Liberty4 Super Fund

PART A Electronic lodgment declaration (Form P, T, F, SMSF or EX)

This declaration is to be completed where the tax return is to be lodged via an approved ATO electronic channel. It is the responsibility of the taxpayer to retain this declaration for a period of five years after the declaration is made, penalties may apply for failure to do so.

Privacy
The ATO is authorised by the Taxation Administration Act 1953 to request the provision of tax file numbers (TFNs). The ATO will use the TFNs to identify each partner or beneficiary or entity in our records. It is not an offence not to provide the TFNs. However, you cannot lodge your tax return electronically if you do not quote your TFN.

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

The Australian Business Register

The Commissioner of Taxation, as Registrar of the Australian Business Register, may use the ABN and business details which you provide on this tax return to maintain the integrity of the register.

Please refer to the privacy statement on the Australian Business Register (ABR) website (www.abr.gov.au) for further information – it outlines our commitment to safeguarding your details.

Electronic funds transfer - direct debit

Where you have requested an EFT direct debit some of your details will be provided to your financial institution and the Tax Office's sponsor bank to facilitate the payment of your taxation liability from your nominated account.

| 14.1.1.01.1.04. | 968 195 921 | Year | 2019 |
|---|---------------------|------|------|
| Name of partnership, trust, fund or entity | Liberty4 Super Fund | | |

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

Important

Before making this declaration please check to ensure that all income has been disclosed and the tax return is true and correct in every detail. If you are in doubt about any aspect of the tax return, place all the facts before the Tax Office. The tax law provides heavy penalties for false or misleading statements on tax returns.

Declaration: I declare that:

- · the information provided to the agent for the preparation of this tax return, including any applicable schedules is true and correct, and
- · the agent is authorised to lodge this tax return.

04 10659316

Agent's phone number

| Signature of partner, trustee or director | Danie Towalow |
|---|---------------|
|---|---------------|

Date 13/3/20

25252310

Agent's reference number

TFN: 968 195 921

PART B

Electronic funds transfer consent

This declaration is to be completed when an electronic funds transfer (EFT) of a refund is requested and the tax return is being lodged through an approved ATO electronic lodgment channel.

This declaration must be signed by the partner, trustee, director or public officer prior to the EFT details being transmitted to the Tax Office. If you elect for an EFT, all details below must be completed.

Important: Care should be taken when completing EFT details as the payment of any refund will be made to the account specified.

| Agent's reference number Account Name | 25252310 Liberty4 Super Fund | BSB: | 063231 | Acc: | 10406526 | |
|---|--|---------------------|-----------------|------------|--------------------|---------------|
| I authorise the refund to be | deposited directly to the specified account. | | | | | |
| Signature | bosendenclare | | Da | ate | | |
| PART D | Tax agent's certific | ate (shared | facilitie | s only |) | |
| DANIELLE EISEL | E | | | | | |
| · I have rece correct, and | ared this tax return in accordance with the inforived a declaration made by the entity that the indicate the partner, trustee, director or public or | nformation provided | to me for the p | reparation | of this tax return | n is true and |
| Agent's | | | | | | |
| signature | Da | te | | | Client reference | LIBSF |
| Contact Mrs Dar | nielle Eisele | | | | | |

Self-managed superannuation fund annual return

2019

2019

TFN: 968 195 921

Return year

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 super- instructions 2019 (NAT 7 you to complete this ann | 1606) (the instruction | | | | |
|--|--|---|---|---|--|
| The SMSF annual return change in fund members via ABR.gov.au or compl superannuation entities t | hip. You must upda lete the Change of c | ate fund details | | | |
| Section A: Fund info | rmation | | | | |
| Tax file number (T | | 968 195 921 | | | |
| | | | not obliged to quote your T Privacy note in the Declar | | ould increase the |
| Name of self-mana | iged superannuat | tion fund (SMSF) | | | |
| | | Liberty4 Super | Fund | | |
| | | | | | |
| Augustian busines | a numbar (ADNI) | 49 932 385 618 | | | |
| 3 Australian busines | ss number (ABN) | 13 302 303 010 | | | |
| | | | | | |
| Current postal add | lress | C/- DKE Accoun | ting Services | | |
| | | PO Box 547 | | | |
| | | Yarra Glen | | VIC | 3775 |
| | | | | ļi | |
| Is this an amendment Is this the first require | | return? A 3 | | | |
| | | <u> </u> | | | |
| S SMSF auditor Auditor's name | Tilla | | | | |
| Additor 5 fiame | Title | | | | |
| | Family name | *************************************** | | | 98666 |
| | First given name | <u> </u> | | | |
| 1 | Other given names | | | | |
| SM | SF Auditor Number | | | | |
| Audi | tor's phone number | | | | |
| Use Agent address details? | Postal address | | | *************************************** | Anderson (1984) - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1 |
| audiess details? | | | | *** | |
| | | | | 1207 | |
| | | Date audit was complet | ed A | | |
| | | Was Part A of the audit | | В | |
| | | Was Part B of the audit | | C | |
| | | If the audit report was o | qualified, have the reporte | d D | |
| | | issues been rectified? | | | |

| 7 | El We | ectronic funds tran e need your self-mana | sfer (EFT) ged super fund's fina | ancial institution | n details to pa | y any super p | payments and tax | k refunds owing to | you. |
|----|----------|---|---|--------------------|------------------------------|------------------------------|-------------------|---------------------------------|-----------|
| | Α | Fund's financial in This account is used | | | s. Do not prov | vide a tax age | nt account here. | | |
| | | Fund BSB number (must be six digits) | 063231 | 1 | count number | 1040652 | | | |
| | | Fund account name (t | | zen ATF J&Q F | amily SF) | | | | |
| | | Liberty4 Supe | er Fund | | | | | | |
| | ···· | I would like my tax re | funds made to this a | ccount. N | Print Y for yes or N for no. | If Yes, Go | to C. | | |
| | В | Financial institution | on account details | s for tax refu | nds | | Us | e Agent Trust Acco | ount? N |
| | | This account is used | for tax refunds. You | can provide a | tax agent acc | ount here. | | | |
| | | BSB number | 063231 | Aco | ount number | 1040652 | 6 | | |
| | | Fund account name (1 | or example, J&Q Citi | zen ATF J&Q F | Family SF) | | | • | |
| | | Liberty4 Supe | er Fund | | | | | | |
| | С | Electronic service | address alías | | | | | | |
| | | Provide the electronic (For example, SMSFc | service address (ES lataESAAlias). See ii | SA) issued by y | your SMSF more informati | essaging provion. | vider | | |
| | | | | | | | | | |
| | | | | | | | und's tax file nu | ımher (TEN) 96 | 8 195 921 |
| 8 | St | atus of SMSF | Australian superar | nuation fund | AY | | Fund benefit | ` | A Code |
| | | | ust deed allow acce ment's Super Co-co Low Income Super | ntribution and | CY | | | | |
| 9 | W: | as the fund wound | un during the inc | ome vear? | | | | | |
| • | N | 7 marky (*** **** | If yes, provide th | . Di | ay Month Yea | ar | Have all tax | | |
| | | or N for no. | which fund was | | | | obligations be | payment een met? | |
| 10 | Dic | kempt current pens | | ation income st | tream benefits | to one or mo | re members | N Print Y for your or N for no. | es |
| | [| the income year? o claim a tax exemption | n for current pension | income vou m | nust nav at lea | st the minimu | m henefit navmer | | |
| | | e law. Record exempt | | | | | | | |
| | lf | No, Go to Section B: Ir | come | | | | | | |
| | If | Yes Exempt current | pension income amo | unt A | | | | | |
| | | Which method di | d you use to calculat | te your exempt | current pensi | on income? | | | |
| | | Segr | egated assets metho | od B | | | | | |
| | | Unsegr | regated assets methor | od C | Was an actu | uarial certifica | te obtained? | Print Y for y | es |
| | 1 | Did the fund have any | other income that w | as assessable | ? E | rint Y for yes rN for no. | f Yes, go to Sect | ion B: Income | |
| | | | | | | | | g no-TFN quoted co | |
| | If | you are entitled to clai | m any tay offeete w | ou can list | | | | | |
| | | sese at Section D: Inco | | | | | | | |

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 tax (CGT) event during the year? | G N Print Y for yes or N for no. \$10,000 or you el the deferred notion and attach a Capi | loss or total capital gain is greater than ected to use the CGT relief in 2017 and nal gain has been realised, complete tal Gains Tax (CGT) schedule 2019 |
|---------------|--|---|--|
| | Have you applied an exemption or rollover? | | |
| | | Net capital gain | A |
| | | Gross rent and other leasing and hiring income | В |
| | | Gross interest | С |
| | | Forestry managed investment scheme income | X |
| Gross 1 | foreign income | Net foreign income | D |
| | Austra | lian franking credits from a New Zealand company | |
| | | Transfers from foreign funds | F |
| | | Gross payments where ABN not quoted | H |
| | of assessable contributions able employer contributions | Gross distribution from partnerships | Loss |
| R1 | 6,106 | * Unfranked dividend amount | J |
| R2 | sable personal contributions | * Franked dividend amount | K |
| | FN-quoted contributions | * Dividend franking credit | L |
| less Trans | nust be included even if it is zero) fer of liability to life | * Gross trust distributions | M Code |
| R6 | nce company or PST | Assessable contributions (R1 plus R2 plus R3 less R6) | |
| Calculation | of non-arm's length income | | |
| | on-arm's length private | | Code |
| U1 | | * Other income | S |
| plus * Net n | on-arm's length trust distributions | *Assessable income due to changed tax status of fund | T |
| 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) | U |
| * If an amour | andatory label nt is entered at this label, check the to ensure the correct tax is been applied. | GROSS INCOME (Sum of labels A to U) | W |
| и едипени па | is been applied. | Exempt current pension income | Y |
| | | TOTAL ASSESSABLE INCOME | V 6,106 Loss |

968 195 921

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 2,930 | F2 |
| Death benefit increase | G1 | |
| SMSF auditor fee | H1 550 | H2 |
| Investment expenses | 259 | 12 |
| Management and administration expenses | | J2 |
| Forestry managed investment scheme expense | U1 | Code U2 |
| Other amounts | | |
| Tax losses deducted | M1 | |
| | TOTAL DEDUCTIONS | TOTAL NON-DEDUCTIBLE EXPENSES |
| | N 4,619 | Y 0 |
| | (Total A1 to M1) | (Total A2 to L2) |
| Luquagaaaaqaa | | |
| | #TAXABLE INCOME OR LOSS | S Loss TOTAL SMSF EXPENSES |
| | 1,487 | |
| | | /N plue V |
| (| (TOTAL ASSESSABLE INCOM | E less (N pius 1) |

#This is a mandatory label.

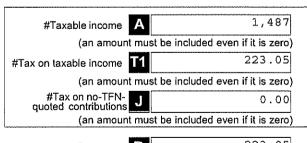
Section D: Income tax calculation statement

#Important:

Section B label R3, Section C label O and Section D labels A,T1, J, T5 and I are mandatory. 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 2019 on how to complete the calculation statement.



| Foreign income tax offset C1 Rebates and tax offsets | Non-refundable non-carry forward tax offsets |
|---|---|
| C2 | C 0.00 |
| | (C1 plus C2) |
| | , |
| | SUBTOTAL 1 223.05 |
| | |
| | (B less C –cannot 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 | (D1 plus D2 plus D3 plus D4) |
| D3 | (D1 plus D2 plus D3 plus D4) |
| Early stage investor tax offset | |
| carried forward from previous year | SUBTOTAL 2 223.05 |
| D4 | |
| | (T2 less D -cannot be less than zero) |
| Complying fund's franking credits tax offset E1 No-TFN tax offset E2 | |
| National rental affordability scheme tax offset | |
| E3 | |
| Exploration credit tax offset | Refundable tax offsets |
| E4 | E 0.00 |
| | (E1 plus E2 plus E3 plus E4) |
| | |
| | |
| | #TAY DAYABLE 175 223.05 |

Fund's tax file number (TFN) 968 195 921

| Credit for interest on early payments – | |
|--|--|
| amount of interest | |
| H1 | |
| Credit for tax withheld – foreign resident withholding (excluding capital gains) | |
| H2 | |
| | |
| Credit for tax withheld – where ABN or TFN not quoted (non-individual) | |
| НЗ | |
| | |
| Credit for TFN amounts withheld from payments from closely held trusts | |
| H5 | |
| | |
| Credit for interest on no-TFN tax offset | |
| H6 | |
| Credit for foreign resident capital gains withholding amounts | Eligible credits |
| Н8 | 0.00 |
| | |
| | (H1 plus H2 plus H3 plus H5 plus H6 plus H8) |
| | |
| | #Tax offset refunds 0.00 |
| | (Remainder of refundable tax offsets). |
| | (unused amount from label E- an amount must be included even if it is zero) |
| | |
| | PAYG instalments raised |
| | K 568.00 |
| | Supervisory levy |
| | 259.00 |
| | Supervisory levy adjustment |
| | for wound up funds |
| • | M |
| | |
| | Supervisory levy adjustment for new funds |
| | N |
| | |
| | |
| | Total amount of tax refundable S 85.95 |
| | |
| #This is a mandatory label. | (T5 plus G less H less I less K plus L less M plus N) |
| | |
| Section E: Losses | |
| 14 Losses | |
| 17 103363 | Tour faces and of the second o |
| If total loss is greater than \$100,000, | Tax losses carried forward to later income years |
| complete and attach a Losses | |
| schedule 2019. | Net capital losses carried V |
| | <u> </u> |
| Net capital losses brought forward | Net capital losses carried forward |
| from prior years | to later income years |
| Non-Collectables | 0 |
| Collectables | 0 |
| | |
| | |

Section F / Section G: Member Information

In Section F / G report all current members in the fund at 30 June. Use Section F / G to report any former members or deceased members who held an interest in the fund at any time during the income year. See the Privacy note in the Declaration. Member Number Member'sTFN 454 279 874 Mr 1 Title Favaloro Family name Account status Darren First given name 0 Code Other given names If deceased, date of death 22/04/1963 Date of birth 84,377.00 Contributions OPENING ACCOUNT BALANCE Proceeds from primary residence disposal Refer to instructions for completing these labels . Employer contributions Receipt date Α Assessable foreign superannuation ABN of principal employer fund amount **A1** Personal contributions Non-assessable foreign superannuation fund amount В J CGT small business retirement exemption Transfer from reserve: assessable amount C K CGT small business 15-year exemption amount Transfer from reserve: non-assessable amount Personal injury election Contributions from non-complying funds and previously non-complying funds Ш Spouse and child contributions F Any other contributions (including Super Co-contributions and low Income Super Contributions) Other third party contributions 273.00 G M TOTAL CONTRIBUTIONS N 273.00 (Sum of labels A to M) Other transactions Accumulation phase account balance 57,021.00 Allocated earnings or losses 0 141,671.00 P Inward rollovers and transfers Retirement phase account balance -Non CDBIS Outward rollovers and transfers Lump Sum payment R1 Retirement phase account balance -CDBIS Code **S**3 0.00 Income stream payment R2 141,671.00 **TRISCount** CLOSING ACCOUNT BALANCE S S1 plus S2 plus S3 141,671.00 X1 Accumulation phase value

Outstanding limited recourse borrowing arrangement amount

Retirement phase value

X2

| | | | | | Fund's tax file nu | <u> </u> | 921 |
|-------------------------------|------------------------------|---|--|---|--|--------------------|-----|
| | | | See the Privacy note | | | Member Number | |
| Title | Mrs | *************************************** | Member'sTFN 4.5 | 4 321 | L 924 | 2 | |
| Family name | Favaloro | ······ | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | Account status | |
| First given name | Lesley | | | | | Code | |
| Other given names | | | | | | | |
| | Date of birth 21/05/1 | 966 | If deceased, date of death | | | | |
| Contributions | | OPEN | ING ACCOUNT BALA | | | ,187.00 | |
| Refer to instruction | ons for completing these lab | els | | Proce | eds from primary | residence disposal | |
| Employer contrib | | | | | eipt date | | |
| Α | 6,106.00 | | | H | | | |
| ABN of principal | employer | | | | ssable foreign sup- amount | erannuation | |
| Personal contribu | utions | | | · Non- | assessable foreign | superannuation | |
| В | | | | fund | amount | | |
| CGT small busine | ess retirement exemption | | | Trans | sfer from reserve: ssable amount | | |
| CGT small busin | ness 15-year | | | K | | | |
| exemption amou | nı | | | Trans | sfer from reserve: assessable amoun | nt | |
| Personal injury el | lection | | | L | | | |
| E | | | | Contr | ibutions from non-com | complying funds | |
| Spouse and child | l contributions | | | | | -,,,,, | |
| F | | | | Any c | other contributions | (including | |
| Other third party | contributions | | | Incom | ne Super Contributions a | ons) | |
| G | | | | M | | | |
| | TOTAL CONTR | IBUTIONS T | 6, | 106.0 | 0 | | |
| | | | (Sum of labels A | | | | |
| Other transaction | าร | | | | | | |
| | nase account balance | Allo | cated earnings or losse | s O | 89 | ,147.00 Loss | |
| S1 | 227,440.00 | Inware | d rollovers and transfe | rs P | | | |
| Retirement phas -Non CDBIS | e account balance | | d rollovers and transfe | | | | |
| S2 | 0.00 | Outware | | | | Code | |
| Retirement phas -CDBIS | e account balance | | Lump Sum payme | nt IX I | | Cxxte | |
| S 3 | 0.00 | | Income stream payme | nt R2 | | | |
| O TF | RISCount | CLOSIN | IG ACCOUNT BALANG | | | ,440.00 | |
| | | | | | S1 plus S2 plus S3 | | |
| | | Ad | ccumulation phase valu | | 227 | ,440.00 | |
| | | | Retirement phase valu | e X2 | | | |
| | | Outs borrowi | standing limited recours ng arrangement amour | e Y | | | |

| SMSF Return 2019 | Liberty4 Super Fund | TFN: 968 195 921 | Page 9 of 12 |
|------------------|---------------------|------------------|--------------|
| | | | |

Section H: Assets and liabilities 15 ASSETS

| 15a Australian managed investments | | |
|--|--|------------------------------|
| To Australian managed investments | Listed trusts | <u>A</u> |
| | · Unlisted trusts | В |
| | Insurance policy | C |
| | Other managed investments | D |
| 15b Australian direct investments | Cash and term deposits | 3,412 |
| | Debt securities | F |
| Limited recourse borrowing arrangements | Loans | G |
| Australian residential real property J1 | Listed shares | Н |
| Australian non-residential real property | | |
| J2 | Unlisted shares | |
| Overseas real property J3 | Limited recourse borrowing arrangements | 0 |
| Australian shares | Non-residential real property | K |
| J4 Overseas shares | Residential real property | |
| J5 | Collectables and personal use assets | М |
| Other | Other assets | 0 |
| J6 | | |
| 15c Other investments | Crypto-Currency | N 367,199 |
| 15d Overseas direct investments | Overseas shares | P |
| | Overseas non-residential real property | Q |
| | Overseas residential real property | R |
| | Overseas managed investments | s |
| | Other overseas assets | |
| | TOTAL AUSTRALIAN AND OVERSEAS ASSETS (Sum of labels A to T) | 370,611 |
| 15e In-house assets | | |
| Did the | e fund have a loan to, lease to or investment in, related parties (known as in-house assets) at the end of the income year | |
| 15f Limited recourse borrowing arrange | ments | |
| - | If the fund had an LRBA were the LRBA borrowings from a licensed financial institution? | PrintY for yes or N for no. |
| | Did the members or related parties of the fund use personal guarantees or other security for the LRBA? | Print Y for yes or N for no. |

16 LIABILITIES

| Borrowings for limited recourse borrowing arrangements V1 Permissible temporary borrowings V2 | | |
|--|-------------------|-----------|
| Other borrowings V3 | Borrowings | 0 |
| (total of all | W 369,111 | |
| | Reserve accounts | X |
| | Other liabilities | Y 1,500 |
| | TOTAL LIABILITIES | Z 370,611 |
| Section I: Taxation of financial arran | • | |
| | 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 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 Family trust election, revocation or variation 2019. | | 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 Interposed entity election or revocation 2019 for each election | | |
| If revoking an interposed entity election, print R, and complete and attach the Interposed entity election or revocation 2019. | | |

Section K:Declarations

Penalties may be imposed for false or misleading information in addition to penalties relating to any tax shortfalls.

Important

Before making this declaration check to ensure that all income has been disclosed and the annual return, all attached schedules and any additional documents are true and correct in every detail. If you leave labels blank, you will have specified a zero amount or the label was not applicable to you. If you are in doubt about any aspect of the annual return, place all the facts before the ATO.

Privacy

The ATO is authorised by the Taxation Administration Act 1953 to request the provision of tax file numbers (TFNs). We will use the TFN to identify the entity in our records. It is not an offence not to provide the TFN. However if you do not provide the TFN, the processing of this form may be delayed.

Taxation law authorises the ATO to collect information and disclose it to other government agencies. For information about your privacy go to ato.gov.au/privacy.

TRUSTEE'S OR DIRECTOR'S DECLARATION:

I declare that, the current trustees and directors have authorised this annual return and it is documented as such in the SMSF's records. I have received a copy of the audit report (if required) and are aware of any matters raised therein. The information on this annual return, including any attached schedules and additional documentation is true and correct.

| Authorised trustee's, director's or pub | lic officer's si | ignature | | | | | |
|--|------------------|--------------------|----------------|---|--------------|---------------------|----------|
| | | | ^ | , | | Day Month Yea | |
| | do | mode | waler | · · | Date | 13/03/2020 | } |
| Preferred trustee or director con | tact details | | | _ | | | |
| | Title 1 | Mr | | | | | |
| Fa | mily name | Favaloro | | | | | |
| First g | iven name | Darren | | | | | |
| Other giv | en names | | | | | | |
| | _ | Area code | Number | | | | |
| Pho | ne number | 04 | 10659316 | | | | |
| Ema | ail address | | | | | | |
| Non-individual trustee name (if a | ipplicable) | | | | | | |
| | | | | | · · | | |
| ABN of non-individu | Lat trustae | | | | | | |
| Abiv of non-individu | lai irusiee | | | | | | |
| | | | | | | Hrs | |
| | | Time taken to | prepare and | d complete this ann | ual return | | |
| The Commissioner of Taxation, a | ıs Registrar | of the Australi | an Business | Register, may use | the ABN a | and business de | etails |
| which you provide on this annual | return to ma | aintain the integ | rity of the re | egister. For further in | nformation, | refer to the inst | ructions |
| | | | · | | | | |
| TAX AGENT'S DECLARATION: DANIELLE EISELE | | | | | | | |
| declare that the Self-managed sur | oronnuation | fund annual ratu | ra 2010 baa h | soon propored in soon | rdanaa wiith | information provide | |
| by the trustees, that the trustees h | ave given me | e a declaration st | | | | | |
| the trustees have authorised me to | lodge this a | nnual return. | | | ٦ | Day Month Year | |
| Tax agent's signature | | | | | Date | 13/03/2020 | |
| | | | | | | | |
| Tax agent's contact details | 20 | | | | | | |
| Title | Mrs | | | *************************************** | | | |
| Family name | Eisele | | | | | | |
| First given name | Danielle | e | | | | | |
| Other given names | | | | | | | |
| Tax agent's practice | DANIELLI | E EISELE | | | | | |
| | Area code | Number | | | | | |
| Tax agent's phone number | 04 | 10659316 | 5 | | | | |
| Tax agent number | 2525231 | 0 | | Reference number | LIBSF | | |

Losses schedule

Companies and trusts that do not join consolidated groups should complete and attach this schedule to their 2019 tax return.

2019

TFN: 968 195 921

Superannuation funds should complete and attach this schedule to their 2019 tax return.

Refer to Losses schedule instructions 2019, available on our website www.ato.gov.au for instructions on how to complete this schedule.

| Tax file number (TFN) | |
|----------------------------------|--|
| 968 195 921 | |
| Name of entity | |
| Liberty4 Super Fund | |
| | |
| Australian business number (ABN) | |
| 49 932 385 618 | |

2 Net capital losses carried forward to later income years

| Year of loss | | |
|---------------------------|---|--------|
| 2018–19 | H | |
| 2017–18 | | 38,797 |
| 2016–17 | J | |
| 2015–16 | K | |
| 2014–15 | L | |
| and earlier come years | M | |
| • | | - |
| Total | V | 38,797 |

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

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

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

Privacy

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

Taxpayer's declaration

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

| Signature | Date |
|----------------|---|
| Daner Donaler | 13/08/20 |
| Contact person | Daytime contact number Area_codeNumber |
| | 0401262296 |