Self-managed superannuation 2020 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 2020 (NAT 71287). М 1 Τ H ST 8 The Self-managed superannuation fund annual return Place |X| in ALL applicable boxes. instructions 2020 (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

1 Tax file number (TFN)

Provided

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

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

2 Name of self-managed superannuation fund (SMSF)

Umbrella Super Fund

Australian business number (ABN) (if applicable) 25712152661 3

Current postal address

4	Current postal address			
48	Bakewell Road			
Г				
Sub	purb/town		State/territory	Postcode
E١	vandale		SA	5069
_				
5	Annual return status Is this an amendment to the SMSF's 2020 return?	A No X Yes		
	Is this the first required return for a newly registered SMSF?	B No X Yes		

6 SMSF auditor
Auditor's name
Title: Mr Miss Ms Other
Family name
Boys
First given name Other given names
Tony
SMSF Auditor Number Auditor's phone number
100014140 1300 283 486
Postal address
5A Broadway
Suburb/town State/territory Postcode
Glenelg South SA 5045
Date audit was completed A A A A A A A A A A A A A A A A A A A
Was Part A of the audit report qualified? B No X Yes
Was Part B of the audit report qualified? C No X Yes
If Part B of the audit report was qualified, have the reported issues been rectified? D No Yes
 For the set of the s
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 805050 Fund account number 4320033
Umbrella Super Fund

I would like my tax refunds made to this account. X Go to C.

B Financial institution account details for tax refunds

This account is used for tax refunds. You can provide a tax agent account here.				
BSB number		Account number		
Account name		-		
1				

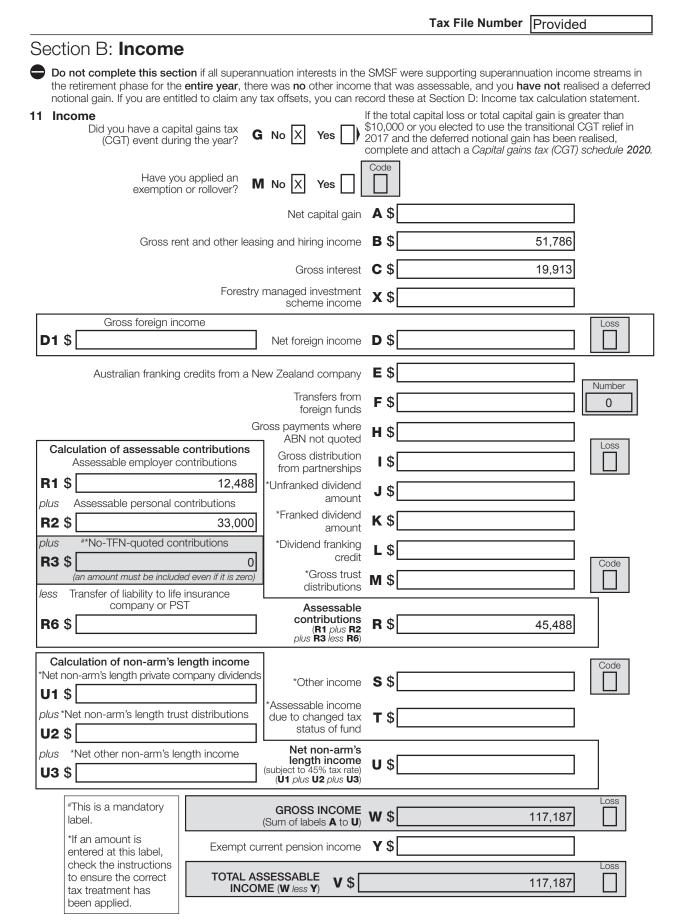
C Electronic service address alias

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

AUSPOSTSMSF

100017996MS

	Tax File Number Provided
8	Status of SMSF Australian superannuation fund A No Yes X Fund benefit structure B A Code
	Does the fund trust deed allow acceptance of the Government's Super Co-contribution and Low Income Super Amounts?
9	Was the fund wound up during the income year?
	No X Yes) If yes, provide the date on which the fund was wound up / / / / / / / / / / / / / / / / / /
10	Exempt current pension income
	Did the fund pay retirement phase superannuation income stream benefits to one or more members in the income year?
	To claim a tax exemption for current pension income, you must pay at least the minimum benefit payment under the law. Record exempt current pension income at Label A.
	No X Go to Section B: Income.
	Yes) Exempt current pension income amount A \$
	Which method did you use to calculate your exempt current pension income?
	Segregated assets method B
	Unsegregated assets method C Was an actuarial certificate obtained? D Yes
	Did the fund have any other income that was assessable?
	E Yes) Go to Section B: Income.
	No Choosing 'No' means that you do not have any assessable income, including no-TFN quoted contributions. Go to Section C: Deductions and non-deductible expenses. (Do not complete Section B: Income.)
	If you are entitled to claim any tax offsets, you can list these at Section D: Income tax calculation statement.



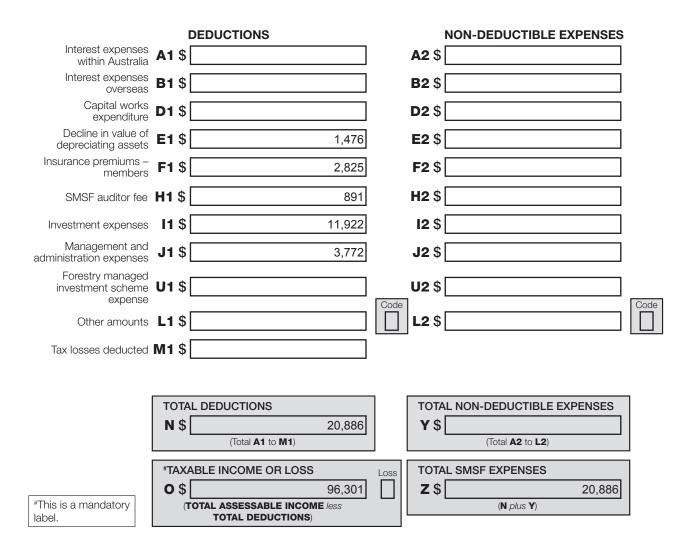
Page 4

Sensitive (when completed)

Section C: Deductions and non-deductible expenses

12 Deductions and non-deductible expenses

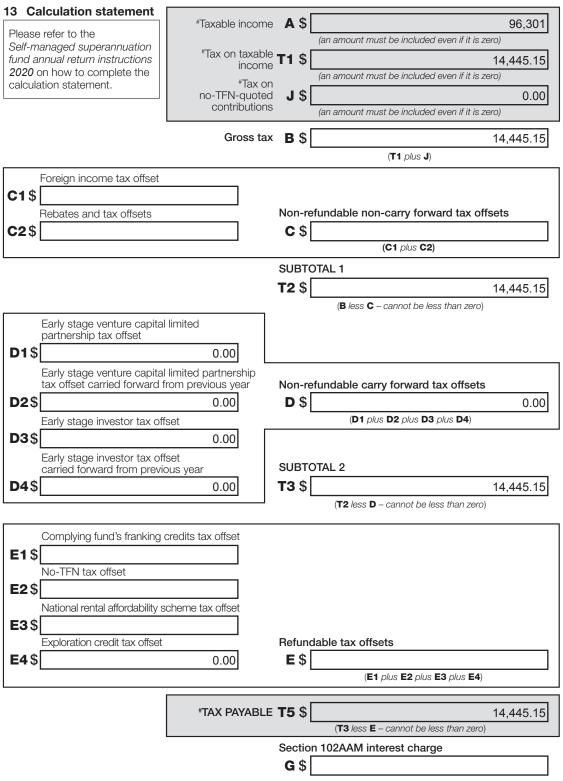
Under 'Deductions' list all expenses and allowances you are entitled to claim a deduction for. Under 'Non-deductible expenses', list all other expenses or normally allowable deductions that you cannot claim as a deduction (for example, all expenses related to exempt current pension income should be recorded in the 'Non-deductible expenses' column).



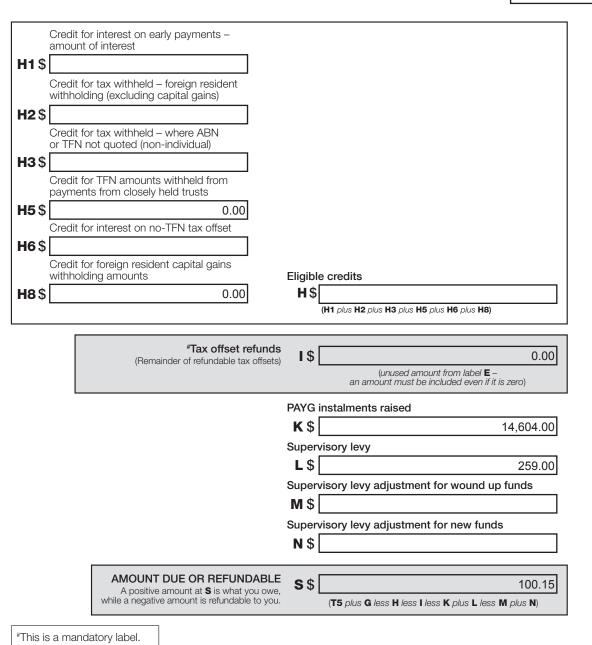
Section D: Income tax calculation statement

#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 2020. Tax losses carried forward to later income years

Net capital losses carried forward to later income years

U \$ V \$ 10,843

Section F: Member information						
MEMBER 1						
Title: Mr X Mrs Miss Ms Other						
Family name Palombo						
First given name	Other given names					
Enrico						
Member's TFN	Date of birth Provided					
See the Privacy note in the Declaration. Provided	Date of birth Provided					
Contributions OPENING ACCOU	JNT BALANCE \$ 997,437.04					
Refer to instructions for completing these labe	els. Proceeds from primary residence disposal					
Employer contributions	Receipt date Day Month Year					
	39.71 H1 / /					
ABN of principal employer	Assessable foreign superannuation fund amount					
A1 Personal contributions						
	Non-assessable foreign superannuation fund amount					
CGT small business retirement exemption	Transfer from reserve: assessable amount					
C \$	К \$					
CGT small business 15-year exemption am						
D \$ Personal injury election L Contributions from non-complying funds						
E \$	Contributions from non-complying funds and previously non-complying funds					
Spouse and child contributions	т \$					
F \$	Any other contributions (including Super Co-contributions and Low Inc <u>ome Super Amounts)</u>					
Other third party contributions G \$	Low Income Super Amounts)					
G \$						
TOTAL CONTRIBUTIONS N \$ 21,539.71 (Sum of labels A to M)						
Other transactions Allo	or losses O \$ 43,490.25					
Accumulation phase account balance	rollovers and P\$					
S1 \$ 1,062,467.00	transfers Outward					
Retirement phase account balance – Non CDBIS	rollovers and Q\$					
S2 \$ 0.00	Lump Sum R1 \$					
Retirement phase account balance						
- CDBIS S3 \$ 0.00	stream R2 \$					
	payments					
0 TRIS Count CLOSING ACCOU	UNT BALANCE \$\$ 1,062,467.00 (\$1 plus \$2 plus \$3)					
Accumulation phase value X1 \$						
Retireme	Retirement phase value X2 \$					
Outstanding li borrowing arrang	imited recourse gement amount Y\$					
Page 8 S	Sensitive (when completed)					

MEMBER 2				
Title: Mr Mrs Miss X	Ms Other			
Family name Di Troia				
First given name	Other giver	n names		
Maria				
Member's TFN See the Privacy note in the Dec	laration. Provided		Date of birth	Provided
Contributions	OPENING ACCOUNT BALANCE	\$	6	683,069.85
Refer to instructions for c	ompleting these labels.	Proceeds fr	om primary residence disp	oosal
Employer contributions		Receipt dat	e Month	Year
A \$	4,948.80	H1		
ABN of principal employ A1	/er	Assessable	foreign superannuation fur	id amount
Personal contributions		·	sable foreign superannuati	<u>on fund amo</u> unt
B \$ CGT small business ret	19,000.00	J		
C \$		Transfer from	m reserve: assessable am	ount
	-year exemption amount		m reserve: non-assessable	e amount
D \$ Personal injury election		L \$		
E \$		and previou	ns from non-complying fur Isly non-complying funds	
Spouse and child contr	ibutions	T \$	ontributions	
Φ Δ Other third party contribution	outions	(including S	uper Co-contributions and e Super Amounts)	ł
G \$		М \$	· · ·	
TOTAL	CONTRIBUTIONS N \$		23,948.80	
	(Sum	of labels A to N	/)	
Other transactions	Allocated earning or losse			30,052.71
Accumulation phase ac	count balance rollovers an			
S1 \$	737,071.36 transfer Outwar	rs 👘		
Retirement phase acco		d Q\$		
– Non CDBIS	0.00 Lump Sun	ר 1 ס ו כ		Code
Retirement phase acco	payments			
- CDBIS		n R2 \$		
S3 \$	0.00 payments	3		
0 TRIS Count	CLOSING ACCOUNT BALANC	CE S \$	(S1 plus S2 plus S3)	737,071.36
L				
	Accumulation phase valu			
	Retirement phase valu			
	Outstanding limited recours borrowing arrangement amour	nt Y \$		
	Sensitive (w	hen complet	ted)	Page 9

Tax File Number Provided Section H: Assets and liabilities 15 ASSETS Listed trusts A \$ 15a Australian managed investments Unlisted trusts **B**\$ Insurance policy C\$ Other managed investments **D**\$ 975,053 15b Australian direct investments Cash and term deposits **E**\$ Limited recourse borrowing arrangements Debt securities **F**\$ Australian residential real property Loans G\$ J1 \$ Australian non-residential real property Listed shares **H** \$ 4,930 J2 \$ Unlisted shares **I**\$ Overseas real property **J3** \$ Australian shares Limited recourse borrowing arrangements ${f J}$ \$ **J4** \$ Overseas shares Non-residential real property K\$ J5 \$ Residential Other 825,000 L \$ real property **J6** \$ Collectables and personal use assets **M** \$ Property count **J7** 158 Other assets **O** \$ Crypto-Currency N \$ 15c Other investments Overseas shares **P**\$ 15d Overseas direct investments Overseas non-residential real property Q\$ Overseas residential real property R\$ Overseas managed investments **S**\$ Other overseas assets T \$ TOTAL AUSTRALIAN AND OVERSEAS ASSETS U\$ 1,805,141 (Sum of labels A to T) 15e In-house assets Did the fund have a loan to, lease to \$ A No X Yes

Sensitive (when completed)

or investment in, related parties (known as in-house assets) at the end of the income year?

		Tax File Number Pro	vided
15f Limited recourse borrowing arra If the fund had an LRBA were borrowings from financial			
Did the members or related pa fund use personal guarante security for	es or other BNO Yes		
16 LIABILITIES			
Borrowings for limited recourse borrowing arrangements V1 \$ Permissible temporary borrowings V2 \$ Other borrowings			
V3 \$	Borrowings	s V \$	
Total r (total of all CLOSING ACCOUNT B	nember closing account balances ALANCEs from Sections F and G) Reserve accounts Other liabilities TOTAL LIABILITIE	s X \$	1,799,537 5,604 1,805,141
Section I: Taxation of f 17 Taxation of financial arrangen		ents	
C C		н \$	
	Total TOFA losses	I \$	
Section J: Other inform	nation		
Family trust election status If the trust or fund has made, or is m specified of the electron	aking, a family trust election, write ction (for example, for the 2019-20		
	family trust election, print R for rev attach the <i>Family trust election, re</i>		
Interposed entity election status			

or fund is making one or more elections this year, write the earliest income year being C specified and complete an <i>Interposed entity election or revocation 2020</i> for each election.		ng C
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	------

If revoking an interposed entity election, print **R**, and complete and attach the *Interposed entity election or revocation 2020*.

D 🗌

Section K: Declarations

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

Important

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

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

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

TRUSTEE'S OR DIRECTOR'S DECLARATION:

I declare that, the current trustees and directors have authorised this annual return and it is documented as such in the SMSF's records. I have received a copy of the audit report 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
Day Month Year
Preferred trustee or director contact details:
Title: Mr X Mrs Miss Ms Other
Family name
Palombo
First given name Other given names
Enrico
Phone number 0883632544 Email address
ric@creativeumbrella.com.au
Non-individual trustee name (if applicable)
ABN of non-individual trustee
Time taken to prepare and complete this annual return
The Commissioner of Taxation, as Registrar of the Australian Business Register, may use the ABN and business details which you provide on this annual return to maintain the integrity of the register. For further information, refer to the instructions.
TAX AGENT'S DECLARATION: I declare that the Self-managed superannuation fund annual return 2020 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
Date Date Year
Tax agent's contact details Title: Mr X Mrs Miss Ms Other
Title: Mr X Mrs Miss Miss Ms Other
Piteo
First given name Other given names
Marco
Tax agent's practice
Piteo Accounting & Advisory
Tax agent's phone number Reference number Tax agent number 08 72286111 UMB2107 24820267

2020

Capital gains tax (CGT) schedule

When completing this form

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



- 8 M I T H 8 T
- Do not use correction fluid or covering stickers.
- Sign next to any corrections with your full signature (not initials).
- Use in conjunction with company, trust, fund income tax return or the self-managed superannuation fund annual return.
- Refer to the *Guide to capital gains tax 2020* available on our website at ato.gov.au for instructions on how to complete this schedule.

Tax file number (TFN) Provided

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) 25712152661

Taxpayer's name

Umbrella Super 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	S \$	Add the amounts at labels K to R and write the total in item 2 label A – Total current year capital losses .
Total current year capital gains	J \$	

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		Tax File Number	Provided
2	Capital losses		
2	Total current year capital losses	A \$	
	· · · · · · · · · · · · · · · · · · ·		
	Total current year capital losses applied	в\$	
	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)	D \$	
	Total capital losses applied	E \$	
		Add amounts at B , C and	d D .
3	Unapplied net capital losses carried forward Net capital losses from collectables carried forward to later income years	۵ \$	
		. [10.042
	Other net capital losses carried forward to later income years	Add amounts at A and B to label V – Net capital le to later income years or	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	C \$	
	Total small business concessions applied	D \$	
		σφ	
6	Net capital gain		
	Net capital gain	A \$]
		1J less 2E less 4A less 5 zero). Transfer the amour capital gain on your tax	nt at A to label A – Net

100017996BW

		Tax File Number	Provided
7	Zernout arrangements		
	Are you a party to an earnout arrangement? A Yes, as a buyer \square (Print $$ in the appropriate box.)	Yes, as a seller	No
	If you are a party to more than one earnout arrangement, copy and attac details requested here for each additional earnout arrangement.	ch a separate sheet to thi	s schedule providing the
	How many years does the earnout arrangement run for?		
	What year of that arrangement are you in?		
	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 E \$		
	Request for amendment		
	If you received or provided a financial benefit under a look-through earnout rig to seek an amendment to that earlier income year, complete the following:	ght created in an earlier ir	ncome year and you wish
	Income year earnout right created		
	Amended net capital gain or capital losses carried forward $ {f G} {f S} $		
8	Other CGT information required (if applicable)		CODE
	Small business 15 year exemption – exempt capital gains A \$;	/
	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\$;	

Provided

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 Year
Contact name	
Enrico Palombo	
Daytime contact number (include area code)	
0883632544	

100017996BP

2020

Losses schedule

Companies and trusts that do not join consolidated groups should complete and attach this schedule to their 2020 tax return. Superannuation funds should complete and attach this schedule to their 2020 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 χ in all applicable boxes. Refer to Losses schedule instructions 2020, available on our website ato.gov.au for instructions on how to complete this schedule. Tax file number (TFN) Provided Name of entity Umbrella Super Fund Australian business number

Part A - Losses carried forward to the 2020-21 income year - excludes film losses

1	Tax losses carried forward to later income years		
•	Year of loss		
	2019–20	В	
	2018–19	С	
	2017–18	D	
	2016–17	Е	
	2015–16	F	
	2014–15 and earlier income years	G	
	Total	U	
	Transfer the amount at U to the Tax losses carried	forw	ard to later income years label on your tax return.

2 Net capital losses carried forward to later income years

25712152661

Year of loss		
2019–20	Η	
2018–19	I	
2017–18	J	
2016–17	K	
2015–16	L	6,661
2014–15 and earlier income years	Μ	4,182
Total	V	10,843

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

Sensitive (when completed)

			-	Tax File Number Provided
Ρ	art B – Ownership and b	ousiness continuity	/ te	est – company and listed widely held trust onl
		carried forward to later income ye	ears	and the business continuity test has to be
D	atis ied in relation to that loss. o not complete items 1 or 2 of Part B if, in			
aę	gainst a net capital gain or, in the case of co	ompanies, losses have not been	tran	nsferred in or out.
1	Whether continuity of majority	Year of loss		
-	ownership test passed	2019–20	A	Yes No
	Note: If the entity has deducted, applied, transferred in or transferred out (as applicable) in the 2019–20 income year a loss incurred in	2018–19	в	Yes No
	any of the listed years, print X in the Yes or No box to indicate whether the entity has satisfied the continuity of majority ownership test in respect of that loss.	2017–18	С	Yes No
		2016–17	D	Yes No
		2015–16	Е	Yes No
		2014–15 and earlier income years	F	Yes No
2	Amount of losses deducted/applied for	or which the continuity of mai	orit	ty ownership test is not passed but the
2	business continuity test is satisfied – e			
		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	Do current year loss provisions apply Is the company required to calculate its taxa the year under Subdivision 165-B or its net cap for the year under Subdivision 165-CB of the <i>In</i> 1997 (ITAA 1997)?	ble income or tax loss for bital gain or net capital loss	K	Yes No
P	art C – Unrealised losses - co	ompany only		
	Note: These questions relate to the operation of	Subdivision 165-CC of ITAA 1997.		
	Has a changeover time occurred in relation to after 1.00pm by legal time in the Australian Ca. 11 November 1999?	the company	L	Yes No
	If you printed X in the No box at L, do not compl	ete M , N or O .		
	At the changeover time did the company satisfinet asset value test under section 152-15 of IT.		М	Yes No
	If you printed X in the No box at M , has the cor it had an unrealised net loss at the changeover		Ν	Yes No
	If you printed X in the Yes box at N , what was unrealised net loss calculated under section 16		0	

	Tax File Number		Provided
Part D – Life insurance companies			
Complying superannuation class tax losses carried forward to later income years	Ρ		
Complying superannuation net capital losses carried forward to later income years	Q		
Part E – Controlled foreign company losses			
Current year CFC losses	М		
CFC losses deducted	N		
CFC losses carried forward	0		
Part F – Tax losses reconciliation statement			
Balance 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		
SUBTRACT 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 for	ware	d to later income ye	ars label on your tax return.

Tax File Number Pro	rovided
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	n 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 a	1 /
place all the facts before the ATO. The income tax law imposes heavy penalties for false or misleading statemen	ents.

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

Taxpayer's declaration

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

Signature

Olgi latal c		-				
			Day	Month		Year
		Date		/]/[
Contact person	Dayt	Daytime contact number (include area code)				
Enrico Palombo	088	3632544				

Other Attachments Schedule



Tax file No Provided

Taxpayer name Umbrella Super Fund

Signature.....

SENSITIVE (when completed) -