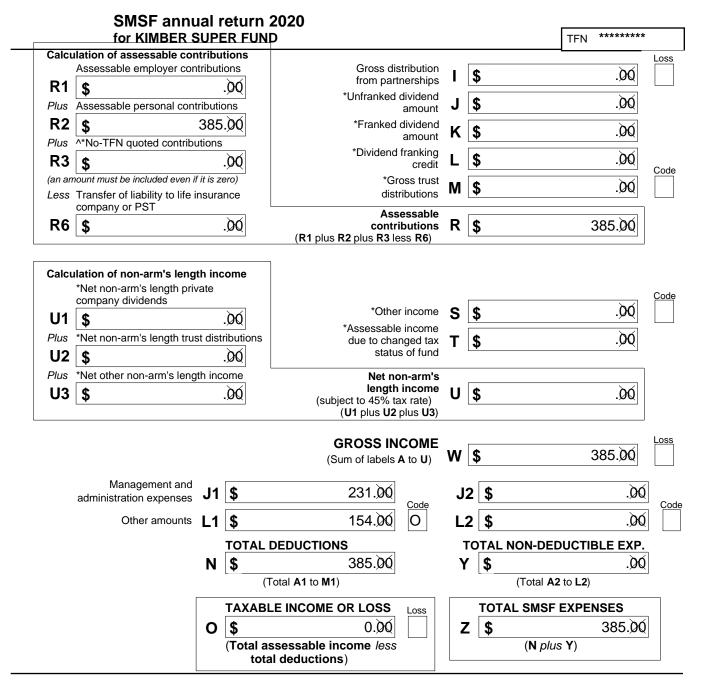
# Self managed superannuation fund annual return

# Section A: Fund information

1	Tax file number (TFN)*
2	Name of self-managed superannuation fund (SMSF)*
	KIMBER SUPER FUND
_	
3	Australian business number (ABN) (if applicable)   75 752 705 967
4	Current postal address*
	14 BRIDGE STREET
	Suburb or town*BALHANNAH State*SA Postcode*5242
5	Annual return status
	Is this an amendment to the SMSF's 2020 return? <b>A</b> No X Yes
	Is this the first required return for a newly registered SMSF? <b>B</b> No Yes X
6	SMSF auditor     Auditor's name     Title:   MS     Family name*   Suffix     SCHAEFER
	SMSF Auditor Number Auditor's phone number
	100037474     08     73246000
	Postal address*
	LEVEL 7 BDO CENTRE
	420 KING WILLIAM STREET
	Suburb or town*ADELAIDE State*SA Postcode*5000
	Date audit was completed A
	Was Part A of the audit report qualified? <b>B</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?

		SMSF annual ret for KIMBER SUPER				TFN *******				
		ectronic funds transfer (EFT) e need your self-managed fund's financia	l institution details to pa	y any super payments and	tax refunds owing	g to you.				
	Α	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 (must be six digits)	302162	Fund Account number	1637618					
		Fund account name (for example, J&Q	Citizen ATF J&Q Family	/ SF)						
	A A B C C 8 Sta 9 Wa 10 Ex Dic Dic Yes	X I would like my tax refunds made	e to this account. Go to	C.						
	В	Financial institution details for ta	-	at account have						
		This account is used for tax refunds. Yo BSB number (must be six digits)	ou can provide a tax age	Account number						
		Account name (for example, J&Q Citize	n ATE 180 Family SEV							
			TATE Jag Failing SF)							
	C	Electronic service address alias								
B B C B B C C B S C C C C C C C C C C C	U	Provide the electronic service address a	alias (ESA) issued by yo	our SMSF messaging provid	der.					
		(For example, SMSFdataESAAlias). Se	e instructions for more i	nformation.		1				
8	St	atus of SMSF Australian supe		No Yes X	Fund benefit	structure * <b>R</b> A Code				
U	01	Does the fund trust deed allow a	rannuation fund <b>A</b>	No Yes X	Fund benefit	structure * <b>B</b> A Code				
		Government's Super Co-		No Yes X						
9	Wa	as the fund wound up during tl			ive all tax lodgme	nt				
	No	X Yes If yes, provide the which the fund w			and payme					
10	Fx	cempt current pension income								
		d the fund pay an income stream to one c	or more members in the	income year?						
		To claim a tax exemption for current pen the law. Record exempt current pension		pay at least the minimum b	enefit payment ur	nder				
	No	Go to Section B: Income								
	Yes	s Exempt current pension incon	ne amount A \$	Q.	Ŕ					
		Which method did you use to	calculate your exempt of	current pension income?						
		Segregated asset	ts method <b>B</b>							
		Unsegregated asset	ts method C	Was an actuarial certificate	e obtained? D	Yes				
	Dic	d the fund have any other income that wa	s assessable?							
	F	Yes Go to Section B: Income								
		Choosing 'No' means tha	at you do not have any a	ssessable income, includin	ng no-TFN contrib	utions.				
		No Go to Section C: Deducti	ons and non-deductible	expenses. (Do not comple	te Section B: Inco	ome)				
S	ect	tion B: <b>Income</b>								
11	Inc									
		Did you have a capital gains tax (CGT) event during the year? <b>G</b>	No X Yes			in is greater than \$10,000 (CGT) schedule 2020.				
		Have you applied an exemption or rollover?	No Yes	CODE						
				Net capital gain A		ÞØ.				
					۲	-7 3				

Sensitive (when completed)



## Section D: Income tax calculation statement

Calcula	ation statement		
		Taxable income A \$	0.00
		(an amount must be included e	ven if it is zero)
		Tax on taxable income <b>T1</b>	0.00
		(an amount must be included e	ven if it is zero)
		Tax on No-TFN J	0.00
	quoted contributions of the contributions (an amount must be included e	ven if it is zero)	
			0.00
		Gross tax <b>B</b>	0.00
		( <b>T1</b> plus	J)
	Foreign income tax offset		
C1	\$		
	Rebates and tax offsets	Non-refundable non-carry	
C2	\$	forward tax offsets <b>C</b>	
	· ·]	(C1	plus <b>C2</b> )

	for KIMBER SUPER FU	UND			TFN *******
	Early stage venture capital limited partnership tax offset		SUBTOTAL 1	T2	\$ 0.0 (B less C - cannot be less than z
D1	\$				
	Early stage venture capital limited par tax offset carried forward from previou		Early stage investor tax offset carried forward from previous y	ear	
D2	\$	D4	\$		
	Early stage investor tax offset				
D3	\$	Non-refunda	ble carry forward tax offsets	D	\$ (D1 plus D2 plus D3 plu
			SUBTOTAL 2	-	\$ 0.0 T2 less D - cannot be less than ze
	Complying fund's franking credits				<b>[</b> .
E1	tax offset		Refundable tax offsets	Ε	T
	No-TFN tax offset				(E1 plus E2 plus E3 plus I
E2	\$				
	National rental affordability scheme tax offset		TAX PAYABLE		•
E3	\$			(	<b>T3</b> less <b>E</b> - cannot be less than ze
	Exploration credit tax offset		0		
E4	\$		Section 102AAM interest charge	G	\$
	Credit for interest on early payments	-	Eligible credits	н	\$
H1	amount of interest		-		Φ H2 plus H3 plus H5 plus H6 plus I
	Credit for tax withheld - foreign resident withholding		Toy offect refunde		
H2		(Rema	Tax offset refunds ainder of refundable tax offsets)	Ι	\$ 0.0
	Credit for tax withheld - where ABN or TFN not quoted (non-individual)			unus	sed amount from label E - an amou must be included even if it is ze
H3	\$				
	Credit for TFN amounts withheld from payments from closely held trusts	1	PAYG instalments raised	K	\$
H5	\$		Supervisory levy	L	<b>\$</b> 259.
	Credit for interest on no-TFN tax offse		ervisory levy adjustment for	_	•
H6	Credit for amounts withheld from fore		wound up funds	Μ	\$
	resident capital gains withholding		pervisory levy adjustment for new funds		<b>\$</b> 259.
H8	\$		new fullus		
		AMOUNT	DUE OR REFUNDABLE	S	<b>\$</b> 518.
		A positiv	ve amount at <b>S</b> is what you owe, tive amount is refundable to you	5	(T5 plus G less H less I less K
		ə u nogu			plus L less M plus N)

## Section H: Assets and liabilities 15 Assets

### SMSF annual return 2020 for KIMBER SUPER FUND

for KIMBER SUPER FUND		TFN *******		
15b Australian direct investments	Cash and term deposits	Е	\$	3.00
Limited recourse borrowing arrangements	Debt securities	F	\$	DQ.
Australian resident real property	Loans	G	¢	DØ.
J1 <b>\$</b>	Louis	G	\$	
Australian non-residential real property	Listed shares	Н	\$	.ÒQ
J2 <b>\$</b>	Unlisted shares	Т	\$	ØQ.
Overseas real property		•	Ψ	
J3 <b>\$</b>	Limited recourse	J	\$	ØQ.
Australian shares	borrowing arrangement	J	Ψ	.94
J4 \$	Non-residential real property	к	\$	ÞØ.
Overseas shares		n	Ψ	
J5 \$ .00	Residential real property	L	\$	.ÞØ.
Other	Collectables and	М	\$	ÞØ.
J6 \$	personal use assets			
Property Count	Other assets	0	\$	90457.00
J7 \$				
TOTAL AUSTRALIAN ANI		U	\$	90460.ØQ
(Sum	of labels A to T)			
15e In-house assets				
Did the fund have a loan to, lease to				
or investment in, related parties (known	🗛 No 🛛 X Yes 🔰		\$	.DQ
as in-house assets) at the end of the income year?				
Total me (total of all CLOSING ACCOUNT BAL	ember closing account balances ANCEs from Sections F and G)	W	\$	90463.00
			<b>^</b>	00402 00
	TOTAL LIABILITIES	Ζ	\$	90463.00

Section K: Declarations

#### 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 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
		Date			
Preferred trustee or director contact details:		-			
Title: MR					
Family name*	Suffix				
KIMBER					
First given name	Other giver	n names			
CRAIG	ANDRE	W			
Phone number 04 33905544					
Email address					
Non-individual trustee name (if applicable)					
ABN of non-individual trustee					

## 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 age	nt's signature						
				Day	Month	Year	]
			Date				
Tax ag	gent's contact details:						
Title: N	IRS	]					
Family n	name*	-	Suffix				
HEMF	PHILL						
First give	en name		Other given names				
ELEA	NOR		KATE				
Tax age	nt's practice						
I, EK	Hemphill						
Tax age	nt's phone number	Refe	erence number			Т	ax agent number
08	83884066		VB007			7	4610006

## RN: 100016479MS

TFN \*\*\*\*\*\*\*\*

# Section F: Member information

In Section F report all current members in t Use Section G to report any former membe	e rund at 30 June. s or deceased members w	who held an interest	in the	e fund at any time during the	income yea
MEMBER NUMBER 1					C
Title: MR				Accour	nt status
Family name	Suffix				L
KIMBER					
First given name	Other	given names			
CRAIG	AN	DREW			
Member's TFN	Date	of birth		If deceased, date	e of death
See the Privacy note in the Declaration		Month Year 09/1970		Day Month Yea	ar
	Proceeds from primary		H	\$	
			п	Day Month Yea	ar
		Receipt date			
Contributions	OPENING ACCOU	INT BALANCE	\$		
	Emp	bloyer contributions	Α	\$	
	ABN of prin	icipal employer			
	Per	sonal contributions	В	\$ 38	35.00
	CGT small business re	tirement exemption	С	\$	
C	T small business 15-year	exemption amount	D	\$	
	Pers	onal injury election	Е	\$	
	Spouse and	I child contributions	F	\$	
	Other third	party contributions	G	\$	
As	essable foreign superann	uation fund amount	I	\$	
Non-as	essable foreign superannu	uation fund amount	J	\$	
	Transfer from reserve: a	assessable amount	κ	\$	
Т	ansfer from reserve: non-a	assessable amount	L	\$	
	Contributions from no and previously no	on-complying funds on-complying funds	т	\$	
Any other c	ntributions (including Sup and Low Income S	er Co-contributions uper Contributions)	М	\$	
	TOTAL CO	NTRIBUTIONS	Ν	\$ 38	35.00
umulation phase account balance	Allocated earnings or los		Loss		
\$ 90463.02	O \$	78.02			
ement phase account balance - Non CDBIS	Inward rollovers and tran	Ŭ		ard rollovers and transfers	]
\$ 0.00	P \$	90000.00	Q	\$	
ement phase account balance - CDBIS	Lump Sum payment		Co	ode	
\$ 0.00	R1 \$				
TRIS Count	Income stream payment	:	Co	bde	
0	R2 \$			mount	
termination phase value Our Our <b>1 \$</b> 0.00	tanding limited recourse b	0.00	an d	mount	
etirement phase value	Ψ	0.00		Г	
\$ 0.00	CLOSING ACCOL		S	\$ 9046	53.02

Sensitive (when completed)