			Page 1 o
	Trust tax return Day Month Year to Day Month Year to or specify period if part year or approved a	substitute period	2018
Notes to help you prepare this tax return are prin the Trust tax return instructions 2018 (the inavailable from the website www.ato.gov.au	ovided structions),		
Tax file number (TFN)	951 276 347	Have you attached any other attachments'?	No
See the Privacy note in the Taxpayer's declaration	on.		
Name of trust	GLVR UNIT TRUST		
Australian business number (ABN)	53 420 750 740		
Current postal address If the address has not changed, print it exactly as	CLEAVE ACCOUNTING PTY LTD		
shown on the last notice of assessment or the last tax return lodged.	PO Box 165		
.o.aloogod.	VIRGINIA BC	QLD	4014
Postal address on previous tax return If the address has changed, print your previous address exactly as shown on the last notice of assessment or the last tax return lodged.			

Full name of the trustee to whom	1 • If the trustee is an	Title-for example, Mr, N	Irs, Ms, Miss			
notices should	be sent individual, print details here.	Surname or family name	Э		Given names	
	 If the trustee is a company, print details here including ABN. 	Name GLVR PTY LTD				
Daytime contac	t phone number	Area 07	Telephone number	3359331	1	ABN
Family trust ele	ction status		Interposed	entity elec	tion status	
trust election, write th specified of the elect 2017-18 income year If revoking or varying print R for revoke or	g a family trust election, print V for variation and the Family trust election,		income year sp more elections being specified election or revo If revoking an i	this year, write and complete and complete acation 2018 fo interposed entited and attach the	election, write the earliest trustee is making one or the earliest income year an Interposed entity r each election. ty election, print R Interposed entity	
Type of trust	Print the code representing the type of trust.	F	Print X if also a cha	arity	If code D, wri	
Managed Invest	tment trusts trust is a managed investmen	t trust, has the trustee	made an electio	n into capital	account treatment?	Print Y for yes or N for no.
Is any tax payat	ole by the trustee?	N Print Y for yes or N for no.			Final tax returi	n N
Electronic fund	s transfer (EFT)				Use Agent 7	Frust Account?
	ncial institution details to pay a nber, account number and acc ructions.)		ou, even if you h	·	them to us before.	
	Account name					

Trust Tax Return 2018 GLVR UNIT TRUST TFN: 951 276 347 Page 3 of 10

Description of main business activity Industry CHILD CARE SERVICES 87100 Income excluding foreign income **Business income and expenses** Income Primary production Non-primary production Totals Gross payments where ABN not quoted Gross payments subject to 0 foreign resident withholding (excluding capital gains) Assessable government 31,970 31,970 industry payments 2,654,658 2,654,658 Other business income 0 2,686,628 2,686,628 Total business income **Expenses** Foreign resident withholding 0 expenses (excluding capital gains) Contractor, sub-contractor and commission expenses 137,663 137,663 Superannuation expenses Cost of sales Bad debts Lease expenses 315,754 315,754 Rent expenses 231,166 231,166 Total interest expenses Total royalty expenses 34,516 34,516 Depreciation expenses 3,492 3,492 Motor vehicle expenses 19,088 19,088 Repairs and maintenance 1,910,742 1,910,742 All other expenses 2,652,421 2,652,421 O Total expenses - labels P to N Reconciliation items Add: Income reconciliation adjustments Add: Expense reconciliation 42,034 42,034 adjustments Net income or loss 76,241 76,241 Q from business 76,857 Taxpayer eligible for Small Business income tax offset (Y/N) ? Y Net small business income Total amount in return 76,241 Add: Item 5 Label S - Net income or loss from business Foreign source business income from item 22 or 23 616 Business interest income 0 Business dividend income Business income not already shown at this item Business deductions not already claimed at this item Less:

Trus	st Tax Return 2018	GLVR UNIT TRUST		TFN: 951 276 347	Page 4 of 10
6	Tax withheld	Tax withheld where ABN not quoted	Т		
		Credit for tax withheld - foreign resident withholding (excluding capital gains)	U		
8	Partnerships and	d trusts			
	Primary productio	n			
		Distribution from partnerships	A	/	
		Share of net income from trusts	Z	/	
	Ded	ductions relating to amounts shown A and Z	S		
	Non primary prod	uetion	Net primary production a	mount	1
	Non-primary prod	Distribution from partnerships, less foreign income	В	/	
		Share of net income from trusts, less capital gains, foreign income and franked distributions	R		
		ctions relating to amounts shown at B and R	T		
		Franked distributions from trusts	F		
		Deductions relating to franked distributions from trusts in label	G		
			Net non-pr production ar	rimary mount	
		another trust and net foreign capital gains need to be incincome must be included at item 22 or 23.	cluded at item 21.		
	Share of credits fr		С		
		Share of franking credit from franked distributions	D		
		Share of credit for TFN amounts withheld from interest, dividends and unit trust distributions	Е		
		Credit for TFN amounts withheld from payments from closely held trusts	0		
		Share of credit for tax withheld - foreign resident withholding (excluding capital gains)	U		
11	Gross interest -	including Australian Government loan interest		J	616
		TFN amounts withheld from gross interest	0.00		
	Bank		TFN amt Gross ar	mt	
	BANK INTEREST	Γ		616	
15	Total of items 5 to	o 14	Add the	e boxes 76	,857 /
	Γ	Deductions relating to franked distributions should	Frankad distrik	utions P	
		not include deductions included at G item 8	Franked distrib	utions IX	
 19	Total of items 16	6 to 18			
20	Net Australian ir	ncome or loss - other than capital gains	Subtract item 19 from iter	m 15 \$ 76	,857 /

Trus	st Tax Return 2018	GLVR UNIT TRUST	TFN:	951 276 347	Page 5 of 10
21	Capital gains	Do you need to complete a Capital gains tax (CGT) Schedule 2018?			
		Did you have a CGT event during the year? N Answer yes at G if the trust had of capital gains from another trust			
		Have you applied an exemption or rollover? Type Y for yes or N for no.			
		Net capital	gain A		
		dit for foreign resident capital gains B B			
I	Net capital losses b	rought forward from prior years Net capital losses carried forward to later income year			
	Non-Coll				
	Coll	ectables			
24	Total of items 2	0 to 23 Add the	boxes	76,	857 /
26	Total net incom	e or loss Subtract item 25 from	n item 24.	76,	857 /
Ov 29	Overseas transa Was the aggregate	e amount of your transactions or dealings with international related he value of any property/service transferred or the balance of any	W	N Print Y for or N for no	
	Did th	ne thin capitalisation provisions affect you? N Print Y for yes or N for no.			
		Interest expenses overseas D			
		Royalty expenses overseas E			
		res at label W or O or completed D or E, complete and attach the ngs schedule 2018			
	'presently entitled'	ry who was not a resident of Australia at any time during the income year to a share of the income of the trust?	A	N Print Y for or N for no	
	ir you answered h	es at label A, attach the information requested in the instructions.			
	Did you directly or	th specified countries indirectly send to, or receive from, one of the countries specified in the ands or property or			
	Do you have the a of any funds, prop	bility or expectation to control, whether directly or indirectly, the disposition erty, assets or investments located in, or located elsewhere but controlled or of those countries?	С	N Print Y for or N for no	
30	Personal service	s income Does your income incluindividual's personal services income	ide an come?	N Print Y for your or N for no.	es
		Total amount of PSI in at item 5 income			
		Total amount of deductions a PSI included at item 5 expense	igainst labels		
		Did you satisfy the results test in respect of any indiv	idual?	Print Y for ye or N for no.	es
		Do you hold a personal services business determination in respect of any indiv	(PSB) idual?	Print Y for ye or N for no.	es
		For any individual for whom you did not satisfy the results tes each source of their PSI income yielded less than 80% of their any of the following personal services business tests - print	r total PSI	, indicate if you sa	tisfied
		Unrelated clients test E1 Employmenttest E2	Business	premises test E3	

Trust Tax Return 2018	GLVR UNIT TRUST	TFN: 951 276 347	Page 6 of 10
-----------------------	-----------------	------------------	--------------

Key financial information

32	All current assets	F	159,012

- 34 All current liabilities 117,580
- **35 Total liabilities** J 2,807,490

Business and professional items

36 Business name of main business

	GUMLEAF GULLY CH	ILDCARE CENTRE				
37	Business address of main business	FLEAY COURT				
		WEST BURLEIGH			QLD	A 4219
38	Opening stock C		43	Total salary and wage expenses		L 1,488,584 / A
39	Purchases and other costs		44	Payments to associated persons		М
40	Closing stock	CODE	45	Fringe benefit employe contributions	ee	Т
41	Trade debtors		46	Unpaid present entitle to a private company	ment	Y
42	Trade creditors H	18,125	47	Trading stock election		Print Y for yes or leave blank.
49	Small business entity s	simplified depreciation		Deduction for certa	ain ass	ets A 34,516
				Deduction for small bus	or gene iness p	eral B
54	Income of the trust est	ate A 76,8	357			

55 Statement of distribution

Distribution details

Complete the distribution details on the following pages for BENEFICIARY 1 to 5 if required, and for Income to which no beneficiary is presently entitled and in which no beneficiary has an indefeasible vested interest, and the trustee's share of credit for tax deducted, if it applies.

If there are more than five beneficiaries see the instructions for more information.

Note: It is not an offence not to quote a TFN for a beneficiary. However, TFNs help the Tax ATO to correctly identify each beneficiary's tax records. The ATO is authorised by the Income Tax Assessment Act 1936 and the Income Tax Assessment Act 1997 to ask for information in this tax return. We need this information to help administer the tax laws. To make a correct Trustee Beneficiary (TB) statement you must quote the TFN of a resident trustee beneficiary of a closely held trust.

Note: If the trust needs to provide annual reports under the Trustee Beneficiary Rules or the TFN withholding rules you will be able to do so by completing the information in the statement of distribution

Trust Tax Return 2018 GLVR UNIT TRUST TFN: 951 276 347 Page 7 of 10 Statement of distribution (continued) 50.00 Beneficiary's name and tax file number or postal address Distribution Fraction 863 324 080 Entity code U Date of birth Tax file number See the Privacy note in the Taxpayer's declaration. VALLES SUPER FUND Name Address 369 CLIFTLANDS ROAD SCONE NSW 2337 Share of credit for TFN amounts withheld from payments from closely held trusts 35 Entity code Assessment calculation code Share of income 38,428 of the trust estate Capital gains Share of credit for tax withheld – foreign resident withholding Share of credit for foreign resident capital gains withholding amounts (excluding capital gains) Australian franking credits from a New Zealand franking company Attributed foreign G Other assessable Primary production foreign source income Foreign income 38,428 Non-primary production tax offsets Share of Share of National rental income Invest affordability scheme tax offset 38,428 Exploration credits Other distributed Early stage venture capital Credit for tax withheld where ABN not quoted limited partnership tax offset Franked distributions Early stage investor tax offset Invest Other Franking credit **TFN** amounts withheld Small business income tax offset information Share of net small 38,428 business income Non-resident beneficiary additional information s98(3) assessable amount s98(4) assessable amount

Print Y for yes or N for no.

TB statement?

of net income

from payments

Untaxed part of share

Total TFN amounts withheld

TB statement information

Tax preferred amounts

Annual Trustee Payment report information

Distribution from ordinary or

statutory income during income year

For each trustee beneficiary, indicate whether you will be making a TB statement:

Trus	st Tax Return 2018	GLVR	UNIT TRUST		TFN:	951 276 347	Page 8 of 10
55		stribution (continued) ne and tax file number or po	ostal address	Distribution Fraction	1	%	
	Tax file number	97 062 883		Entity code U S	Date of birth	01/05/1995	

Beneficiary's nar	me and tax file numb	er or postal addre	ess	Distribution	Fraction	1		%	
Tax file number	97 062 883		E	Entity code U	S		Date of birth	01/05/1995	
	See the Privacy note	in the Taxpayer's	declara	ation.					
Name	GLENN EWIN S	UPERANNUATI(ON FU	JND					
Address	11C SECOND A	VENUE APARTI	MENTS	5					
	3 SECOND AVE	NUE							
	BURLEIGH HEA	DS				QL	ıD	4220	
Assessment calc	culation code V	35 Entity code	US		edit for T held fro n closel	m payn	nents 🔍		
	re of income trust estate	38,429		1101		Capital			
Share of o	credit for tax eld – foreign		7	Share	of cred		_		
resident	t withholding bapital gains)			r	esident withhold	capital (gains 4		
Australian franking cr New Zealand frankir	edits from a]			uted fo ind			
Primary pro			i,		Other	assess	sable		,
		38,429] /	fo	reign so Fo	urce ind reign ind	Come		'
Non-primary pro	oduction B		_'/	01-		tax of	ffsets		
me	Invest	/		affordabilit		ne tax (offset		
	Other _	38,429 /			Explor	ation cr distrib	redits buted M		
	tax withheld C			Early s limited p	stage ve artnersh	enture ca	apital T		
Franked distri			j	Early stag					
	Invest		J						
	Other								
Fr	ranking credit D]						
1	TFN amounts E								
Small business inco	ome tax offset info	ormation							
	e of net small y ness income	38,429							
Non-resident benefici	ary additional inforn	nation							
s98(3) assessa	able amount J				s98(4) a	assessa	able amount	K	
TB statement informa	tion								
For each trustee benef	iciary, indicate wheth	er you will be maki	ng a Ti	B statement:			TB stateme	ent? Print Y for yes	s
Tax preferr	red amounts				Un		art of share f net income		
Annual Trustee Paym		 on							
Distribution fron tatutory income during				-	Total TF		ints withheld m payments		

Trust Tax Return 2018 GLVR UNIT TRUST TFN: 951 276 347 Page 9 of 10

55 Statement of distribution (continued)

Income to which no beneficiary is presently entitled and in which no beneficiary has an indefeasible vested interest, and the trustee's share of credit for tax deducted.

Assessment calculation of	ode V	Capital gains	F
Share of inco		Share of credit for foreign resident capital gains	Z
Share of credit for withheld – for	tax	withholding amounts Attributed foreign	G
resident withhole (excluding capital ga	ding	income Other assessable	
Australian franking cre from a New Zeal	edits	foreign source income	H/
franking comp		Foreign income tax offset	1
Share of Primary productions	etion A	Share of National rental affordability scheme tax offset	R
Non-primary produc	etion B	Share of other refundable tax offsets	X
Credit for tax with where ABN not quo		Early stage venture capital limited partnership tax offset	Т
Franked distribut	ions U	Early stage venture	
Franking c	redit D	capital limited partnership tax offset carried forward	K
TFN amo		from previous year Early stage investor	
with	held	tax offset	J
Share of credit for TFN amo withheld from paym from closely held tr	ents	Early stage investor tax offset carried forward from previous year	M
	If you completed la	bels T, K, J or M, attach the information re	quested in the instructions.
Assessm Amount of capital gains on v	ent calculation code X	ital gains on behalf of beneficiaries	
chosen to be assessed on be	ehalf of beneficiaries		
		u answer yes to any of these questions,	answer Yes to the 'other
attachments' question on page 1 o 7 Beneficiary under legal d		y entitled to income from another tr	uet
Was any beneficiary in this tr	ust, who was under a legal d	lisability on 30 June 2018, also presently	N Print Y for yes
entitled to a share of the inco		requested in the instructions.	or N for no.
,	,		
58 Non-resident trust Is the trust a non-resident tru	st? N Print Y for yes or N for no.	If yes, state the amount of income derive Australia to which no beneficiary is pres	
		Print NIL if applicable.	
DECLARATIONS			
TAXPAYER'S DECLARAT	ION		
and any additional documents	are true and correct in every he income tax law imposes h	me has been disclosed and the tax return, detail. If you are in doubt about any aspeneavy penalties for false or misleading state	ct of the tax return, place
use the TFNs to identify each not provided, it could increase	beneficiary in our records. It i the chance of delay or error TO to collect information inclu	953 to request the provision of tax file nun is not an offence not to provide the TFNs. r in each beneficiary's assessment. Iding personal information about the perso by au/privacy	However, if the TFNs are
DECLARATION:	, , , , , , ,	y attached schedules and additional docu	mentation is true and correct
Signature	and tax rotain, including an	, andorred correduces and additional documents	
<u>g</u>		Da	Day Month Year
Hours taken to prepare and cor	mplete this tax return		

Trust Tax Return 2018 GLVR UNIT TRUST TFN: 951 276 347 Page 10 of 10

TAV	AGFN	דיפ ר	ECI.	VDV.	TION
IAX	AGEN	1.21)F(.i	AKA	HUNN

I, CLEAVE	ACCOUNTING PTY I				
	this tax return has been pre declaration stating that the in tax return.				
Agent's signat	ure				Client's reference
					GLVR0260
Contact name			Б.	Day M	Ionth Year
JIM CLE	AVE		Date	01/0	03/2019
Agent's phone Area code	number (include area code) Telephonenumber 3359 3311	Agent's reference number 00749006			Office use only Indics X

GLVR UNIT TRUST TFN: 951 276 347

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.

PrivacyThe 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	951 276 347	Year 2018
Name of partnership, trust, fund or entity	GLVR UNIT TRUST	

I authorise my tax agent to electronically transmit this tax return via an approved ATO electronic channel.

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	f this tax return, including an	ny applicable schedules is true	and correct, and
--	---------------------------------	---------------------------------	------------------

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.					
Signature of partner, trustee or director		Date			

Client Ref: GLVR0260 Sensitive (when completed) Agent: 00749-006