KANNIE SUPERANNUATION FUND

TFN: 98 083 296

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

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

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 However, you cannot lodge your tax return electronically if you do not quote your TFN.

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

The Australian Business Register

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

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

Electronic funds transfer - direct debit

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

Tax file number	98 083 296	Year	2020
Name of partnership, trust, fund or entity	KANNIE SUPERANNUATION 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.

Agent's reference 64215004

Signature of partner, trustee or director	Date	

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.

Account Name		Superannuation	Fund		
I authorise the refund to be	deposited direc	tly to the specified account.			
Signature				Date	

Client Ref: SCHMSUP Agent : 64215-004

TFN: 98 083 296 Page 1 of 11

Return year

2020

Self-managed superannuation fund annual return

Who should complete this annual return?

Only self-managed superannuation funds (SMSFs) can complete this annual return. All other funds must complete the Fund income tax return 2020 (NAT 71287)

The Self-managed superannuation fund annual return instructions 2020 (NAT 71606) (the instructions) can assist

via ABR gov au or	return cannot be used to embership. You must upd complete the Change of o	ate fund details			
superannuation er	ntities form (NAT3036).	uetails for			
ection A: Fund	Linformation				
Tax file num		98 083 296			
The Tax Office	is authorised by law to requ	uest your TFN. You are not obliged to quot annual return. See the Privacy note in the	ote your TFN but not o	quoting it co	ould increase t
	-managed superannual		e Declaration.		
		KANNIE SUPERANNUATION F	UND		
		57 398 968 837			
Australian bu	usiness number (ABN)	57 398 968 837			
Current post	al address	PEEL TAXATION & ACCOUNT	TNG		
*		PO BOX 4304	1110		
		MANDURAH NORTH		WA	6210
	n status dment to the SMSF's 2020 equired return for a newly re				
Is this an amend	dment to the SMSF's 2020 equired return for a newly re				
Is this an amend	dment to the SMSF's 2020 equired return for a newly re				
Is this an amend Is this the first re	dment to the SMSF's 2020 equired return for a newly re	egistered SMSF? B N			
Is this an amend Is this the first re	equired return for a newly re	egistered SMSF? B N			
Is this an amend Is this the first re	equired return for a newly re Title Family name	egistered SMSF? B N Mr Boys			
Is this an amend Is this the first re	equired return for a newly re Title Family name First given name	egistered SMSF? B N Mr Boys			
Is this an amend Is this the first re	equired return for a newly re Title Family name First given name Other given names	egistered SMSF? B N Mr Boys Anthony			
Is this an amend Is this the first re	equired return for a newly re Title Family name First given name Other given names SMSF Auditor Number Auditor's phone number	Mr Boys Anthony			
Is this an amend Is this the first re SMSF auditor Auditor's name	equired return for a newly re Title Family name First given name Other given names SMSF Auditor Number Auditor's phone number	Mr Boys Anthony 100 014 140 13 00283486		SA	5045
Is this an amend Is this the first re SMSF auditor Auditor's name	equired return for a newly re Title Family name First given name Other given names SMSF Auditor Number Auditor's phone number Postal address	Mr Boys Anthony 100 014 140 13 00283486 5A Broadway		SA	5045
Is this an amend Is this the first re SMSF auditor Auditor's name	equired return for a newly re Title Family name First given name Other given names SMSF Auditor Number Auditor's phone number Postal address	Mr Boys Anthony 100 014 140 13 00283486 5A Broadway GLENELG Date audit was completed A		7	5045
Is this an amend Is this the first re SMSF auditor Auditor's name	equired return for a newly re Title Family name First given name Other given names SMSF Auditor Number Auditor's phone number Postal address	Mr Boys Anthony 100 014 140 13 00283486 5A Broadway GLENELG Date audit was completed A Was Part A of the audit report qualified ?		7	5045
Is this an amend Is this the first re SMSF auditor Auditor's name	equired return for a newly re Title Family name First given name Other given names SMSF Auditor Number Auditor's phone number Postal address	Mr Boys Anthony 100 014 140 13 00283486 5A Broadway GLENELG Date audit was completed A	CN	7	5045

B F	Kannie Supe: I would like my tax re Financial instituti	(for example, J&Q Citizen A rannuation Fund	Driet V for use	121789895	
B F	Kannie Supe: I would like my tax re Financial instituti	rannuation Fund	Y Print Y for yes		
B F	I would like my tax re	funds made to this account			
B F	Financial instituti				
T				If Yes, Go to C.	
T					Use Agent Trust Account?
В					
	This account is asea	for tax refunds. You can pro-	ovide a tax agent acco	ount nere.	
F	BSB number		Account number		
	Fund account name	for example, J&Q Citizen A	ATF J&Q Family SF)		
Γ					
CE	Electronic service	address alias			
		addition and			
7	(For example, SMSF)	c service address (ESA) iss dataESAAlias). See instruc	sued by your SMSF me	essaging provider	
	(i oi oxampie, oisioi	dataEorvinas). Oce mistrae	ciona foi more imonna	ition.	
				Fund's t	tax file number (TFN) 98 083 2
Stat	itus of SMSF	Australian superannuat	ion fund A Y	Fun	d benefit structure B A C
	Does the fund	trust deed allow acceptance	e of the	1	
		nment's Super Co-contribut			
		Low Income Super Contr	ibution?		
-2000	180 9 8 8				
Was	s the fund wound	up during the income	year? Day Month Ye	. How	o all tay ladament
N	Print Y for yes	If yes, provide the day	te on	ar nav	e all tax lodgment and payment
14	or N for no.	which fund was wound	d up	obliga	ations been met?
				obligi	ations been met:
Exe	empt current pens	sion income			
		ent phase superannuation is	ncome stream benefit	s to one or more memb	pers V Print Y for yes
in the	ne income year?	one pridate adperturnituation is	ncome stream benefit	s to one or more mem	or N for no.
To	claim a tay evemntin	on for current pension incom	ne vou must nav at le	act the minimum henet	fit navment under
the	law. Record exempt	current pension income at	Label A	ast the minimum benef	nt payment under
If N	No, Go to Section B: I	ncome			
			0.0	007	
If Y	res Exempt current	pension income amount	A 23	,907	
	Which method	did you use to calculate you	ur exempt current pens	sion income?	
		_		Jion moonio.	
	Seg	regated assets method	В		
	Unseg	gregated assets method	X Was an ac	tuarial certificate obtain	ned? D Print Y for yes
Di	old the fund have any	other income that was asse	essable? E N	Print Y for yes or N for no.	go to Section B: Income
		Choosing 'No' means t		*	, including no-TFN quoted contribut

1

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 ta (CGT) event during the year	G N Print Yfor yes \$10,000 or you e the deferred notice	lected to use the CGT relief in 2017 an onal gain has been realised, complete	
	Have you applied an exemption or rollover	Print Y for yes	ital Gains Tax (CGT) schedule 2020	
	exemption of follower	Net capital gain	A	
		Gross rent and other leasing and hiring income	В	
		Gross interest	С	
		Forestry managed investment scheme income		
Gross f	oreign income			Loss
D1		Net foreign income	D	
	Aust	ralian franking credits from a New Zealand company		
		Transfers from foreign funds	F	Nun
Calculation	on of assessable contributions	Gross payments where ABN not quoted	н	Los
	sable employer contributions	Gross distribution from partnerships	1	
olus Asses	sable personal contributions	* Unfranked dividend amount	J	
R2	0	* Franked dividend amount	K	
olus#*No-TFI	N-quoted contributions	* Dividend franking credit	L	
	ust be included even if it is zero)	* Gross trust distributions	м	Cod
	fer of liability to life ice company or PST			
R6	0	Assessable contributions (R1 plus R2 plus R3 less R6)	R 0	
Calculation	n of non-arm's length income			
* Net nor	n-arm's length private			
U1	npany dividends	* Other income		Code
	n-arm's length trust distributions	*Assessable income	-	
U2		due to changed tax status of fund	I	
olus * Net oth	ner non-arm's length income	Net non-arm's length income		
U3		(subject to 45% tax rate) (U1 plus U2 plus U3)	U	
This is a ma	ndatory label			Loss
structions to	t is entered at this label, check the ensure the correct tax been applied.	GROSS INCOME (Sum of labels A to U)		
		Exempt current pension income	Υ	
		TOTAL ASSESSABLE INCOME	V	Loss
		(W less Y)		

14.03

Fund's tax file number (TFN)

98 083 296

Section C: Deductions and non-deductible expenses

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	N	ON-DEDUCTIBLE EXPENSES	5
Interest expenses within Australia	A1		A2	
Interest expenses overseas	B1		B2	
Capital works expenditure	D1		D2	
Decline in value of depreciating assets	E1		E2	
Insurance premiums – members	F1		F2	
SMSF auditor fee	H1	1	H2 495	
Investment expenses	11		4,365	
Management and administration expenses	J1		J2 2,230	
Forestry managed investment scheme expense	U1		J2	
Other amounts	L1	Code	L2	de
Tax losses deducted	M1	_		_
	TOTAL DEDUCTIONS	TOTAL	NON-DEDUCTIBLE EXPENSES	
	N 0		Y 7,090	
	(Total A1 to M1)		(Total A2 to L2)	
	TAXABLE INCOME OR LOSS	Loss	OTAL SMSF EXPENSES	٦
	0		Z 7,090	
#This is a mandatory label.	TOTAL ASSESSABLE INCOME TOTAL DEDUCTIONS)	less	(N plus Y)	

Section D: Income tax calculation statement

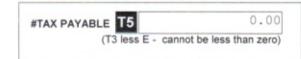
#Important:
Section B label R3, Section C label O and Section D labels A,T1, J, T5 and I are mandatory. If you leave these labels blank you will have specified a zero amount

Calculation statement

Please refer to the Self-managed superannuation fund annual return instructions 2020 on how to complete the calculation statement.

#Taxable income A	0
(an amount must be	included even if it is zero
#Tax on taxable income T1	0.00
(an amount must be	included even if it is zero
#Tax on no-TFN- quoted contributions	0.00
(an amount must be	included even if it is zero
Gross tax B	0.00
	(T1 plus J)

C1 Rebates and tax offsets	Non-refundable non-carry forward tax offsets
C2	C 0.00
	(C1 plus C2)
	SUBTOTAL 1
	T2 0.00
	(B less C -cannot be less than zer
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	D 0.0
Early stage investor tax offset	(D1 plus D2 plus D3 plus D4)
D3	(0.100000)
Early stage investor tax offset carried forward from previous year	SUBTOTAL 2
D4	T3 0.00
	(T2 less D -cannot be less than zer
Complying fund's franking credits tax offset	
E1 1,771.21	
No-TFN tax offset	
E2	
National rental affordability scheme tax offset	
	Refundable tax offsets
Exploration credit tax offset	E 1,771.2
E4	(E1 plus E2 plus E3 plus E4



Section 102AAM interest charge

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Fund's tax file number (TFN) 98 083 296

Credit for interest or amount of interest	n early payments –		
H1			
Credit for tax withhe	ld – foreign		
resident withholding	(excluding capital gains)		
H2			
Credit for tax withhe or TFN not quoted (ld – where ABN non-individual)		
H3			
Credit for TFN amou	unts withheld from		
payments from close	ely held trusts		
H5			
Credit for interest or	no-TFN tax offset		
H6			
Credit for foreign res withholding amounts	sident capital gains	Eligib	le credits
H8		H	0.00
		(H1 plus H2 plus	H3 plus H5 plus H6 plus H8)
		#Tax offset refunds	
		(Remainder of refundable tax offsets).	1,771.21
		(unu	sed amount from label E-
			3 instalments raised
		K	3 instaiments raised
			ndana tau
		Supe	rvisory levy 259.00
		14	
		Sup for w	ervisory levy adjustment ound up funds
		M	
		Sup	ervisory levy adjustment
			ervisory levy adjustment ew funds
		N	
		Total amount of tax refundable S	1,512.21
#This is a mandatory	lahal		I less K plus L less M plus N)
#11113 13 a Illiandatory	label.	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
ection E: Losses			
Losses			
		Tax losses carried forward	
complete and atta	ater than \$100,000,	to later income years	
schedule 2020.	Joir a Losses	Net capital losses carried V	
		forward to later income years	
Net capital los	sses brought forward	Net capital losses carried forward	
Non Callastables	from prior years	to later income years	
Non-Collectables			
Collectables			

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 Title MS Member'sTFN 624 727 810 HANSON Family name Account status ANNE First given name Code Other given names If deceased. 27/02/1943 Date of birth date of death 212,739.44 Contributions OPENING ACCOUNT BALANCE Proceeds from primary residence disposal Refer to instructions for completing these labels н Employer contributions Receipt date A Assessable foreign superannuation ABN of principal employer fund amount A1 1 Personal contributions Non-assessable foreign superannuation fund amount В J CGT small business retirement exemption Transfer from reserve: C assessable amount K CGT small business 15-year exemption amount Transfer from reserve: D non-assessable amount Personal injury election Contributions from non-complying funds and previously non-complying funds E Spouse and child contributions F Any other contributions (including Super Co-contributions and low Income Super Contributions) Other third party contributions G M TOTAL CONTRIBUTIONS 0.00 (Sum of labels A to M) Other transactions Accumulation phase account balance 248.36 Allocated earnings or losses 0 0.00 Inward rollovers and transfers Retirement phase account balance - Non CDBIS Q Outward rollovers and transfers 204,237.80 S2 Lump Sum payment R1 Retirement phase account balance - CDBIS 8,750.00 **S3** 0.00 Income stream payment R2 O TRIS Count CLOSING ACCOUNT BALANCE S 204,237.80 S1 plus S2 plus S3 0.00 Accumulation phase value X1 204,237.80 X2 Retirement phase value Outstanding limited recourse

borrowing arrangement amount

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		Fund's tax file	number (TFN) 98 083 2
мо			Member Number
	MembersTFN 628	39 / 459	2
			Account status
			Code
FRANCES			
Date of birth 27/03	1946 If deceased, date of death		
	OPENING ACCOUNT BALAN	CE 21	2,739.43
is for completing these	abels	NAME OF TAXABLE PARTY.	y residence disposal
tions			
		H	
mployer			uperannuation
		fund amount	
tions		Non-assessable forei	on superannuation
		fund amount	, , , , , , , , , , , , , , , , , , , ,
ss retirement exemption		Market Co.	
		assessable amount	
ess 15-year		K	
ı			
action		TS.	
CLIOTI		Contributions from no	n-complying funds
contributions		and previously non-co	omplying funds
contributions		Any other contribution	os /includina
contributions		Super Co-contribution	is and low
Ontributions			utions)
TOTAL CON	RIBUTIONS N	0.00	
	(Sum of labels A to	M)	
s			
ase account balance	1	0	248.36
0.00	Allocated earnings or losses	0	240.30
account balance	Inward rollovers and transfers	Р	
	Outward rollovers and transfers	Q	
	Lumn Sum navment	R1	Code
account balance	1000		Code
0.00	Income stream payment	R2	8,750.00 M
S Count	CLOSING ACCOUNT BALANCE		4,237.79
		S1 plus S2 plus S	33
	Accumulation phase value	X1	0.00
	riodalitatation pridado raido	A.1	
			4,237.79
	Date of birth 27/03/ Ins for completing these land in the sections Instrument exemption exercises 15-year in the section in	MS Member'sTFN 628 SCHMAH KATHLEEN FRANCES Date of birth 27/03/1946 If deceased, date of death OPENING ACCOUNT BALAN OPENING ACCOUNT BALAN Is for completing these labels Itions Itio	See the Privacy note in the Declaration. MS Member'STFN 628 397 459 SCHMAH KATHLEEN FRANCES Date of birth 27/03/1946 OPENING ACCOUNT BALANCE 21 OPENING ACCOUNT BALANCE 21 If deceased, date of death OPENING ACCOUNT BALANCE 21 Proceeds from primar H Receipt date H Assessable foreign stund amount I I I I I I I I I I I I I I I I I I I

Section H: Assets and liabilities

			100	CLS	an
15	ACC	ETC			

15a	Australian managed investments		
	•	Listed trusts A	
		Unlisted trusts B	
		Insurance policy C	
		Other managed investments D	91,561
15b	Australian direct investments	Cash and term deposits	2,193
		Debt securities F	
	Limited recourse borrowing arrangements Australian residential real property	Loans G	
	J1	Listed shares H	20,170
	Australian non-residential real property	Unlisted shares	
	Overseas real property		
	J3	Limited recourse borrowing arrangements	0
	Australian shares J4	Non-residential real property K	
	Overseas shares	Residential real property	287,500
	J5	Collectables and personal use assets M	
	J6	Other assets O	7,051
	Property count	_	
	J7		
_			
15c	Other investments	Crypto-Currency N	
15d	Overseas direct investments	Overseas shares P	
		Overseas non-residential real property	
		Overseas residential real property R	
		Overseas managed investments S	
		Other overseas assets	
		TOTAL AUSTRALIAN AND OVERSEAS ASSETS (Sum of labels A to T)	408,475
15e	In-house assets		
	Did the fu	nd 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 arrangement	S	
		If the fund had an LRBA were the LRBA borrowings from a licensed financial institution?	
		Did the members or related parties of the fund use personal guarantees or other security for the LRBA? B Print Y for N for n	

16 LIABILITIES

Borrowings for limited recourse borrowing arrangements V1 Permissible temporary borrowings V2 Other borrowings V3	Во	orrowings V	
(total of all	Total member closing account be CLOSING ACCOUNT BALANCEs from Sections F	F and G)	408,475
	Reserve a		
	Other	liabilities Y	
	TOTALLIAS	BILITIES Z	408,475
Section I: Taxation of financial arra			
	ingements		
	ingements OFA)	FA gains H	
17 Taxation of financial arrangements (T	Ingements OFA) Total TOF	FA gains H	
17 Taxation of financial arrangements (T Section J: Other information Family trust election status If the trust or fund has made, or is mail	Ingements OFA) Total TOFA Total TOFA	FA gains H A losses I	
specified of the electi If revoking or varying a far	Ingements OFA) Total TOFA	FA gains H A losses I	

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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 sign	nature					
						Day Month	
					Date	25/07/2	020
Preferred trustee or director cont	act details	3:					
	Title	Ms					
Fan	nily name	Schmah					
First given	ven name	Kathleen					
Other give	Other given names Frances						
		Area code	Number				
Phon	e number	08	95358818				
Emai	l address						
Non-individual trustee name (if ap	oplicable)	Kannie Pro	perties	Pty Ltd			
ABN of non-individu	al trustee						
7 DIT OF HOT HIGH CO						Hen	
		Time taken to	prepare and	complete this annu	ual return	Hrs	
	L						
The Commissioner of Taxation, as which you provide on this annual re							
which you provide on this annual to	cturr to ma	iiiitaiii tiic iiiteş	grity of the re	gister. For further in	normation,	refer to the fi	istructions.
TAX AGENT'S DECLARATION:							
, HARPE PTY LTD							
declare that the Self-managed supe							
by the trustees, that the trustees ha the trustees have authorised me to			ating that the i	normation provided to	me is true a		
Tax agent's signature					Date	25/07/20	
Tax agent's contact details			_				
Title	Mrs						
Family name	Birch						
First given name	Sharon						
Other given names	Tracey						
Tax agent's practice	HARPE PI	TY LTD					
	Area code	Number 9535881	0				_
			7				
Tax agent number	64215004	4		Reference number	SCHMSUF)	