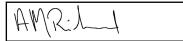
Signature as prescribed in tax return



# Self-managed superannuation 2019 fund annual return

#### Who should complete this annual return? To complete this annual return Only self-managed superannuation funds (SMSFs) can complete Print clearly, using a BLACK pen only. this annual return. All other funds must complete the Fund ■ Use BLOCK LETTERS and print one character per box. income tax return 2019 (NAT 71287). 8 М H 8 Т The Self-managed superannuation fund annual return ■ Place X in ALL applicable boxes. instructions 2019 (NAT 71606) (the instructions) can assist you to complete this annual return. Postal address for annual returns: The SMSF annual return cannot be used to notify us of a Australian Taxation Office change in fund membership. You must update fund details GPO Box 9845 via ABR.gov.au or complete the Change of details for [insert the name and postcode superannuation entities form (NAT 3036). of your capital city] For example; Australian Taxation Office **GPO Box 9845** SYDNEY NSW 2001 Section A: Fund information To assist processing, write the fund's TFN at 909693012 1 Tax file number (TFN) 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. 2 Name of self-managed superannuation fund (SMSF) AM Superannuation Fund 83737542302 3 Australian business number (ABN) (if applicable) **Current postal address** PO Box 4240 Suburb/town State/territory Postcode St Lucia South QLD 4067 5 Annual return status Is this an amendment to the SMSF's 2019 return?

Is this the first required return for a newly registered SMSF?

B No

Signature as prescribed in t	tax	returi
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Tax File Number 909693012

### 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?	3 No X Yes
Was Part B of the audit report qualified?	No X Yes
If the audit report was qualified, have the reported issues been rectified?	

#### 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 312152			
Fund account name					
AM Superannuation Fund					
I would like my tax refunds made to this account. $\mathbf{X}$ Go to C.					
Financial institution	on account detai	s 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

Się	100017996MS         gnature as prescribed in tax return         Tax File Number         909693012
8	Status of SMSF       Australian superannuation fund       A No       Yes       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 Amounts?       C       No       Yes       Yes       X
9	Was the fund wound up during the income year?         No X Yes       If yes, provide the date on which the fund was wound up         Volume       Month         Year       Have all tax lodgment and payment obligations been met?         No       X
10	<ul> <li>Exempt current pension income</li> <li>Did the fund pay retirement phase superannuation income stream benefits to one or more members in the income year?</li> <li>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.</li> <li>No X Go to Section B: Income.</li> </ul>
	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
	<ul> <li>Did the fund have any other income that was assessable?</li> <li>E Yes ) Go to Section B: Income.</li> <li>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.)</li> <li>If you are entitled to claim any tax offsets, you can list these at Section D: Income tax calculation statement.</li> </ul>

Signature as prescribed in tax return		Tax File Number	909693012
Section B: Income			
Do not complete this section if all superative retirement phase for the entire year, the notional gain. If you are entitled to claim are	nere was <b>no</b> other income tha ny tax offsets, you can record	at was assessable, and you has these at Section D: Income ta	ave not realised a deferred ax calculation statement.
<b>11 Income</b> Did you have a capital gains tax (CGT) event during the year?	G No X Yes ) \$10, 2017	total capital loss or total capit 000 or you elected to use the and the deferred notional gain olete and attach a <i>Capital gain</i>	transitional CGT relief in n has been realised,
Have you applied an exemption or rollover?	M No X Yes		
	Net capital gain A	\$	
Gross rent and other le	asing and hiring income <b>B</b>	\$	26,479
	Gross interest C	\$	551
Forest	ry managed investment scheme income	\$	
Gross foreign income	7	. [	Loss
D1 \$	Net foreign income	\$	
Australian franking credits from a	New Zealand company	\$	Number
	toreign tunas	\$	
	Gross payments where ABN not quoted	\$	Loss
Calculation of assessable contributions Assessable employer contributions	Gross distribution from partnerships	\$	
R1 \$	* Infronted dividend	\$	
plus Assessable personal contributions <b>R2 \$</b> 25,000	*Eranked dividend	\$	
plus #*No-TFN-quoted contributions	*Dividend franking	\$	
R3 \$ (an amount must be included even if it is zero	credit - *Gross trust	¢	Code
less Transfer of liability to life insurance company or PST	distributions	Ψ	
R6 \$	Assessable contributions (R1 plus R2 plus R3 less R6)	\$	25,000
Calculation of non-arm's length income *Net non-arm's length private company dividen		\$	Code
U1 \$ plus *Net non-arm's length trust distributions U2 \$	Assessable income due to changed tax <b>T</b> status of fund	\$	
<i>plus</i> *Net other non-arm's length income U3 \$	Net non-arm's length income (subject to 45% tax rate)	\$	
	( <b>Ú1</b> plus <b>U2</b> plus <b>U3</b> )		Loss
"This is a mandatory label. *If an amount is	GROSS INCOME (Sum of labels A to U)		52,030
entered at this label, check the instructions	current pension income	\$	Loss
to ensure the correct <b>TOTAL</b> .	ASSESSABLE OME (W less Y) V \$		<b>52,030</b>

Page 4

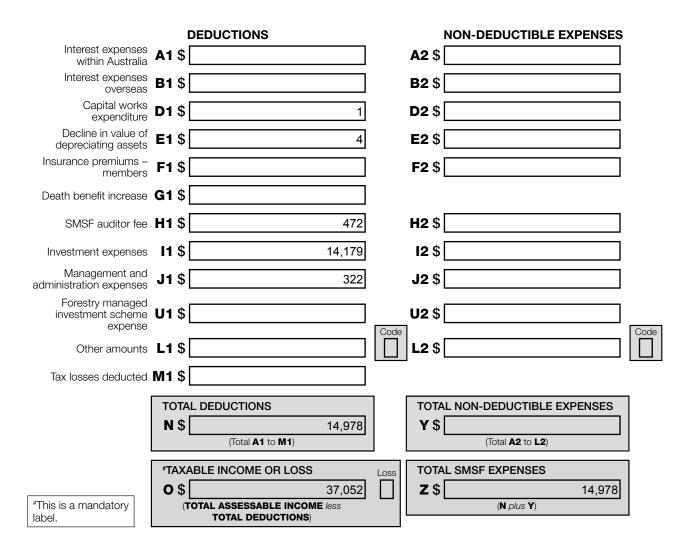
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Tax File Number 909693012

### 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).



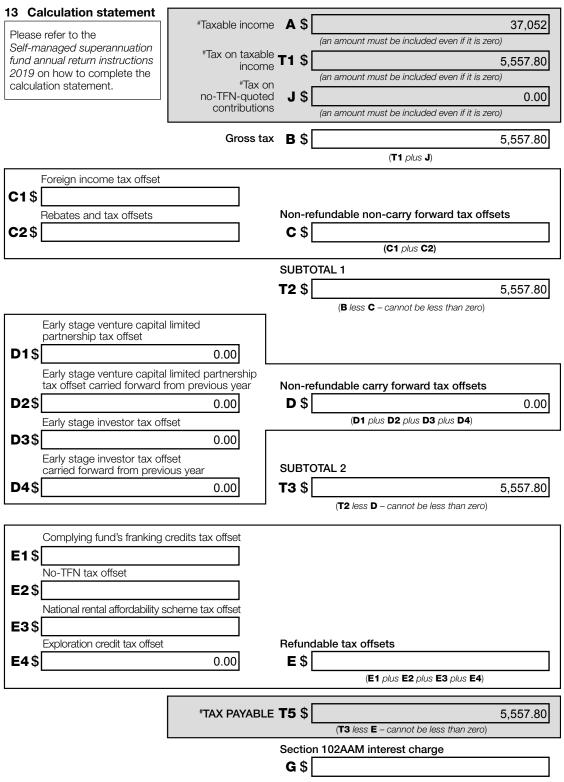
Signature as prescribed in tax return

Tax File Number 909693012

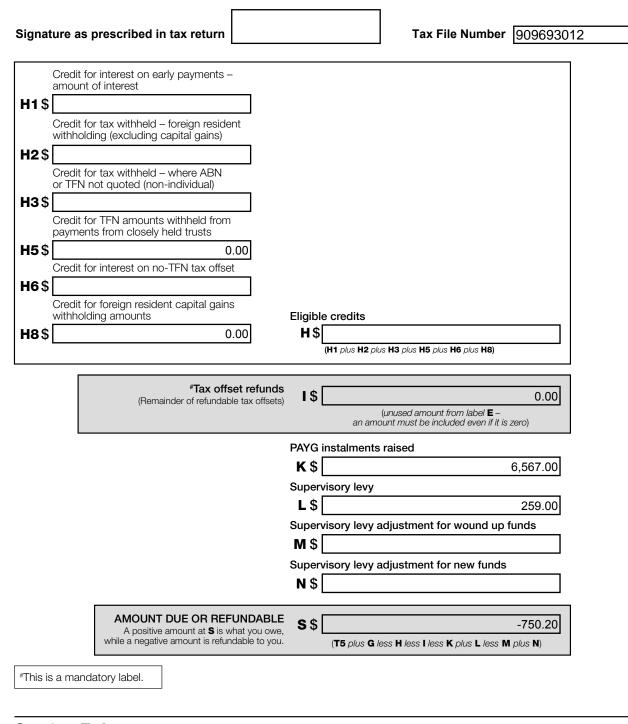
# Section D: Income tax calculation statement

#### #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.



Sensitive (when completed)



# 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

\$

		]	
Signature as prescribed in tax return		Tax File Number 909693012	
Section F: Member information	ation		
MEMBER 1			
Title: Mr X Mrs Miss Ms Other			
Family name Richmond			
First given name	Other given names		
Alan Mark		Day Month Y	Year
Member's TFN See the Privacy note in the Declaration. 67236	6843		958
Contributions OPENING ACC	COUNT BALANCE	996,111.65	
Refer to instructions for completing these		from primary residence disposal	
Employer contributions	H \$	to	
A \$	Receipt da	Le Day Month Year	
ABN of principal employer	Assessable	e foreign superannuation fund amount	
A1 Personal contributions	I\$		
	7,546.00 J \$	sable foreign superannuation fund amount	
CGT small business retirement exemption		om reserve: assessable amount	
	K \$_		
CGT small business 15-year exemption	Transfer fro	om reserve: non-assessable amount	
Personal injury election		ons from non-complying funds	
E \$	and previo	usly non-complying funds	
Spouse and child contributions  F \$	Any other	contributions	
• • • Contributions	(including : Low Incom	Super Co-contributions and ne Super Amounts)	
G \$	M \$		
TOTAL CONTRIBUTIO	DNS N\$	27,546.00	
	(Sum of labels A to	M)	
Other transactions	Allocated earnings or losses <b>O</b> \$	64,549.97	]
Accumulation phase account balance	Inward rollovers and <b>P \$</b>		
<b>S1</b> \$ 1,088,207.6	62 transfers		
Retirement phase account balance	Outward rollovers and <b>Q \$</b>		
- Non CDBIS 52 \$ 0.0	transfers		le
Retirement phase account balance	payments R1 5		
- CDBIS	Income stream <b>R2 \$</b>		
<b>S3</b> \$ 0.0	payments		
0 TRIS Count CLOSING AC		1,088,207.62	
		( <b>S1</b> plus <b>S2</b> plus <b>S3</b> )	
Accum	ulation phase value X1 \$		
Retir	rement phase value <b>X2</b> \$		
Outstandi borrowing ar	ng limited recourse <b>Y</b> \$	0.00	
Page 8	Sensitive (when comple	eted)	

Signature as prescribed in tax return	Tax File Number 909693012
MEMBER 2           Title:         Mr         Mrs         Miss         Other           Family name         Mrs         Miss         Mrs         Mrs	
First given name Other given names	
Member's TFN See the Privacy note in the Declaration.	Date of birth
Contributions OPENING ACCOUNT BALANCE \$	
	s from primary residence disposal
Employer contributions       Receipt of         A \$       H1         ABN of principal employer       Assessab         A1       H1         Personal contributions       Non-asse         B \$       S         CGT small business retirement exemption       Transfer fi         CGT small business 15-year exemption amount       Transfer fi         D \$       Transfer fi         Personal injury election       Contributiand previous         F \$       Contributions         F \$       And previous         Other third party contributions       M \$         G \$       M \$	ble foreign superannuation fund amount essable foreign superannuation fund amount from reserve: assessable amount from reserve: non-assessable amount from
Other transactions     Allocated earnings or losses     O \$ [	
Accumulation phase account balance rollovers and transfers P\$	
Retirement phase account balance       Outward         – Non CDBIS       Transfers	Code
S2 \$       Lump Sum payments       R1 \$         Retirement phase account balance       Income stream payments         S3 \$       R2 \$	
CLOSING ACCOUNT BALANCE \$ \$	( <b>S1</b> plus <b>S2</b> plus <b>S3</b> )
Accumulation phase value X1 \$	
Retirement phase value <b>X2 \$</b>	
Outstanding limited recourse borrowing arrangement amount	
Sensitive (when comp	leted) Page 9

		Ten File Number 00000040
Signature as prescribed in tax return		Tax File Number 909693012
MEMBER 3 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	Ce 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 Transfer from	m reserve: assessable amount
C \$	κ \$_	
CGT small business 15-year exemptio		m reserve: non-assessable amount
Personal injury election		ns from non-complying funds
E \$	and previou	isly non-complying funds
Spouse and child contributions	T \$	ontributions
<b>F \$</b> Other third party contributions	(including S	e Super Amounts)
G \$	M \$	
TOTAL CONTRIBUT	IONS N \$ (Sum of labels A to I	<b>M</b> )
Other transactions	Allocated earnings or losses <b>O \$</b>	
Accumulation phase account balance	Inward rollovers and <b>P \$</b>	
S1 \$	transfers	
Retirement phase account balance	Outward rollovers and <b>Q</b> \$	
- Non CDBIS	transfers	Code
Retirement phase account balance	Lump Sum R1 \$	
- CDBIS	Income stream <b>R2 \$</b>	
S3 \$	payments	
TRIS Count CLOSING A	CCOUNT BALANCE <b>S</b> \$	( <b>S1</b> plus <b>S2</b> plus <b>S3</b> )
Accur	nulation phase value X1 \$	
Ret	tirement phase value <b>X2</b> \$	
Outstand	ding limited recourse <b>Y</b> \$	
Page 10	Sensitive (when comple	ted)

Signature as prescribed in tax return	Tax File Number 909693012
	303033012
Title:         Mr         Miss         Ms         Other           Family name         Family nam	
First given name Other given names	
Member's TFN	Day Month Year
See the Privacy note in the Declaration.	Date of birth
Contributions OPENING ACCOUNT BALANCE \$	
	eds from primary residence disposal
	⊅ pt date <sub>Day Month</sub> Year
A \$ H1	
	sable foreign superannuation fund amount
Personal contributions Non-a	assessable foreign superannuation fund amount
B   \$   J     CGT small business retirement exemption   Trans	
C \$ K	fer from reserve: assessable amount
	fer from reserve: non-assessable amount
	\$
E \$ and p	reviously non-complying funds
	\$ther contributions
Other third party contributions	ding Super Co-contributions and ncome Super Amounts)
G \$ M	\$
TOTAL CONTRIBUTIONS N \$	s A to M)
Other transactions Allocated earnings or losses O	\$
Accumulation phase account balance Inward rollovers and <b>P</b>	\$
S1 \$ transfers Outward	
Retirement phase account balance rollovers and Q – Non CDBIS transfers	
S2 \$ Lump Sum R1	\$
Retirement phase account balance	Code
- CDBIS Income stream <b>R2</b> payments	\$
TRIS Count CLOSING ACCOUNT BALANCE S	\$(S1 plus S2 plus S3)
Accumulation phase value X1	\$
Retirement phase value <b>X2</b>	\$
Outstanding limited recourse borrowing arrangement amount	
Sensitive (when co	mpleted) Page 11

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Signature as prescribed in tax return		Tax File Number	909693012
Section G: Supplementary	<sup>,</sup> member inform	ation	
MEMBER 5           Title:         Mr         Mrs         Miss         Ms         Other           Family name         Mrs         Miss         Ms         Other			Account status
First given name	Other given names		
Member's TFN D See the Privacy note in the Declaration.	ate of birth Day Month Year	If decease	ed, date of death Month Year
Contributions OPENING AC	COUNT BALANCE		
Refer to instructions for completing these		from primary residence disp	osal
Employer contributions          A       \$         ABN of principal employer         A1	H \$ Receipt da H1 Assessabl	ate Day Month	Year d amount
Personal contributions	■ Φ Non-asse	essable foreign superannuatio	on fund amount
B \$ CGT small business retirement exempt			
C \$	Iranster fr	rom reserve: assessable amo	bunt
CGT small business 15-year exemption	n amount Transfer fr	rom reserve: non-assessable	amount
D \$ Personal injury election		iona from non complying fun	do
E \$	and previo	ions from non-complying fun ously non-complying funds	
Spouse and child contributions <b>F \$</b>	T \$	contributions	
Other third party contributions	(including Low Incor	Super Co-contributions and me Super Amounts)	
G \$	M \$		
TOTAL CONTRIBUTI	ONS N \$	D <b>M</b> )	
Other transactions	Allocated earnings or \$		
Accumulation phase account balance	Inward rollovers and transfers		
Retirement phase account balance – Non CDBIS	Outward rollovers and transfers		
S2 \$	Lump Sum <b>R1 \$</b>		
Retirement phase account balance – CDBIS <b>S3 \$</b>	Income stream R2 \$		Code
TRIS Count CLOSING A	CCOUNT BALANCE <b>S</b> \$	( <b>S1</b> plus <b>S2</b> plus <b>S3</b> )	
L		· · · · · · · · · ·	
	nulation phase value X1 \$		
Outstand	irement phase value X2 \$		
borrowing a Page 12	rrangement amount ■ ■ □ Sensitive (when compl	leted)	

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Signature as prescribed in tax return       Tax File Number       909693012
MEMBER 6         Title:       Mr       Miss       Ms       Other         Family name       Account status       Image: Code         First given name       Other given names       Image: Code         First given name       Other given names       Image: Code         Member's TFN       Date of birth       If deceased, date of death         Day       Month       Year       Image: Code         Image: Code       Image: Code       Image: Code       Image: Code         See the Privacy note in the Declaration.       Day       Month       Year       Image: Code         Image: Code       Image: Code       Image: Code       Image: Code       Image: Code       Image: Code         Image: Code       Image: Code       Image: Code       Image: Code       Image: Code       Image: Code         Image: Code       Image: Code       Image: Code       Image: Code       Image: Code       Image: Code         Image: Code       Image: Code       Image: Code       Image: Code       Image: Code       Image: Code         Image: Code       Image: Code       Image: Code       Image: Code       Image: Code       Image: Code         Image: Code       Image: Code       Image: Code       Image: Code       Ima
Contributions OPENING ACCOUNT BALANCE \$
Proceeds from primary residence disposal          Proceeds from primary residence disposal         Employer contributions         A \$         ABN of principal employer         A1         Personal contributions         B \$         CGT small business retirement exemption         CG \$         CGT small business 15-year exemption amount         D \$         Personal injury election         E \$         Spouse and child contributions         F \$         Other third party contributions         G \$         Other third party contributions         G \$         TOTAL CONTRIBUTIONS N \$
(Sum of labels A to M)     Other transactions     Allocated earnings or losses     or losses     O \$     Accumulation phase account balance     Inward rollovers and ransfers   Outward rollovers and ransfers   Outward rollovers and ransfers   S2 \$   Retirement phase account balance   · Non CDBIS   S2 \$   Retirement phase account balance   · CDBIS   S3 \$   Code   Income stream R2 \$   payments   R1 \$   Code   Income stream R2 \$   (S1 plus S2 plus S3)   Accumulation phase value X1 \$
Accumulation phase value X1 \$         Retirement phase value X2 \$         Outstanding limited recourse borrowing arrangement amount         Y \$         Sensitive (when completed)

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Signature as prescribed in tax return	Tax File Number 909693012
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 of 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       Outward rollovers and transfers       Q \$         S2 \$       Inward rollovers and transfers       Q \$         Retirement phase account balance       Income stream       R1 \$         Retirement phase account balance       Income stream       R2 \$	
CLOSING ACCOUNT BALANCE <b>S</b>	(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	

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Signature as prescribed in tax return Tax File Number 909693012
MEMBER 8         Title:       Mrs       Miss       Ms       Other       Account status       Image: Code         Family name
First given name     Other given names       Member's TFN     Date of birth     If deceased, date of death       See the Privacy note in the Declaration.     Day     Month     Year
Contributions OPENING ACCOUNT BALANCE \$
Refer to instructions for completing these labels.     Employer contributions   A   A   A   A   A   A   A   A   A   A   A   B   S   CaT small business retirement exemption   CaT small business 15-year exemption amount   D   S   Cat small business 15-year exemption amount   D   S   Personal injury election   E   Spouse and child contributions   F   S   Other third party contributions   G   S   Cotal contributions   N   S   Other third party contributions   M   S   Cotal contributions   M
(Sum of labels A to M)         Other transactions       Allocated earnings or losses       0 \$         Accumulation phase account balance       Inward rollovers and transfers       P \$         Retirement phase account balance       Outward rollovers and transfers       Q \$         Non CDBIS       Code         S2 \$       Ump Sum payments       R1 \$         Retirement phase account balance       Income stream       R2 \$         Income payments       R2 \$         THIS Count       CLOSING ACCOUNT BALANCE       \$         (§1 plus \$2 plus \$3)       (\$1 plus \$2 plus \$3)
Accumulation phase value X1 \$ Retirement phase value X2 \$ Outstanding limited recourse Y \$ borrowing arrangement amount Y \$ Sensitive (when completed) Page 15

Sig	nature as prescribed in tax return		-	Tax File Number 909693012
	ction H: <b>Assets and liat</b> Asseтs	oilities		
	Australian managed investments	Listed trusts	<b>A</b> \$	
		Unlisted trusts	в\$	
		Insurance policy	cs[	
		Other managed investments	ראַ	
15b	Australian direct investments	Cash and term deposits	E\$[	178,876
	Limited recourse borrowing arrange	Debt securities	F \$	
	Australian residential real property <b>J1</b> \$	Loans	G s∣	
	Australian non-residential real property	Listed shares		
	J2 \$		· L	
	Overseas real property	Unlisted shares	I\$_	
	J3 \$	Limited recourse borrowing arrangements	J \$[	
	J4 \$	Non-residential		
	Overseas shares	real property	r >	417,500
	J5 \$	Residential real property	ΓЭL	
	Other	Collectables and personal use assets	м\$[	
	J6 \$	Other assets	<b>o</b> \$[	495,364
15c	Other investments	Crypto-Currency	N \$[	
15d	Overseas direct investments	Overseas shares	Р\$[	
	Overse	as non-residential real property	<b>Q</b> \$[	
	O	verseas residential real property	<b>R</b> \$[	
	C	overseas managed investments	<b>s</b> \$[	
		Other overseas assets	т \$Г	
		N AND OVERSEAS ASSETS	<b>U</b> \$[	1,091,740
	(Sun			
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 y	arties <b>A NO A Pes/</b> ssets)	\$[	
15f	Limited recourse borrowing arrangem 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>B</b> NO <b>Fes</b>		
	Page 16	Sensitive (when comple	ted)	

1,091,740

Sig	nature as prescribed in tax return				Тах	File Numbe	r 909693012
16	LIABILITIES						
	Borrowings for limited recourse borrowing arrangements						
	V1 \$						
	Permissible temporary borrowings						
	V2 \$						
	Other borrowings						
	V3 \$	]	Borrowings	V	\$		
	Total memb (total of all <b>CLOSING ACCOUNT BALAN</b>		ing account balances om Sections F and G)	w	\$		1,088,207
			Reserve accounts	X	\$		
			Other liabilities	Y	\$		3,533

# Section I: Taxation of financial arrangements

17	Taxation	of financial	arrangements	(TOFA)
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Total TOFA gains H\$

TOTAL LIABILITIES Z \$

## Section J: Other information

#### Family trust election status

s made, or is making, a family trust election, write the four-digit <b>income year</b> cified of the election (for example, for the 2018–19 income year, write <b>2019</b> ).	
ing or varying a family trust election, print <b>R</b> for revoke or print <b>V</b> for variation, d complete and attach the <i>Family trust election, revocation or variation 2019.</i>	
on status nd has an existing election, write the earliest income year specified. If the trust is making one or more elections this year, write the earliest income year being d complete an Interposed entity election or revocation 2019 for each election.	
If revoking an interposed entity election, print <b>R</b> , and complete and attach the <i>Interposed entity election or revocation 2019</i> .	

### 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 public officer's signature

AMRill	Date 28 / 02 / 2020
Preferred trustee or director contact details:	
Title: Mr X Mrs Miss Ms Other	
Family name	
Richmond	
First given name Other given names	
Alan Mark	
Phone number 0755746629 Email address	
richmond_alan@hotmail.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 us provide on this annual return to maintain the integrity of the register. For further informati	
<b>TAX AGENT'S DECLARATION:</b> I declare that the <i>Self-managed superannuation fund annual return 2019</i> has been prepar provided by the trustees, that the trustees have given me a declaration stating that the inf correct, and that the trustees have authorised me to lodge this annual return.	
Tax agent's signature	
WEKelly	Day         Month         Year           Date         28         /         02         /         2020
Tax agent's contact details           Title:         Mr X         Mrs         Miss         Ms         Other           Family name         Miss         Miss         Miss         Miss         Miss         Miss	
Kelly	
First given name Other given names	
William Edward	
Tax agent's practice	
Kelly Tax Accounting Pty Ltd	
Tax agent's phone number Reference number	Tax agent number
0738394949 AMSUPER	60583000

2019

## Capital gains tax (CGT) schedule

### When completing this form

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

Do not use correction fluid or covering stickers.



- 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.

Sign next to any corrections with your full signature (not initials).

Tax file number (TFN) 909693012

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) 83737542302

#### Taxpayer's name

#### AM Superannuation Fund

#### 1 Current year capital gains and capital losses

Shares in companies	Capital gain	Capital loss
listed on an Australian securities exchange	A \$	К\$
Other shares	в \$	L \$
Units in unit trusts listed on an Australian securities exchange	C \$	M\$
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 \$	R \$
Amount of capital gain previously deferred under transitional CGT relief for superannuation funds	<b>S \$</b>	Add the amounts at labels <b>K</b> to <b>R</b> and write the total in item <b>2</b> label <b>A – Total current year</b> <b>capital losses</b> .
Total current year capital gains	J \$	

#### 100017996BW

		7	
Si	gnature as prescribed in tax return	Tax File Number	909693012
2	Capital losses		
	- Total current year capital losses	A \$	
	Total current year capital losses applied	B¢	
		υφ	
	Total prior year net capital losses applied	C \$	
	Total capital losses transferred in applied (only for transfers involving a foreign bank branch or		]
	permanent establishment of a foreign financial entity)	<b>D</b> \$	
	Total capital losses applied	E \$	]
		Add amounts at <b>B</b> , <b>C</b> an	d D
			a <b>b</b> .
3	Unapplied net capital losses carried forward		
	Net capital losses from collectables carried forward to later income years	A \$	
	Other net capital losses carried forward to later income years	в\$	
		Add amounts at <b>A</b> and <b>E</b> to label <b>V – Net capital I</b> to later income years o	osses carried forward
4	CGT discount		
	Total CGT discount applied	A \$	
5	CGT concessions for small business		
	Small business active asset reduction	A \$	
	Small business retirement exemption	в\$	
	Small business rollover	cs	
		- + [	
	Total small business concessions applied	D \$	
_			
6	Net capital gain		
	Net capital gain	A \$	
		1J less 2E less 4A less 5 zero). Transfer the amoun capital gain on your tax	nt at A to label A – Net

### 100017996BW

s	ignature as prescribed in tax return	Tax File Number 909693012
7	Earnout arrangements	
	Are you a party to an earnout arrangement? <b>A</b> Yes, as a buyer (Print $\mathcal{X}$ in the appropriate box.)	Yes, as a seller No
	If you are a party to more than one earnout arrangement, copy ar details requested here for each additional earnout arrangement.	nd attach a separate sheet to this schedule 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?	
	Amount of any capital gain or loss you made under your non-qualifying arrangement in the income year.	
	Request for amendment	
	If you received or provided a financial benefit under a look-through ear 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	B \$
	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	909693012

## 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	
Alan Mark Richmond	
Daytime contact number (include area code) 0755746629	

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  $\chi$  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)** <u>909693012</u> Name of entity AM Superannuation Fund

Australian business number

83737542302

### 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 loss	;		
	2018–19	E	3	
	2017–18			
	2016–17	, C		
	2015–16	6 E		
	2014–15	F		
	2013–14 and earlie income years		à	
	Tota	L	J	
	Transfer the amount at U to the Tax losses carried	d for	ward to later income years label on your tax ref	urn.

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 forward to later income years label on your tax return.			

Sensitive (when completed)

			1	
Si	gnature as prescribed in tax return			Tax File Number 909693012
Ρ	art B – Ownership and b	ousiness continuity	' te	est - company and listed widely held trust only
sa D	omplete item <b>3</b> of <b>Part B</b> if a loss is being of atisfied in relation to that loss. o not complete items <b>1</b> or <b>2</b> of <b>Part B</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
	<b>Note:</b> 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 <b>X</b> in the <b>Yes</b> or <b>No</b> 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	Е	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	н	
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	<b>Do current year loss provisions apply</b> 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
P	art C – Unrealised losses - ∝	ompany only		
	Note: These questions relate to the operation of	Subdivision 165-CC of ITAA 1997.		
	Has a changeover time occurred in relation to	the company		
	after 1.00pm by legal time in the Australian Ca 11 November 1999?		L	Yes No
	If you printed <b>X</b> in the <b>No</b> box at <b>L</b> , do not compl	ete <b>M</b> , <b>N</b> or <b>O</b> .		
	At the changeover time did the company satisfies net asset value test under section 152-15 of IT.		М	Yes No
	If you printed ${\bf X}$ in the ${\bf No}$ box at ${\bf M},$ has the corit had an unrealised net loss at the changeover		Ν	Yes No
	If you printed <b>X</b> in the <b>Yes</b> box at <b>N</b> , what was unrealised net loss calculated under section 16		ο	

Signature as prescribed in tax return		Та	x File Number	909693012
Part D – Life insurance comp	Part D – Life insurance companies			
Complying superanr	nuation class tax losses carried forward to later income years			
Complying superannuation net capital losses carried forward to later income years				
Part E – Controlled foreign co	ompany losses			
	Current year CFC losses	Μ		
	CFC losses deducted	Ν		
	CFC losses carried forward	ο		
Part F – Tax losses reconcilia	tion statement			
Balance of tax losses brou	ight forward from the prior income year	A		

Dalarce of tax losses brought forward from the prior income year	A	
ADD Uplift of tax losses of designated infrastructure project entities	в	
SUBTRACT Net forgiven amount of debt	С	
ADD Tax loss incurred (if any) during current year	D	
ADD Tax loss amount from conversion of excess franking offsets	Е	
SUBTRACT Net exempt income	F	
SUBTRACT Tax losses forgone	G	
SUBTRACT Tax losses deducted	н	
<b>SUBTRACT</b> Tax losses transferred out under Subdivision 170-A (only for transfers involving a foreign bank branch or a PE of a foreign financial entity)	I	
Total tax losses carried forward to later income years	J	

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

	Tax File Number 909693012			
If the schedule is not lodged with the income tax return you are required to sign and date the schedule.				
<b>Important</b> Before making this declaration check to ensure that all the information required to this form, and that the information provided is true and correct in every detail place all the facts before the ATO. The income tax law imposes heavy penalties	. If you are in doubt about 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 <b>ato.gov.au/privacy</b>				
Taxpayer's declaration				
I declare that the information on this form is true and correct.				
Signature				
	Date Day / Month Year			
Contact person	Daytime contact number (include area code)			
Alan Mark Richmond	0755746629			

Other Attachments Schedule

Tax file No 909693012

Taxpayer name AM Superannuation Fund

Signature.....

SENSITIVE (when completed) -