions from non	-complying fo	_						
		Contributions from non and previously non-								
	Any other contrib	utions (including Super and Low Income Sup	er Contributi	ons)	M					
Other transaction	e.	TOTAL C	ONTRIBUTI	ONS	N		500.00			
Cities transaction		TOTAL	ONTRIBOTI	OI TO						
	ase account balance	Allocated e	arnings or lo	sses	0	45,	355.65	Loss		
S1	169,278.77	Inward rollov	are and tran	efore	P					
Retirement phase - Non CDBIS	e account balance			-						
S2	210,935.23	Outward rollov	ers and tran	sfers	Q			Code		
Retirement phase	e account balance	Lu	ımp Sum pay	ment	₹1					
-CDBIS	0.00	Incom	e stream pay	ment :	22			Code		
55		IIICOIII	c stream pay		\ <u>L</u>					
0 TR	IS Count	CLOSING ACC	OUNT BALA	ANCE	S	380,	214.00			
					_	olus S2 plus S3				
		Accumula	tion phase v	alue	<b>K</b> 1			_		
			•							
		Retire	ment phase v	/aiue	<b>(2</b>					
Section H: Ass	ets and liabilities									
15 ASSETS										
15a Australian m	anaged investments				Lis	ted trusts A				
					l Inlia	ted trusts				_
						ted trusts				_
					Insurar	ce policy C				
			Oth	er man	aged inv	restments				

### Section I: Taxation of financial arrangements

17 Taxation of financial arrangements (TOFA)

Total TOFA gains	Н
Total TOFA losses	
Section 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 2017–18 income year, write 2018).	
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 2018.	В
nterposed 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 2018 for each election	
If revoking an interposed entity election, print R, and complete and attach the Interposed entity election or revocation 2018.	D
Section K: <b>Declarations</b>	
Penalties may be imposed for false or misleading information in addition to penalties relating	to any tay shortfalls

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.

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).

Authorised trustee's, director's or public officer's	signature
	Day Month Year
	Date 01/07/2019
Preferred trustee or director contact detail	ls:
Title	MR
Familyname	KELLY
First given name	JOHN
Other given names	JAMES
	Area code Number
Phone number	0406 421658
Email address	GAZCONHOLDINGS@GMAIL.COM
Non-individual trustee name (if applicable)	GAZCON HOLDINGS SUPERANNUATION FUND PL
ABN of non-individual trustee	51 164 847 080
	Time taken to prepare and complete this annual return

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

Reference number KELL0002

## TAX AGENT'S DECLARATION:

NET ACCOUNTING PTY	LTD		
ŭ,	perannuation fund annual return 2018 has been prepared in accorda ave given me a declaration stating that the information provided to mobile this annual return.		and correct, and that  Day Month Year
Tax agent's signature		Date	01/07/2019
Title	Ms		
Family name	Liang		
First given name	Rebecca		
Other given names			
Tax agent's practice	SHUM LIANG & ASSOCIATES		
Tax agent's phone number	Area code Number 92811880		

73164000

Tax agent number