Signature as prescribed in tax return

1. 0	Richmond
, John	Nichmond

Self-managed superannuation 2019 fund annual return

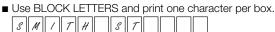
Who should complete this annual return?

Only self-managed superannuation funds (SMSFs) can complete this annual return. All other funds must complete the Fund income tax return 2019 (NAT 71287).

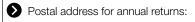
- The Self-managed superannuation fund annual return instructions 2019 (NAT 71606) (the instructions) can assist you to complete this annual return.
- The SMSF annual return cannot be used to notify us of a change in fund membership. You must update fund details via ABR.gov.au or complete the Change of details for superannuation entities form (NAT 3036).

To complete this annual return

■ Print clearly, using a BLACK pen only.



■ Place X in ALL applicable boxes.



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

Section A: Fund information

1 Tax file number (TFN)	909693047
-------------------------	-----------

To assist processing, write the fund's TFN at the top of pages 3, 5, 7 and 9.

The ATO is authorised by law to request your TFN. You are not obliged to quote your TFN but not quoting it could increase the chance of delay or error in processing your annual return. See the Privacy note in the Declaration. 0

2 Name of self-managed superannuation fund (SMSF)

JC Superannuation Fund

15896104583 3 Australian business number (ABN) (if applicable)

4	Current postal address			
P	D Box 4240			
Sub	burb/town		State/territory	Postcode
St	Lucia South		QLD	4067
5	Annual return status Is this an amendment to the SMSF's 2019 return?	A No X Yes		
	Is this the first required return for a newly registered SMSF?	B No X Yes		

Tax File Number 909693047

6 SMSF auditor

Auditor's name	
Title: Mr X Mrs Miss Ms Other	
Family name	
Boys	
First given name	Other given names
Anthony	William
SMSF Auditor Number Auditor's phone	number
100014140 0410712708	
Postal address	
PO Box 3376	
Suburb/town	State/territory Postcode
Rundle Mall	SA 5000
Date audit was completed A Month /	Year
Was Part A of the audit report qualified?	B No X Yes
Was Part B of the audit report qualified?	C No 🗶 Yes 🗌
If the audit report was qualified, have the reported issues been rectified?	D No Yes

7 Electronic funds transfer (EFT)

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

A Fund's financial institution account details

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

Fund BSB number 034230	Fund account number 312144			
Fund account name				
JC Superannuation Fund				
I would like my tax refunds made to this account. X) Go to C.				
Financial institution account details for tax refunds				
This account is used for tax refunds. You can provide a tax agent account here.				
BSB number Account number				
Account name				

C Electronic service address alias

Provide the electronic service address alias (ESA) issued by your SMSF messaging provider. (For example, SMSFdataESAAlias). See instructions for more information.

В

Sig	100017996MS Tax File Number 909693047
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 / / / Have all tax lodgment and payment obligations been met? No Yes
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.

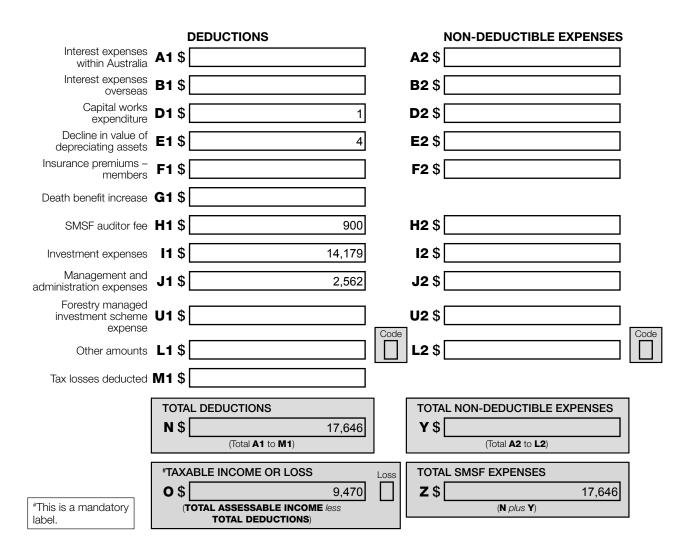
Signature as prescribed in tax return		Tax File Number	909693047
Section B: Income			
Do not complete this section if all superannuation interests in the SMSF were supporting superannuation income streams in the retirement phase for the entire year, there was no other income that was assessable, and 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 capital gains tax (CGT) event during the year?	G No Yes X) \$10,0 2017 comp	total capital loss or total capita 100 or you elected to use the t and the deferred notional gain lete and attach a <i>Capital gain</i> .	ransitional CGT relief in has been realised,
Have you applied an exemption or rollover?	M No X Yes		
	Net capital gain A	Б	466
Gross rent and other le	asing and hiring income B	۶	26,479
	Gross interest C	5	171
Forest	ry managed investment scheme income	6	
Gross foreign income	_ /	N	
D1 \$	Net foreign income	۶ <u> </u>	
Australian franking credits from a	New Zealand company	\$	Number
	Transfers from foreign funds	\$	
Calculation of assessable contributions	Gross payments where ABN not quoted	5	Loss
Assessable employer contributions	Gross distribution from partnerships	5	
R1 \$	Vnfranked dividend J amount	5	
plus Assessable personal contributions R2 \$	*Franked dividend	6	
plus #*No-TFN-quoted contributions	amount ************************************		
R3 \$ (an amount must be included even if it is zero	Credit *Gross trust	۲ ۲	Code
less Transfer of liability to life insurance	distributions	٥	
company or PST	Assessable contributions (R1 plus R2 plus R3 less R6)	5	
Calculation of non-arm's length income *Net non-arm's length private company dividen U1 \$		5	Code
plus *Net non-arm's length trust distributions	Assessable income due to changed tax status of fund	\$	
plus *Net other non-arm's length income U3 \$	Net non-arm's length income (subject to 45% tax rate) (U1 plus U2 plus U3)	6	
#This is a mandatory label.	GROSS INCOME (Sum of labels A to U)	۶ <u> </u>	27,116
entered at this label,	current pension income	\$	
			27,116

Tax File Number 909693047

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).



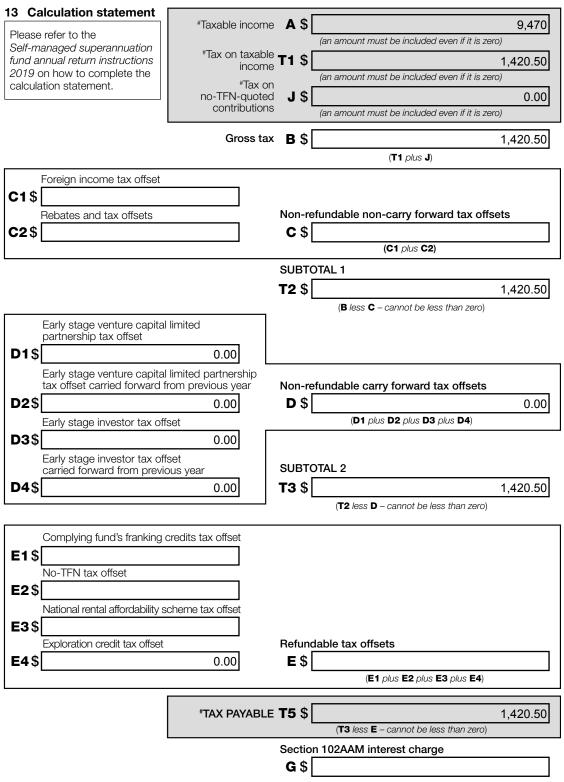
Signature as prescribed in tax return

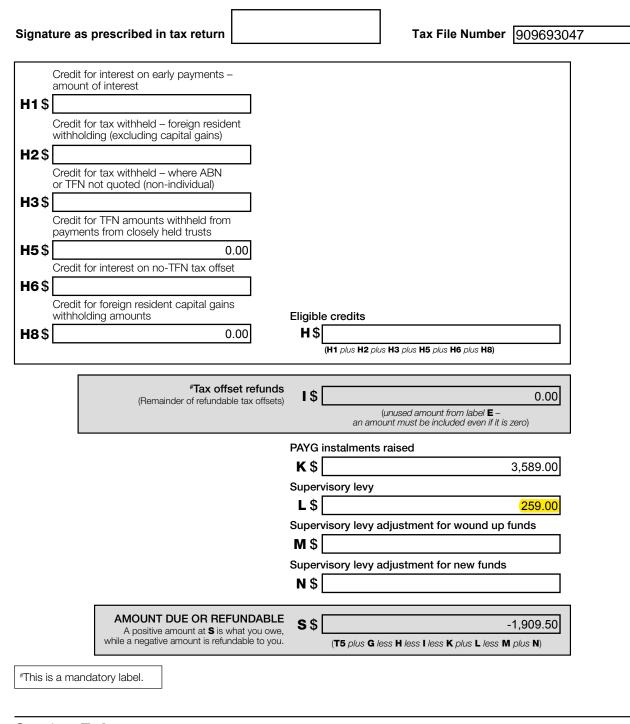
Tax File Number 909693047

Section D: Income tax calculation statement

#Important:

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





Section E: Losses

14 Losses

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

Net capital losses carried forward to later income years

\$

Γ]	
Signature as prescribed in tax return		Tax File Number	909693047
Section F: Member information	ation		
MEMBER 1			
Title: Mr X Mrs Miss Ms Other			
Family name Richmond			
First given name	Other given names		
John Charles		Day	Month Year
Member's TFN See the Privacy note in the Declaration. 67194	16334	Date of birth 29	/ 09 / 1955
Contributions OPENING ACC	COUNT BALANCE	9!	52,238.36
Refer to instructions for completing these		from primary residence dispo	osal
Employer contributions	H \$_	240	
A \$	Receipt da	alle Day Month	Year
ABN of principal employer	Assessabl	e foreign superannuation fund	d amount
A1 Personal contributions	I \$		
B \$	Non-asses	ssable foreign superannuatio	n tund amount
CGT small business retirement exemption		om reserve: assessable amo	unt
C \$ CGT small business 15-year exemption	K \$		
D \$	Transfer fro L \$	om reserve: non-assessable	amount
Personal injury election	Contributio	ons from non-complying fund	ds
	and previc	ously non-complying funds	
Spouse and child contributions	Any other	contributions	
Other third party contributions	(including Low Inc <u>on</u>	Super Co-contributions and ne Super Amounts)	
G \$	M \$		
TOTAL CONTRIBUTIO	DNS N\$		
	(Sum of labels A to	M)	
Other transactions	Allocated earnings or losses O \$		73,556.26
Accumulation phase account balance	Inward rollovers and P \$		
S1 \$ 987,794.6			
Retirement phase account balance	Outward rollovers and Q \$		
			Code
	DO Lump Sum R1 \$		
Retirement phase account balance – CDBIS			
\$3 \$ 0.0	stream R2 \$ payments		38,000.00
1 TRIS Count CLOSING AC	COUNT BALANCE S \$	Q	87,794.62
	••	(S1 plus S2 plus S3)	51,101.02
Accum	ulation phase value X1 \$]
	rement phase value X2 \$		
Outstandi	ng limited recourse rangement amount Y \$		0.00
Page 8	Sensitive (when comple	eted)	

Signature as prescribed in tax return	Tax File Number 909693047
MEMBER 2 Title: Mr Miss Ms Other Family name	
First given name Other given names	
Member's TFN See the Privacy note in the Declaration.	Day Month Year
Contributions OPENING ACCOUNT BALANCE \$	
H \$	from primary residence disposal
	e foreign superannuation fund amount
Personal contributions Non-asses B \$ J	csable foreign superannuation fund amount
C \$ K \$	om reserve: non-assessable amount
Personal injury election E \$ Contribution Spouse and child contributions T \$	ons from non-complying funds pusly non-complying funds
F \$ Any other including \$ Other third party contributions Content for the including \$ G \$ M \$	contributions Super Co-contributions and ne Super Amounts)
TOTAL CONTRIBUTIONS N \$	M)
Other transactions Allocated earnings or losses O \$	
Accumulation phase account balance rollovers and transfers	
Retirement phase account balance Outward – Non CDBIS rollovers and S2 \$ Lump Sum	Code
Retirement phase account balance	
S3 \$ stream R2 \$ payments	
TRIS Count CLOSING ACCOUNT BALANCE \$	(S1 plus S2 plus S3)
Accumulation phase value X1 \$	
Retirement phase value X2 \$	
Outstanding limited recourse Y \$ borrowing arrangement amount Y \$ Sensitive (when comple	eted) Page 9

		T. T. N
Signature as prescribed in tax return		Tax File Number 909693047
Title: Mr Mrs Miss Ms Other Family name		
First given name	Other given names	
Member's TFN		Day Month Year
See the Privacy note in the Declaration.		Date of birth / /
Contributions OPENING AC	CCOUNT BALANCE	
Refer to instructions for completing thes	e labels. Proceeds fr	rom primary residence disposal
Employer contributions	Receipt dat	Le Day Month Year
A \$ ABN of principal employer	H1 Assessable	foreign superannuation fund amount
A1	I \$	
Personal contributions B \$		sable foreign superannuation fund amount
CGT small business retirement exemp	tion	m reserve: assessable amount
C \$	<u>к</u> \$	
CGT small business 15-year exemptic D \$		m reserve: non-assessable amount
Personal injury election	L \$	ns from non-complying funds
E \$	and previou	isly non-complying funds
Spouse and child contributions F	T \$	contributions
Other third party contributions	(including S Low Income	super Co-contributions and e Super Amounts)
G \$	M \$	
TOTAL CONTRIBUT	IONS N \$ (Sum of labels A to N	M)
Other transactions	Allocated earnings or losses O \$	
Accumulation phase account balance	Inward rollovers and P \$	
S1 \$	transfers	
Retirement phase account balance	Outward rollovers and Q \$	
- Non CDBIS	transfers	Code
Retirement phase account balance	payments R1 \$	
- CDBIS	Income stream R2 \$	
S3 \$	payments	
TRIS Count CLOSING A	CCOUNT BALANCE S \$	(S1 plus S2 plus S3)
Accur	nulation phase value X1 \$	
Re	tirement phase value X2 \$	
Outstan borrowing a	ding limited recourse Y \$	
Page 10	Sensitive (when complet	ted)

]
Signature as prescribed in tax return		Tax File Number 909693047
MEMBER 4 Title: Mr Mrs Miss Ms Other		
Title: Mr Mrs Miss Ms Other Family name		
First given name	Other given names	
Member's TFN		Day Month Year
See the Privacy note in the Declaration.		Date of birth / /
Contributions OPENING AC	COUNT BALANCE	
Refer to instructions for completing thes	e labels. Proceeds	from primary residence disposal
Employer contributions A \$	Receipt da	ate Day Month Year
ABN of principal employer	Assessable	e foreign superannuation fund amount
Personal contributions		ssable foreign superannuation fund amount
B \$ CGT small business retirement exemp	tion Transfer fro	om reserve: assessable amount
C \$ CGT small business 15-year exemptio		
D \$	Iransfer fro	om reserve: non-assessable amount
Personal injury election	Contributio	ons from non-complying funds
E \$ Spouse and child contributions	and previo	pusly non-complying funds
F \$	Any other	
Other third party contributions		Super Co-contributions and ne Super Amounts)
G \$	M \$	
TOTAL CONTRIBUT	IONS N \$ (Sum of labels A to	M)
Other transactions	Allocated earnings o \$	
Accumulation phase account balance	Inward rollovers and transfers	
S1 \$ Retirement phase account balance	Outward rollovers and Q \$	
- Non CDBIS	Lump Sum R1 \$	Code
Retirement phase account balance – CDBIS	Income	
S3 \$	stream R2 \$	
TRIS Count CLOSING A	CCOUNT BALANCE S \$	(S1 plus S2 plus S3)
Accun	nulation phase value X1 \$	
Ret	irement phase value X2 \$	
Outstand borrowing a	ling limited recourse rrangement amount	
	Sensitive (when comple	eted) Page 11

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ſ		7	100017996MS
Signature as prescribed in tax return		Tax File Number	909693047
Section G: Supplementary	member inform	ation	
MEMBER 5 Title: Mr Mrs Miss Family name			Account status
First sives some			
First given name	Other given names		
Member's TFN Declaration.	Day Month Year	If decease	Ad, date of death Month Year
Contributions OPENING AC	COUNT BALANCE		
Refer to instructions for completing thes		from primary residence disp	osal
Employer contributions A ABN of principal employer A1 Personal contributions B CGT small business retirement exemption CGT small business 15-year exemption D Personal injury election E Spouse and child contributions F Spouse and child contributions G Cher third party contributions G S	I \$ Non-asset J Transfer from Mamount Transfer from Contribution Any other (including Low Incon M \$	le foreign superannuation functions ssable foreign superannuation rom reserve: assessable amo rom reserve: non-assessable ons from non-complying func- ously non-complying funds contributions Super Co-contributions and me Super Amounts)	amount amount ds
Other transactions	Allocated earnings		
			
Accumulation phase account balance	rollovers and transfers		
Retirement phase account balance	Outward rollovers and Q \$		
- Non CDBIS	Lump Sum R1 \$		
Retirement phase account balance – CDBIS	payments ► ■ ⊅ Income		
S3 \$	stream R2 \$		
TRIS Count CLOSING A	CCOUNT BALANCE S \$	(S1 plus S2 plus S3)	
Accun	nulation phase value X1 \$		
Ret	irement phase value X2 \$		
Outstand borrowing a	ling limited recourse Y \$		
Page 12	Sensitive (when comple	eted)	

100017996MS

Signature as prescribed in tax return Tax File Number 909693047
MEMBER 6 Title: Mr Mrs Miss Ms Other Account status First given name First given name Other given names Member's TFN Date of birth Date of birth Date o
Contributions OPENING ACCOUNT BALANCE \$
Proceeds from primary residence disposal Proceeds from primary residence disposal Final part of principal employer A1 Personal contributions B\$ CaT small business retirement exemption C \$ CaT small business 15-year exemption amount D\$ Personal injury election E\$ Spouse and child contributions F\$ Other third party contributions G\$ Different party contributions M\$ Different party contributions
(Sum of labels A to M) Other transactions Allocated earnings or losses O \$ Accumulation phase account balance S1 \$ Retirement phase account balance - Non CDBIS S2 \$
Retirement phase account balance - CDBIS S3 \$ Income stream payments R2 \$ TRIS Count CLOSING ACCOUNT BALANCE \$ \$ (S1 plus S2 plus S3)
Accumulation phase value X1 \$ Retirement phase value X2 \$ Outstanding limited recourse borrowing arrangement amount Y \$ Sensitive (when completed) Page 13

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10	00	179	961	٨S
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Signature as prescribed in tax return	Tax File Number 909693047
MEMBER 7 Title: Mr Mrs Miss Family name First given name Other given names	Account status
Member's TFN Date of birth See the Privacy note in the Declaration. Day Month Year Vear Vear Contributions OPENING ACCOUNT BALANCE \$	If deceased, date of death Day Month Year
Finite to instructions for completing these labels. H \$ Employer contributions Receipt dat A \$ H1 ABN of principal employer Assessable A1 Non-assest Personal contributions J CGT small business retirement exemption Transfer fro C \$ CGT small business 15-year exemption amount Transfer fro L \$ Personal injury election Contributions F \$	rom primary residence disposal
TOTAL CONTRIBUTIONS N \$ (Sum of labels A to I	M)
Other transactions Allocated earnings or losses O \$ Accumulation phase account balance Inward rollovers and transfers P \$ S1 \$ Outward rollovers and transfers Q \$ Retirement phase account balance Lump Sum R1 \$ Lump Sum R1 \$ Retirement phase account balance Income stream R1 \$ S2 \$ Income stream R2 \$	
TRIS Count CLOSING ACCOUNT BALANCE \$ \$	(S1 plus S2 plus S3)
Accumulation phase value X1 \$ Retirement phase value X2 \$ Outstanding limited recourse borrowing arrangement amount Y \$ Page 14 Sensitive (when comple	

10	00	179	961	٨S
----	----	-----	-----	----

Signature as prescribed in tax return	Tax File Number 909693047
MEMBER 8 Title: Mr Miss Ms Other Family name	Account status
Contributions OPENING ACCOUNT BALANCE \$	
Finite contributions H \$ Employer contributions Receipt d A \$ H1 ABN of principal employer Assessab A1 Non-asse Personal contributions J CGT small business retirement exemption Transfer fr CGT small business 15-year exemption amount Transfer fr D \$ Transfer fr Personal injury election Contributions F \$ Any other	from primary residence disposal
(Sum of labels A to Other transactions Allocated earnings or logger	
Accumulation phase account balance S1 \$ Retirement phase account balance - Non CDBIS S2 \$ Retirement phase account balance - Non CDBIS S2 \$ Retirement phase account balance - CDBIS S3 \$ TRIS Count CLOSING ACCOUNT BALANCE	Code
Accumulation phase value X1 \$	
Retirement phase value X2 \$	
Outstanding limited recourse borrowing arrangement amount Sensitive (when compl	leted) Page 15

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Sig	nature as prescribed in tax return				Tax File Number 909693047
	ction H: Assets and liak Asseтs	oilities			
	Australian managed investments	Listed trusts	A	\$	
		Unlisted trusts	В	\$	
		Insurance policy	С	\$	
		Other managed investments	D	\$	
15b	Australian direct investments	Cash and term deposits	Е	\$	535,010
	Limited recourse borrowing arrange	Debt securities	F	\$	
	Australian residential real property J1 \$	Loans	G	\$	
	Australian non-residential real property	Listed shares	н	\$	
	J2 \$	Unlisted shares		\$	
	Overseas real property J3 \$		-	Ψ	
	Australian shares	Limited recourse borrowing arrangements	J	\$	
	J4 \$	Non-residential real property	к	\$	417,500
	Overseas shares J5 \$	Residential		\$	
	Other	Collectables and personal use assets			
	J6 \$				
		Other assets	0	\$	35,284
15c	Other investments	Crypto-Currency	Ν	\$	
15d	Overseas direct investments	Overseas shares	Ρ	\$	
	Overse	as non-residential real property	Q	\$	
	O	verseas residential real property	R	\$	
	C	Overseas managed investments	S	\$	
		Other overseas assets	т	\$	
		N AND OVERSEAS ASSETS of labels A to T)	U	\$	987,794
15e	In-house assets Did the fund have a loan to, lea or investment in, related p (known as in-house as at the end of the income	arties ANO A res y ssets)		\$	
15f	If the fund had an LRBA were the L borrowings from a lice financial institu	LRBA A No Yes insed Yes			
	Did the members or related parties of fund use personal guarantees or security for the LF	other B NO Fes			

Page 16

ignature as prescribed in tax return			Tax File Number	909693047
6 LIABILITIES				
Borrowings for limited recourse borrowing arrangements				
V1 \$				
Permissible temporary borrowings				
V2 \$				
Other borrowings				
V3 \$	Borrowings	V	\$	
Total member (total of all CLOSING ACCOUNT BALANCE	closing account balances s from Sections F and G)	w	\$	987,794
	Reserve accounts	X :	\$	
	Other liabilities	Y	\$	
	TOTAL LIABILITIES	Z	\$	987,794

Section I: Taxation of financial arrangements

17 Taxation of financial arrangements (TOFA)

Total TOFA gains H \$

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 2018–19 income year, write 2019).	A
If revoking or varying a family trust election, print R for revoke or print V for variation, and complete and attach the <i>Family trust election, revocation or variation 2019.</i>	в
Interposed entity election status If the trust or fund has an existing election, write the earliest income year specified. If the trust or fund is making one or more elections this year, write the earliest income year being specified and complete an <i>Interposed entity election or revocation 2019</i> for each election.	c
If revoking an interposed entity election, print R , and complete and attach the <i>Interposed entity election or revocation 2019</i> .	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, the current trustees and directors have authorised this annual return and it is documented as such in the SMSF's on this re a

annual return, including any attached schedules and additional documentation is	
Authorised trustee's, director's or public officer's signature	
John Richmond	Day Month Year Date 28 / 02 / 2020
Preferred trustee or director contact details:	
Title: Mr Miss Ms Other	
Family name	
Richmond	
First given name Other given names	
John Charles	
Phone number 0416178008 Email address	
richmondjay@netspace.net.au	
Non-individual trustee name (if applicable)	
JC Richmond Superannuation Pty Ltd	
ABN of non-individual trustee	
Time taken to prepare and complete this annual re-	turn Hrs
The Commissioner of Taxation, as Registrar of the Australian Business Register provide on this annual return to maintain the integrity of the register. For further	
TAX AGENT'S DECLARATION: I declare that the <i>Self-managed superannuation fund annual return 2019</i> has bee provided by the trustees, that the trustees have given me a declaration stating that correct, and that the trustees have authorised me to lodge this annual return.	
Tax agent's signature	

WEKelly			Day Month	Year / 2020
Tax agent's contact details Title: Mr X Mrs Miss Ms Other				
Family name				
Kelly				
First given name	Other given names			
William	Edward			
Tax agent's practice				
Kelly Tax Accounting Pty Ltd				
Tax agent's phone number Re	eference number	Tax	x agent numbe	r
0738394949 J0	CSUANNA	60	0583000	

Capital gains tax (CGT) schedule

2019

loss

K to R and write Total current year

When completing this form

Print clearly, using a black or dark blue pen only.



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 2019 available on our website at ato.gov.au for instructions on how to complete this schedule.

Tax file number (TFN)909693047

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) 15896104583

Taxpayer's name

JC Superannuation Fund

1 Current year capital gains and capital losses

Shares in companies	Capital gain	Capital
listed on an Australian securities exchange	A \$	К\$
Other shares	в \$	L \$
Units in unit trusts listed on an Australian securities exchange	C \$	М\$
Other units	D \$	N \$
Real estate situated in Australia	E \$	O \$
Other real estate	F \$	Р\$
Amount of capital gains from a trust (including a managed fund)	G \$	
Collectables	Н\$	Q \$
Other CGT assets and any other CGT events	I \$ 699	R \$
Amount of capital gain previously deferred under transitional CGT relief for superannuation funds	S \$ 0	Add the amounts at labels the total in item 2 label A – capital losses.
Total current year capital gains	J \$ 699	

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		7
Si	gnature as prescribed in tax return	Tax File Number 909693047
2	Capital losses	
	- Total current year capital losses	s A \$
	Total current year capital losses applied	3 B \$
	Total prior year net capital losses applied	1 C \$
	Total capital losses transferred in applied	
	(only for transfers involving a foreign bank branch o permanent establishment of a foreign financial entity	
	Total capital losses applied	E \$
		Add amounts at B , C and D .
3	Unapplied net capital losses carried forward	
-	Net capital losses from collectables carried forward to later income years	s A \$
	Other net capital losses carried forward to later income years	
		Add amounts at A and B and transfer the total
		to label V – Net capital losses carried forward to later income years on your tax return.
4	CGT discount	
	Total CGT discount applied	A \$ 233
5	CGT concessions for small business	
	Small business active asset reduction	1 A \$
	Small business retirement exemption	n B \$
	Small business rollove	r C \$
	Total small business concessions applied	D \$
6	Net capital gain	
	Net capital gain	A \$ 466
		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.

100017996BW

s	ignature as prescribed in tax return	Tax File Number 909693047
7	Earnout arrangements	
	Are you a party to an earnout arrangement? A Yes, as a buyer (Print \overline{X} in the appropriate box.)	Yes, as a seller No
	If you are a party to more than one earnout arrangement, copy an details requested here for each additional earnout arrangement.	d attach a separate sheet to this schedule providing the
	How many years does the earnout arrangement run for?	В
	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?	
	Amount of any capital gain or loss you made under your non-qualifying arrangement in the income year.	E \$/ []
	Request for amendment	
	If you received or provided a financial benefit under a look-through earl to seek an amendment to that earlier income year, complete the follow	
	Income year earnout right created	F
	Amended net capital gain or capital losses carried forward	G \$/ 🛄
8	Other CGT information required (if applicable)	CODE
	Small business 15 year exemption – exempt capital gains	. [[]
	Capital gains disregarded by a foreign resident	в \$
	Capital gains disregarded as a result of a scrip for scrip rollover	C \$
	Capital gains disregarded as a result of an inter-company asset rollover	D \$
	Capital gains disregarded by a demerging entity	E \$

Signature as prescribed in tax return	Tax File Number	909693047

Taxpayer's declaration

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

Important

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

Privacy

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

I declare that the information on this form is true and correct.	
Signature	
	Date
	Day Month Year
Contact name	
John Charles Richmond	
Daytime contact number (include area code) 0416178008	

100017996BP

2019

Losses schedule

Companies and trusts that do not join consolidated groups should complete and attach this schedule to their 2019 tax return. Superannuation funds should complete and attach this schedule to their 2019 tax return. Print neatly in BLOCK LETTERS with a black or blue ballpoint pen only. Print one letter or number in each box. Do not use correction fluid or tape. Place \swarrow in all applicable boxes. Refer to *Losses schedule instructions 2019*, available on our website **ato.gov.au** for instructions on how to complete this schedule. Tax file number (TFN) 909693047 Name of entity JC Superannuation Fund

Australian business number

15896104583

Part A - Losses carried forward to the 2019-20 income year - excludes film losses

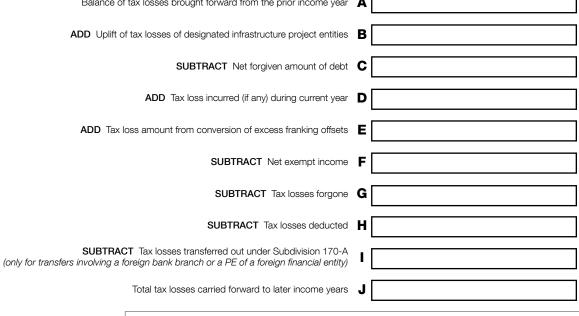
1	Tax losses carried forward to later income years			
•	Year of los	s		
	2018-1	9	В	
	2017–1	8	С	
	2016–1	7	D	
	2015–1	6	Е	
	2014-1	5	F	
	2013–14 and earli income yea	er 'S	G	
	Tot	al	U	
	Transfer the amount at U to the Tax losses carrie	ed fo	orw	ard to later income years label on your tax return.

2 Net capital losses carried forward to later income years

tear of loss	
2018–19	н
2017–18	I
2016–17	J
2015–16	κ
2014–15	L
2013–14 and earlier income years	Μ
Total	V
Transfer the amount at V to the Net capital losses carried for	prward to later income years label on your tax return.

			1	
Si	gnature as prescribed in tax return			Tax File Number 909693047
Ρ	art B – Ownership and b	ousiness continuity	' te	est - company and listed widely held trust only
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 or 2 of Part B if, in gainst a net capital gain or, in the case of co	the 2018–19 income year, no los	s ha	
1	Whether continuity of majority	Year of loss		
	ownership test passed	2018–19	A	Yes No
	Note: If the entity has deducted, applied, transferred in or transferred out (as applicable) in the 2018–19 income year a loss incurred in	2017–18	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	2016–17	С	Yes No
	respect of that loss.	2015–16	D	Yes No
		2014–15	Ε	Yes No
		2013–14 and earlier income years	F	Yes No
2	Amount of losses deducted/applied for business continuity test is satisfied - e		orit	y ownership test is not passed but the
		Tax losses	G	
		Net capital losses	H	
3	Losses carried forward for which the applied in later years – excludes film losse		be	satisfied before they can be deducted/
		Tax losses	I	
		Net capital losses	J	
4	Do current year loss provisions apply Is 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 <i>In</i> 1997 (ITAA 1997)?	ble income or tax loss for bital gain or net capital loss	K	Yes No
Ρ	art C – Unrealised losses - co	ompany 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?		L	Yes No
	If you printed X in the No box at L , do not compl	ete M , N or O .		
	At the changeover time did the company satisfinet asset value test under section 152-15 of IT.		М	Yes No
	If you printed X in the No box at M , has the cor it had an unrealised net loss at the changeover		Ν	Yes No
	If you printed X in the Yes box at N , what was unrealised net loss calculated under section 16		0	

Signature as prescribed in tax return		Та	x File Number	909693047
Part D – Life insurance comp	anies			
Complying superanr	nuation class tax losses carried forward to later income years			
Complying superannu	ation net capital losses carried forward to later income years			
Part E – Controlled foreign co	ompany losses			
	Current year CFC losses	M		
	CFC losses deducted	N		
	CFC losses carried forward	0		
Part F – Tax losses reconcilia	tion statement			
Balance of tax losses brou	ught forward from the prior income year	r A		



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

	Tax File Number	909693047			
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 ha to this form, and that the information provided is true and correct in every detail. If place all the facts before the ATO. The income tax law imposes heavy penalties for	you are in doubt about a	any aspect of the tax return,			
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	Month Year			
Contact person	Daytime contact numbe	r (include area code)			
John Charles Richmond	0416178008				

A

Other Attachments Schedule

Tax file No 909693047

Taxpayer name JC Superannuation Fund

Signature.....

SENSITIVE (when completed) -