Australian Government

Australian Taxation Office

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 2010 (NAT 71287).

The Self-managed superannuation fund annual return instructions 2010 (NAT 71606) (the instructions) can assist you to complete this annual return.

Section A: Fund information

Tax file number (TFN) 1

| то | COMPLETE | THIS | ANNUAL | RETUR |
|----|----------|-------------|--------|-------|

To assist processing, write the fund's

TFN at the top of pages 3 and 5.

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

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Self-managed superannuation

fund annual return

Print |X| in ALL applicable boxes.

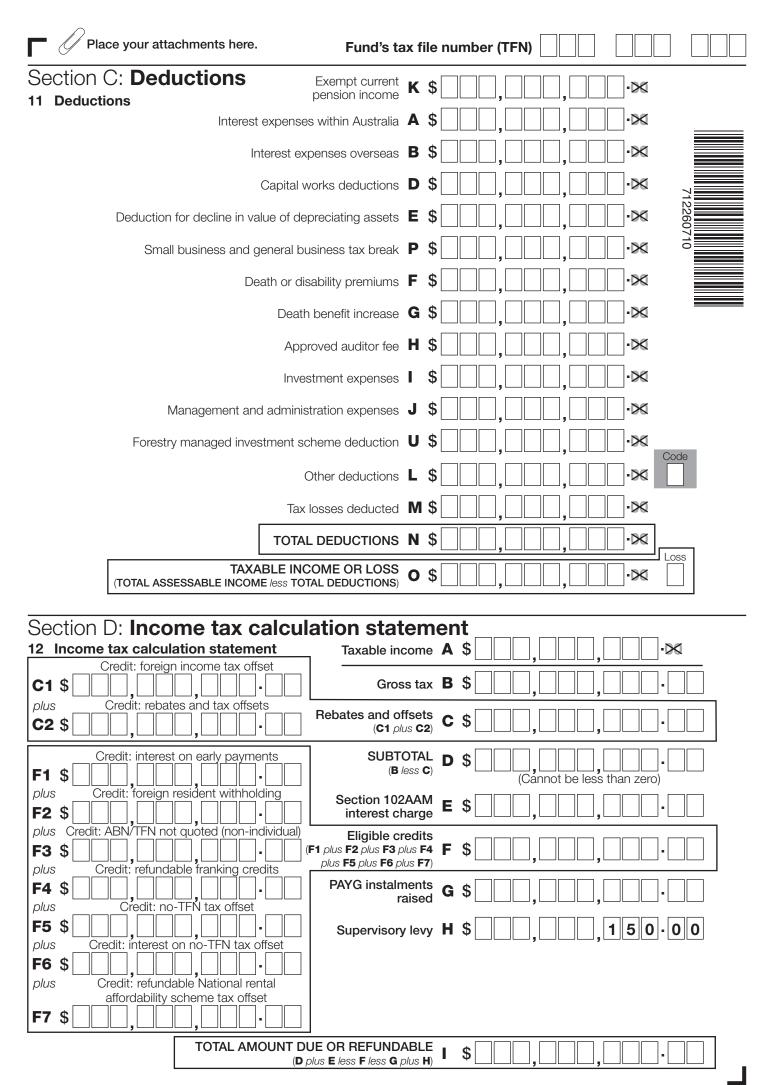


2010

The Tax Office is authorised by law to request your TFN. You are not obliged to quote your TFN but not quoting it could increase the chance of delay or error in processing your annual return.

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| NAT | 712 | 226- | -6.20 |)10 | | | | | | | | | I | N- | C | DN | F | D | EN | CE | - 1 | W | he | n | СС | om | ple | ete | ed | | | | | | | | | | | | Pag | ge - |

| Section B: Income | | | |
|---|---|----------------|--|
| 10 Income | | | |
| Did you have a capital gains tax (CGT) event during the year? | G No Yes | lf the comp | total capital loss or total capital gain is greater than \$10,000 plete and attach a <i>Capital gains tax (CGT) schedule 2010.</i> |
| Did the CGT event relate to a forestry managed investment scheme interest that you held other than as an initial participant? | Z No Yes) | You r (CGT) | nust complete and attach a <i>Capital gains tax</i>) <i>schedul</i> e 2010. |
| | Net capital gain | A | \$,,∞ |
| Gross rent and other le | asing and hiring income | В | \$,,∞ |
| | Gross interest | С | \$,,∞ |
| Fores | try managed investment scheme income | X | \$,,∞ |
| | | _ | |
| D1 \$,,, | Net foreign income | D | \$,, |
| Australian franking credits from a | New Zealand company | Е | \$,,·× |
| | Transfers from foreign funds | F | |
| | Gross payments where ABN not quoted | н | \$∞ |
| Calculation of assessable contributions Assessable employer contributions | Gross distribution from partnerships | I. | |
| | *Unfranked dividend amount | J | \$ <u></u> ,, |
| plus Assessable personal contributions | *Franked dividend | к | \$ |
| R2 \$,,, <i>•</i> № <i>plus</i> *No-TFN quoted contributions | amount *Dividend franking | | \$ <u></u> , <u></u> , <u></u> |
| | credit *Gross trust | - | |
| less Transfer of liability to life insurance company or PST | distributions | Μ | \$,,, |
| | Assessable contributions R1 plus R2 plus R3 less R6) | R | \$,,∞ |
| | | | |
| Calculation of non-arm's length income *Net non-arm's length private | | | |
| company dividends | | | Code |
| U1 \$,,, | *Other income | S | \$,,, |
| plus *Net non-arm's length trust distributions U2 \$ | *Assessable income due to changed tax status of fund | т | \$,,∞ |
| <i>plus</i> *Net other non-arm's length income U3 \$,,, | Net non-arm's length income (subject to 45% tax rate) (U1 plus U2 plus U3) | U | \$,,∞ |
| TOTAL A | SSESSABLE INCOME | v | \$,,·× |
| *If an amount is entered at this label, check th | e instructions to ensure the | e cor | rrect tax treatment has been applied. |



Section E: Losses

| 13 | Losses |
|----|--------|
| | |

If total loss is greater than \$100,000, or there is a foreign loss, complete and attach a *Losses schedule 2010*.

Tax losses carried forward to later income years

\$

V \$

Net capital losses carried forward to later income years

| ,⊳ | ۵ |
|----|---|
| | ۵ |

Section F: Member information

Report current members at 30 June 2010 and former members who were paid a benefit (lump sum or income stream, but not a rollover) during the financial year. Include members for whom no contributions were received. Report deceased members in Section G.

| MEMBER 1 | |
|--|--|
| Title: Mr Mrs Miss | Ms Other |
| Family name | |
| First given name | Other given names |
| | |
| Member's TFN | Date of birth Date Month Year |
| Contributions | |
| Include contributions reported to you on a | |
| Rollover benefits statement | |
| (RBS) (NAT 70944). | ABN of principal employer A1 |
| | Personal contributions B \$ |
| CG | T small business retirement exemption C \$ |
| | all business 15-year exemption amount D \$ |
| Ourshie | |
| | Personal injury election E \$,,, |
| | Spouse and child contributions F \$,,,, |
| | Other family and friend contributions G \$, , , , , , , , , , , , , , , , , , |
| Directed term | nination (taxable component) payments H\$,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| Assessab | le foreign superannuation fund amount |
| Non-assessab | le foreign superannuation fund amount J\$_,,, |
| Tra | nsfer from reserve: assessable amount K \$ |
| Transfer | from reserve: non-assessable amount L \$ |
| Any other contributi | ions (including Super Co-contributions) M \$ |
| | |
| Other transactions | |
| Exclude any rollover | Allocated earnings or losses O \$ |
| components reported at N from amounts reported at P . | Inward rollover amounts P\$,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| If P is negative, transfer the loss to O . | Outward rollover amounts Q\$,,,, |
| | Benefit payments and code R \$ |
| | |



Report current members at 30 June 2010 and former members who were paid a benefit (lump sum or income stream, but not a rollover) during the financial year. Include members for whom no contributions were received. Report deceased members in Section G.

| | | - |
|--|--|---|
| MEMBER 2 | | |
| Title: Mr Mrs Miss M Family name | ls Other | |
| First given name | Other given names | |
| | | |
| Member's TFN | Date of birth | |
| Contributions | | |
| Include contributions | | |
| reported to you on a Rollover benefits statement | Employer contributions A \$,, | |
| (<i>RBS</i>) (NAT 70944). AB | N of principal employer A1 | |
| | Personal contributions B \$, , , , , , , , , , , , , , , , , , | |
| CGT | small business retirement exemption C \$, | |
| CGT small I | business 15-year exemption amount D \$ | |
| | business 15-year exemption amount D \$ | |
| | Spouse and child contributions F \$ | |
| | Other family and friend contributions G \$ | |
| | | = |
| | ation (taxable component) payments H \$ _ , , | |
| Assessable | | |
| Non-assessable | foreign superannuation fund amount J\$,,,, | |
| Trans | sfer from reserve: assessable amount K\$,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| Transfer fr | rom reserve: non-assessable amount L\$,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| Any other contribution | ns (including Super Co-contributions) M \$ _ , , | |
| | TOTAL CONTRIBUTIONS N \$, | |
| Other transactions | Allocated earnings or losses O \$ | |
| Exclude any rollover components reported at N | | |
| from amounts reported at P . If P is negative, transfer the | | |
| loss to O . | | |
| | Benefit payments and code R \$ | |
| c | | |

Report current members at 30 June 2010 and former members who were paid a benefit (lump sum or income stream, but not a rollover) during the financial year. Include members for whom no contributions were received. Report deceased members in Section G.

| MEMBER 3 | | |
|--|---|--|
| Title: Mr Mrs Miss | Ms Other | |
| Family name | | |
| | | |
| First given name | | |
| | Day Month Year | |
| Member's TFN | Date of birth / / / | |
| Contributions | | |
| Include contributions | | |
| reported to you on a Rollover benefits statement | Employer contributions A \$, , , , , , , , , , , , , , , , , , | |
| <i>(RBS)</i> (NAT 70944). | ABN of principal employer A1 | |
| | Personal contributions B \$ | |
| C | GT small business retirement exemption C \$ | |
| | | |
| CGTSM | nall business 15-year exemption amount D \$,,, | |
| | Personal injury election E \$ _ , , | |
| | Spouse and child contributions F \$ | |
| | Other family and friend contributions G \$, | |
| Directed terr | mination (taxable component) payments 📕 💲 📜 💭 📕 🐂 | |
| Assessat | ble foreign superannuation fund amount | |
| Non-assessat | ble foreign superannuation fund amount J \$ | |
| Tra | ansfer from reserve: assessable amount K\$ | |
| Transfe | er from reserve: non-assessable amount L \$ | |
| | Itions (including Super Co-contributions) M \$ | |
| Any other contribu | | |
| | TOTAL CONTRIBUTIONS N \$, | |
| Other transactions | | |
| Exclude any rollover | | |
| components reported at N from amounts reported at P . | Inward rollover amounts P \$,,, | |
| If P is negative, transfer the loss to O . | Outward rollover amounts Q \$,,, | |
| | Benefit payments and code R \$, | |
| | | |
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Report current members at 30 June 2010 and former members who were paid a benefit (lump sum or income stream, but not a rollover) during the financial year. Include members for whom no contributions were received. Report deceased members in Section G.

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| MEMBER 4 | |
|--|---|
| Title: Mr Mrs Miss | Ms Other |
| First given name | Other given names |
| | |
| Member's TFN | Date of birth |
| Contributions | |
| Include contributions reported to you on a | |
| Rollover benefits statement (RBS) (NAT 70944). | ABN of principal employer A1 |
| | Personal contributions B \$ |
| C | GT small business retirement exemption C \$ |
| | hall business 15-year exemption amount D \$ |
| COTSI | Personal injury election E \$ |
| | |
| | |
| | Other family and friend contributions GS, , , , , , , , , , , , , , , , , , , |
| Directed terr | mination (taxable component) payments H \$ _ , , |
| Assessal | |
| Non-assessal | ble foreign superannuation fund amount J \$, |
| Tra | ansfer from reserve: assessable amount K\$,,,, |
| Transfe | er from reserve: non-assessable amount L \$ |
| Any other contribu | tions (including Super Co-contributions) M\$, , , , , , , , , , , , , , , , , , , |
| | TOTAL CONTRIBUTIONS N \$, |
| Other transactions | Allocated earnings or losses O \$ |
| Exclude any rollover components reported at N | Inward rollover amounts P \$ |
| from amounts reported at P . If P is negative, transfer the | Outward rollover amounts Q \$ |
| loss to O . | |
| | |
| | |

Section G: Supplementary member information

Use this section for:

deceased members

any other members who cannot be included at pages 4 to 7.

| MEMBER 5 | | |
|--|---|-----|
| Title: Mr Mrs Miss | Ms Other | |
| Family name | Other given names | |
| | Day Month Year | |
| Member's TFN | | |
| | If deceased, date of death | |
| Contributions | | |
| Include contributions reported to you on a Rollover benefits statement | Employer contributions A \$ | |
| (DRS) (NIAT 70044) | ABN of principal employer A1 | |
| | Personal contributions B \$ | |
| CG | GT small business retirement exemption C \$, | |
| CGT sma | all business 15-year exemption amount D\$,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| | Personal injury election E \$, , , , , , , , , , , , , , , , , , | |
| | Spouse and child contributions F \$ | |
| | Other family and friend contributions G \$ | |
| Directed tern | nination (taxable component) payments H \$ | |
| Assessab | ble foreign superannuation fund amount | |
| Non-assessab | ble foreign superannuation fund amount J \$, | |
| Tra | ansfer from reserve: assessable amount K \$ | |
| Transfe | r from reserve: non-assessable amount L \$ | |
| Any other contribut | tions (including Super Co-contributions) M \$, , , , , , , , , , , , , , , , , , | |
| | TOTAL CONTRIBUTIONS N \$, , , , , , , , , , , , , , , , , , | |
| Other transactions | Allocated earnings or losses O \$ | oss |
| Exclude any rollover components reported at N | | |
| from amounts reported at P . If P is negative, transfer the | | |
| loss to O . | Benefit payments and code R \$ | ode |
| | | |

Use this section for:

deceased members

any other members who cannot be included at pages 4 to 7.

| MEMBER 6 | | | | | | | | |
|--|---|--|--|--|--|--|--|--|
| Title: Mr Mrs Miss | Ms Other | | | | | | | |
| | | | | | | | | |
| irst given name Other given names | | | | | | | | |
| Member's TFN | Day Month Year Member's TFN Date of birth / | | | | | | | |
| | If deceased, date of death | | | | | | | |
| Contributions | | | | | | | | |
| Include contributions reported to you on a | | | | | | | | |
| Rollover benefits statement (RBS) (NAT 70944). | ABN of principal employer A1 | | | | | | | |
| | Personal contributions B \$ | | | | | | | |
| CC | GT small business retirement exemption CS | | | | | | | |
| | all business 15-year exemption amount D \$ | | | | | | | |
| | Personal injury election E \$ | | | | | | | |
| | Spouse and child contributions F \$ | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Tra | ansfer from reserve: assessable amount K \$ _ , , | | | | | | | |
| Transfe | r from reserve: non-assessable amount L \$, | | | | | | | |
| Any other contribu | tions (including Super Co-contributions) M \$,,,, | | | | | | | |
| | TOTAL CONTRIBUTIONS N \$, , , , , , , , , , , , , , , , , , | | | | | | | |
| Other transactions | Allocated earnings or losses O \$ | | | | | | | |
| Exclude any rollover components reported at N | | | | | | | | |
| from amounts reported at P . If P is negative, transfer the | Outward rollover amounts Q \$ | | | | | | | |
| loss to O . | Benefit payments and code R \$ | | | | | | | |
| | | | | | | | | |
| | rs need to be reported in Section G: Supplementary member information copy this page return. DO NOT USE STAPLES. | | | | | | | |

| Section H: Assets and liabilities | | | | | | |
|-----------------------------------|--|--|-----------|---------|-------|--|
| | ASSETS Australian managed investment | nts Listed trusts | A | \$ | ,,∞ | |
| Г | | Unlisted trusts | В | \$ | ,,∞ | |
| | | Insurance policy | С | \$ | ,,∞ | |
| | | Other managed investments | D | \$ | ,,∞ | |
| 14b | Australian direct investments | Cash and term deposits | Е | \$ | ,,∞ | |
| | | Debt securities | F | \$ | ,,∞ | |
| | | Loans | G | \$ | ,, | |
| | | Listed shares | Н | \$ | ,,∞ | |
| | | Unlisted shares | I | \$ | ,,∞ | |
| | | Derivatives and instalment warrants | J | \$ | ,,∞ | |
| | | Non-residential real property | Κ | \$ | ,,∞ | |
| | | Residential real property | L | \$ | ,,∞ | |
| | | Artwork, collectibles, metal or jewels | Μ | \$ | ,,∞ | |
| | | Other assets | 0 | \$ | ,,∞ | |
| 14c | Overseas direct investments | Overseas shares | Ρ | \$ | | |
| | | Overseas non-residential real property | Q | \$ | , | |
| | Overseas residential real property | | | \$ | ,,∞ | |
| | Overseas managed investments | | | \$ | ,, | |
| | Other overseas assets | | | \$ | ,, | |
| | TOTAL AUS | STRALIAN AND OVERSEAS ASSETS | U | \$ | ,,∞ | |
| 15 | LIABILITIES | Borrowings | V | \$ | | |
| | | otal member closing account balances | W | \$ | | |
| | Reserve accounts | | | \$ | | |
| Other liabilities | | | Y | \$ | | |
| | | TOTAL LIABILITIES | Z | \$ | | |
| | Taxation of financial arrange Did you make a gain, loss of | or transitional balancing adjustment | nts No | |] Yes | |
| | | Total TOFA gains 📕 | \$_ | _, | | |
| | | Total TOFA losses | \$ | , | | |
| - | | o , | \$ |], | | |
| Page | 0 T U | IN-CONFIDENCE – when co | om | ple | eted | |

Section J: Regulatory information

| The following questions indicate the operational status of the SN You must answer either No or Yes for all questions listed and provide | | | | | r mislea | iding info | ormati | on. |
|---|---|----|-----|-----|----------|-----------------|--------|-----|
| In-house and related party assets | | | | | | | | |
| Did the SMSF loan, lease to or invest in related parties (known as in-house assets)? | | No | Yes | \$, | | _,_ | | ·M |
| Did the SMSF hold in-house assets at any time during the year that exceeded 5% of total assets? | | No | Yes | | | | | |
| Did the SMSF hold an investment in a related party at any time during the year (excluding in-house assets)? | | No | Yes | \$, | | | | ·M |
| Did the SMSF acquire any assets (other than exempt assets) from related parties? | | No | Yes | \$, | | \Box , \Box | | ·M |
| Other regulatory questions | | | | | | | | |
| Did the SMSF lend money or provide financial assistance to a member or relative of a member of the fund? | | No | Yes | | | | | |
| Did the SMSF receive in specie contributions during the year? | F | No | Yes | \$, | | _,_ | | ·M |
| Did the SMSF make and maintain all investments on an arm's length basis? | | No | Yes | | | | | |
| Did the SMSF borrow for purposes that are not permissible? | н | No | Yes | | | | | |
| Did members have the personal use of the SMSF's assets before retirement? | | No | Yes | | | | | |
| Did the SMSF provide money to members without a condition of release being met? | | No | Yes | | | | | |
| Did trustees of the fund receive any remuneration for their services as a trustee? | | No | Yes | | | | | |
| Are any trustees or directors currently disqualified persons as defined by SISA? | | No | Yes | | | | | |
| Are all SMSF assets appropriately documented as owned by the fund? | | No | Yes | | | | | |
| Did the SMSF carry on a business of selling goods or services? | N | No | Yes | | | | | |
| Does the auditor provide services to the SMSF as either a tax agent, accountant or financial advisor or administrator? | | No | Yes | | | | | |

Section K: Other information

Forestry managed investment schemes Code Year Number Product or private ruling information G н Family trust election status If the trust or fund has made, or is making, a family trust election, write the four-digit income year Α **specified** of the election (for example, for the 2009–10 income year, write **2010**). If revoking or varying a family trust election, print **R** for revoke or print **V** for variation, В and complete and attach the Family trust election, revocation or variation 2010. 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 C specified and complete an Interposed entity election or revocation 2010 for each election. If revoking an interposed entity election, print R, and complete D and attach the Interposed entity election or revocation 2010.

Section L: Declarations

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

TRUSTEE'S OR DIRECTOR'S DECLARATION:

I declare that current trustees and directors have authorised this annual return and it is documented as such in the SMSF's records. I have received the audit report and I am aware of any matters raised. I also authorise the Tax Office to make any tax refunds to the nominated bank account (if applicable).

Authorised trustee's or director's signature

| | Date / Month Year | | | | | | |
|---|-------------------|--|--|--|--|--|--|
| Preferred trustee or director contact details: | | | | | | | |
| Title: Mr Miss Ms Other Other | | | | | | | |
| First given name | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Non-individual trustee name (if applicable) | | | | | | | |
| ABN of non-individual trustee | | | | | | | |
| Hrs Time taken to prepare and complete this annual return | | | | | | | |
| The Commissioner of Taxation, as Registrar of the Australian Business Register, may you provide on this annual return to maintain the integrity of the register. For further info | | | | | | | |
| TAX AGENT'S DECLARATION: | | | | | | | |

I declare that the *Self-managed superannuation fund annual return 2010* has been prepared in accordance with information provided by the trustees, that the trustees have given me a declaration stating that the information provided to me is true and correct, and that the trustees have authorised me to lodge this annual return.

| Tax agent's signature | 7 | | | | | | |
|---|----------------------|--|--|--|--|--|--|
| | Date Day Month Year | | | | | | |
| Tax agent's contact details | | | | | | | |
| Title: Mrs Miss Ms Other Othe | | | | | | | |
| Family name | | | | | | | |
| | | | | | | | |
| First given name Other given names | | | | | | | |
| | | | | | | | |
| Tax agent's practice | | | | | | | |
| | | | | | | | |
| Tax agent's phone number Reference number | Tax agent number | | | | | | |
| | | | | | | | |
| Postal address for annual returns: Australian Taxation Office, GPO Box 9845, | IN YOUR CAPITAL CITY | | | | | | |