

Confirmation of E-filing

Your Trust return has been successfully e-filed with the ATO.

Transaction ID: A1612412591318.8edf664c-3dc1-401c-bd9d-71a51e47d48f@1612412591318

Entity Name: TRILOGY GROUP HOLDINGS TRUST

Tax File Number: 991557854

Financial Period: 01/07/2019-30/06/2020

Financial Year: 2020

Amended Return: No

Submitted Forms:

- 2020 Trust Tax Return

Date and time of receipt: 04/02/2021 04:23:13 (GMT)

Submitted by: PwC Australia

Please keep this receipt for your records.

2020**Trust tax return**

Day	Month	Year	to	Day	Month	Year
01	07	2019		30	06	2020

or specify period if part year or approved substitute period.

i Notes to help you prepare this tax return are provided in the *Trust tax return instructions 2020* (the instructions), available on our website ato.gov.au

WHEN COMPLETING THIS RETURN

- Print clearly, using a black or blue pen.
- Use **BLOCK LETTERS** and print one character in each box.

S	M	I	T	H		S	T											
---	---	---	---	---	--	---	---	--	--	--	--	--	--	--	--	--	--	--

- Place in all applicable boxes.

Trust informationTax file number (TFN) Have you attached any 'other attachments'? Yes No

See the Privacy note in the Taxpayer's declaration.

Name of trustAustralian business number (ABN) **Previous name of trust**If the trust name has changed, print the previous name **exactly** as shown on the last notice of assessment or the last tax return lodged.

Current postal addressIf the address has not changed, print it **exactly** as shown on the last notice of assessment or the last tax return lodged.

 Suburb/town State/territory Postcode
 Country if outside Australia
Postal address on previous tax returnIf the address has changed, print your previous address **exactly** as shown on the last notice of assessment or the last tax return lodged.

 Suburb/town State/territory Postcode
 Country if outside Australia

Full name of the trustee to whom notices should be sent**If the trustee is an individual, print details here.**Title: Mr Mrs Miss Ms Other

Surname or family name

First given name

Other given names

If the trustee is a company, print details here including ABN.

Name

TRILOGY GROUP HOLDINGS PTY LTD

ABN

29615428629

**Daytime contact
phone number**

Phone number (include area code)

07 30392828

Family trust election statusIf the trustee has made, or is making, a family trust election, write the four-digit **income year specified** of the election (for example, for the 2019–20 income year write 2020).If revoking or varying a family trust election, print **R** for revoke or print **V** for variation and complete and attach the *Family trust election, revocation or variation 2020*.**Interposed entity election status**If the trustee has an existing election, write the earliest income year specified. If the trustee is making one or more elections this year, write the earliest income year being specified and complete an *Interposed entity election or revocation 2020* for each election.If revoking an interposed entity election, print **R** and complete and attach the *Interposed entity election or revocation 2020*.**Type of trust**Print the code representing the **type** of trust. UPrint **X** if also a charity If code **D**, write the date of death.

Day Month Year

Managed investment trustsIs the trust a managed investment trust (MIT)? Yes No Must be completed if Type of trust is either F, M, U, P or Q
MIT type CODEIf the trust is a managed investment trust, has the trustee made an election into capital account treatment? Yes No **Is any tax payable by the trustee?** Yes No **Final tax return** Yes No **Electronic funds transfer (EFT)**

We need your financial institution details to pay any refund owing to you, even if you have provided them to us before. Write the BSB number, account number and account name below. (See relevant instructions.)

BSB number (must be six digits)

Account number

Account name

1 Description of main business activity

UNIT TRUST OPERATION EXCEPT CORPORATE AND PUBLIC TRADING TRUSTS

Industry code **A** 62400**2 Status of business – print X at label B1, B2 or B3, whichever is the first applicable option, or leave blank.**Multiple business **B1** Ceased business **B2** Commenced business **B3** **Consolidation status** – print **X** at label **Z2** if applicable Consolidated subsidiary member **Z2** **Entity status** Significant global entity **G1** Country by country reporting entity **G2**

Trust TFN

Income excluding foreign income

5 Business income and expenses

WHOLE DOLLARS ONLY

	Primary production	Non-primary production	Totals
Income			
Gross payments where ABN not quoted C	<input type="text"/>	D <input type="text"/>	<input type="text"/>
Gross payments subject to foreign resident withholding (excluding capital gains)		B <input type="text"/>	<input type="text"/>
Assessable government industry payments E	<input type="text"/> / <input type="text"/> <small>CODE</small>	F <input type="text"/> / <input type="text"/> <small>CODE</small>	<input type="text"/>
Other business income G	<input type="text"/> / <input type="text"/>	H <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>
Total business income	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>

Expenses

Foreign resident withholding expenses (excluding capital gains)		<input type="text"/>	P <input type="text"/>
Contractor, sub-contractor and commission expenses	<input type="text"/>	<input type="text"/>	C <input type="text"/>
Superannuation expenses	<input type="text"/>	<input type="text"/>	D <input type="text"/>
Cost of sales	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>	E <input type="text"/> / <input type="text"/>
Bad debts	<input type="text"/>	<input type="text"/>	F <input type="text"/>
Lease expenses	<input type="text"/>	<input type="text"/>	G <input type="text"/>
Rent expenses	<input type="text"/>	<input type="text"/>	H <input type="text"/>
Total interest expenses	<input type="text"/>	<input type="text"/>	I <input type="text"/>
Total royalty expenses	<input type="text"/>	<input type="text"/>	J <input type="text"/>
Depreciation expenses	<input type="text"/>	<input type="text"/>	K <input type="text"/>
Motor vehicle expenses	<input type="text"/>	<input type="text"/>	L <input type="text"/>
Repairs and maintenance	<input type="text"/>	<input type="text"/>	M <input type="text"/>
All other expenses	<input type="text"/>	<input type="text"/>	N <input type="text"/>
Total expenses – labels P to N	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>	O <input type="text"/> / <input type="text"/>

Reconciliation items

<i>Add:</i> Income reconciliation adjustments	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>	A <input type="text"/> / <input type="text"/>
<i>Add:</i> Expense reconciliation adjustments	<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/>	B <input type="text"/> / <input type="text"/>
Net income or loss from business	Q <input type="text"/> / <input type="text"/>	R <input type="text"/> / <input type="text"/>	S <input type="text"/> / <input type="text"/>

Net small business income **V** -00

6 Tax withheld

Tax withheld where ABN not quoted **T** -00
 Credit for tax withheld – foreign resident withholding (excluding capital gains) **U** -00

7 Credit for interest on early payments
– amount of interest

W

8 Partnerships and trusts
Primary production

Distribution from partnerships **A** -00 /

Share of net income from trusts **Z** -00 /

Deductions relating to amounts shown at **A** and **Z** **S** -00

Net primary production amount -00 /

Non-primary production

Distribution from partnerships, less foreign income **B** -00 /

Share of net income from trusts, less capital gains, foreign income and franked distributions **R** 5,759,207 -00 / U

Deductions relating to amounts shown at **B** and **R** **T** -00

Franked distributions from trusts **F** -00

Deductions relating to franked distributions from trusts in label **F** **G** -00

Net non-primary production amount 5,759,207 -00 /

Capital gains from another trust and net foreign capital gains need to be included at item **21**.
Amounts of foreign income must be included at item **22** or **23**.

Share of credits from income

Share of credit for tax withheld where ABN not quoted **C** -00

Share of franking credits from franked distributions **D**

Share of credit for TFN amounts withheld from interest, dividends and unit trust distributions **E**

Credit for TFN amounts withheld from payments from closely held trusts **O**

Share of credit for tax withheld – foreign resident withholding (excluding capital gains) **U** -00

9 Rent

Gross rent **F** -00

Interest deductions **G** -00

Capital works deductions **X** -00

Other rental deductions **H** -00

Net rent -00 /

10 Forestry managed investment scheme income

Q -00

11 Gross interest – including Australian Government loan interest

J 52 -00

TFN amounts withheld from gross interest **I**

12 Dividends

Unfranked amount **K** -00

Franked amount **L** -00

Franking credit **M** -00

TFN amounts withheld from dividends **N**

Foreign income

22 Attributed foreign income

Did you have overseas branch operations or a direct or indirect interest in a foreign trust, foreign company, controlled foreign entity or transferor trust?

S Yes No

Listed country M .00

Unlisted country X .00

If you answered **Yes** at label **S**, complete and attach an *International dealings schedule 2020*.
Do you need to complete a *Losses schedule 2020*?

23 Other assessable foreign source income – other than income shown at item 22

Gross B .00 Net V .00 /

Foreign income tax offset Z

Also include at label **D** Australian franking credits from a New Zealand franking company that you have received indirectly through a partnership or trust.

Australian franking credits from a New Zealand franking company D .00

24 Total of items 20 to 23 Add the boxes 5,606,369 .00 /

25 Tax losses deducted C .00

26 Total net income or loss Subtract item **25** from item **24**. 5,606,369 .00 /

27 Losses information

A *Losses schedule 2020* must also be completed and attached if the sum of labels **U** and **V** is greater than \$100,000 or if the trust is a listed widely held trust and failed the majority ownership test for a loss.

Tax losses carried forward to later income years U .00

Net capital losses carried forward to later income years V .00

28 Landcare and water facility tax offset

Landcare and water facility tax offset brought forward from prior years G .00

Trust TFN 991557854

Overseas transactions / thin capitalisation

29 Overseas transactions

Was the aggregate amount of your transactions or dealings with international related parties (including the value of any property/service transferred or the balance of any loans) greater than \$2 million? **W** Yes No

Did the thin capitalisation provisions affect you? **O** Yes No

Interest expenses overseas **D** -00

Royalty expenses overseas **E** -00

If you answered **Yes** at label **W** or **O** or completed **D** or **E**, complete and attach the *International dealings schedule 2020*.

Was any beneficiary who was not a resident of Australia at any time during the income year, 'presently entitled' to a share of the income of the trust? **A** Yes No

If you answered **Yes** at label **A**, attach the information requested in the instructions.

Transactions with specified countries

Did you directly or indirectly send to, or receive from, one of the countries specified in the instructions, any funds or property **or**

Do you have the ability or expectation to control, whether directly or indirectly, the disposition of any funds, property, assets or investments located in, or located elsewhere but controlled or managed from one of those countries? **C** Yes No

30 Personal services income

Does your income include an individual's personal services income (PSI)? **N** Yes No

Total amount of PSI included at item 5 income labels **A** -00

Total amount of deductions against PSI included at item 5 expense labels **B** -00

Did you satisfy the results test in respect of any individual? **C** Yes No

Do you hold a personal services business (PSB) determination in respect of any individual? **D** Yes No

For any individual for whom you did not satisfy the results test or hold a PSB determination, and each source of their PSI income yielded less than 80% of their total PSI, indicate if you satisfied any of the following personal services business tests – print X in the appropriate box(es).

Unrelated clients test **E1** Employment test **E2** Business premises test **E3**

Taxation of financial arrangements

31 Taxation of financial arrangements(TOFA)

Total TOFA gains **M** -00

Total TOFA losses **N** -00

32 Non-concessional MIT income (NCMI)

Business income
Primary production Non-concessional MIT income (NCMI) **A** **00**

Excluded from NCMI **B** **00**

Amounts shown at A and B must also be included at 5G PP – Other business income

Non-primary production Non-concessional MIT income (NCMI) **C** **00**

Excluded from NCMI **D** **00**

Amounts shown at C and D must also be included at 5H Non – PP – Other business income

Partnerships and Trusts
Primary production Non-concessional MIT income (NCMI) **E** **00**

Excluded from NCMI **F** **00**

Amounts shown at E and F must also be included at 8A Distribution from partnerships

Non-concessional MIT income (NCMI) **G** **00**

Excluded from NCMI **H** **00**

Amounts shown at G and H must also be included at 8Z Share of net income from trusts

Non-Primary production Non-concessional MIT income (NCMI) **I** **00**

Excluded from NCMI **J** **00**

Amounts shown at I and J must also be included at 8B Distribution from partnerships, less foreign income

Non-concessional MIT income (NCMI) **K** **00**

Excluded from NCMI **L** **00**

Amounts shown at K and L must also be included at 8R Share of net income from trusts, less capital gains, foreign income and franked distributions

Capital gains NCMI **X** **00**

Excluded from NCMI **Z** **00**

Amounts shown at X and Z must also be included in the calculation of the amount at 21A Net capital gain.

Trust TFN 991557854

Key financial information

33 All current assets	F	6,741,881	.00
34 Total assets	G	7,475,882	.00
35 All current liabilities	I	1,549,386	.00
36 Total liabilities	J	1,549,386	.00

Business and professional items**37 Business name of main business**

TRILOGY GROUP HOLDINGS TRUST

38 Business address of main business

LEVEL 23, 10 EAGLE STREET

Suburb/town

BRISBANE

State/territory

QLD

Postcode

A 4001

39 Opening stock	C	<input type="text" value="00"/>	44 Total salary and wage expenses	L	<input type="text" value="00"/>	CODE <input type="text"/>
40 Purchases and other costs	B	<input type="text" value="00"/>	45 Payments to associated persons	M	<input type="text" value="00"/>	
41 Closing stock	D	<input type="text" value="00"/>	46 Fringe benefit employee contributions	T	<input type="text" value="00"/>	
42 Trade debtors	E	<input type="text" value="00"/>	47 Unpaid present entitlement to a private company	Y	<input type="text" value="00"/>	CODE <input type="text"/>
43 Trade creditors	H	<input type="text" value="1,549,386 00"/>	48 Trading stock election	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

49 Capital allowances

Depreciating assets first deducted in this income year

Intangible depreciating assets first deducted **A** \$

Other depreciating assets first deducted **B** \$

Have you self-assessed the effective life of any of these assets? **C** Yes No

For all depreciating assets

Did you recalculate the effective life for any of your assets this income year? **D** Yes No

Total adjustable values at end of income year **E** \$

Assessable balancing adjustments on the disposal of intangible depreciating assets **F** \$

Deductible balancing adjustments on the disposal of intangible depreciating assets **G** \$

Termination value of intangible depreciating assets **H** \$

Termination value of other depreciating assets **I** \$

Deduction for project pool **J** \$

Section 40-880 deduction **K** \$

Landcare operations and deduction for decline in value of water facility, fencing asset and fodder storage asset **L** \$

50 Small business entity simplified depreciation

Deduction for certain assets **A** -00

Deduction for general small business pool **B** -00

51 National rental affordability scheme

National rental affordability scheme tax offset entitlement **F**

52 Other refundable tax offsets

G / CODE

53 Non- refundable carry forward tax offsets

Early stage venture capital limited partnership tax offset **H**

Early stage investor tax offset **I**

54 Medicare levy reduction or exemption

Spouse's 2019 –20 taxable income – if nil write '0' **A** 0 -00

Number of dependent children and students **B**

Full Medicare levy exemption – number of days **C** / CODE

Half Medicare levy exemption – number of days **D**

Medicare levy surcharge and private health insurance tax offset

If the trust is liable for the Medicare levy surcharge or entitled to the private health insurance tax offset, refer to the instructions.

55 Income of the trust estate **A** 5,606,369 -00

Statement of distribution**56 Statement of distribution****Distribution details**

Complete the distribution details on the following pages for **BENEFICIARY 1** to 3 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 three 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 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.

56 Statement of distribution – continued

BENEFICIARY 1 Tax file number (TFN) Entity code

INDIVIDUAL NAME See the Privacy note in the Taxpayer's declaration.

Title: Mr Mrs Miss Ms Other

Surname or family name

First given name Other given names

OR

NON-INDIVIDUAL NAME (company, partnership, trust etc.)

Residential address for individuals or business address for non individuals

Suburb/town State/territory Postcode
(Australia only) (Australia only)

Country if outside Australia

Date of birth

Assessment calculation code	V	<input type="text" value="34"/>	Share of credit for TFN amounts withheld from payments from closely held trusts	O	<input type="text"/>	
Share of income of the trust estate	W	<input type="text" value="2,522,866"/> .00	Capital gains	F	<input type="text"/> .00	
Share of credit for tax withheld – foreign resident withholding (excluding capital gains)	L	<input type="text"/> .00	NCMI capital gains	F1	<input type="text"/> .00	
Australian franking credits from a New Zealand franking company	N	<input type="text"/> .00	Excluded from NCMI capital gains	F2	<input type="text"/> .00	
Share of income	Primary production	A	<input type="text" value="0"/> .00	Share of credit for foreign resident capital gains withholding amounts	Z	<input type="text"/>
	PP - NCMI	A1	<input type="text"/> .00	Attributed foreign income	G	<input type="text"/> .00
	PP - Excluded from NCMI	A2	<input type="text"/> .00	Other assessable foreign source income	H	<input type="text"/> .00
	Non-primary production	B	<input type="text" value="2,522,866"/> .00	Foreign income tax offset	I	<input type="text"/>
	Non - PP NCMI	B1	<input type="text"/> .00	Share of National rental affordability scheme tax offset	R	<input type="text"/>
Non - PP Excluded from NCMI	B2	<input type="text"/> .00	Exploration credits distributed	M	<input type="text"/> .00	
Credit for tax withheld where ABN not quoted	C	<input type="text"/> .00	Early stage venture capital limited partnership tax offset	T	<input type="text"/>	
Franked distributions	U	<input type="text"/> .00	Early stage investor tax offset	J	<input type="text"/>	
Franking credit	D	<input type="text"/>	Div 6AA Eligible income	C1	<input type="text"/> .00	
TFN amounts withheld	E	<input type="text"/>				

56 Statement of distribution – continued

Small business income tax offset information

Share of net small business income **Y** **.00**

Non-resident beneficiary additional information

s98(3) assessable amount **J** **.00** s98(4) assessable amount **K** **.00**

TB statement information

For each trustee beneficiary, indicate whether you will be making a TB statement: **TB statement?** Yes No

Tax preferred amounts **P** **.00** Untaxed part of share of net income **Q** **.00**

Annual Trustee Payment report information

Distribution from ordinary or statutory income during income year **S** **.00** Total TFN amounts withheld from payments **T** **.00**

56 Statement of distribution – continued

BENEFICIARY 2 Tax file number (TFN) Entity code **U**

INDIVIDUAL NAME See the Privacy note in the Taxpayer's declaration.

Title: Mr Mrs Miss Ms Other

Surname or family name

First given name

Other given names

OR

NON-INDIVIDUAL NAME (company, partnership, trust etc.)

JCB PENSION FUND

Residential address for individuals or business address for non individuals

153 SEAFORTH CRESCENT

Suburb/town

SEAFORTH

State/territory

NSW
(Australia only)

Postcode

2092
(Australia only)

Country if outside Australia

Day Month Year

Date of birth

Assessment calculation code	V	<input type="text" value="35"/>		Share of credit for TFN amounts withheld from payments from closely held trusts	O	<input type="text"/>
Share of income of the trust estate	W	<input type="text" value="1,401,592"/>	<input type="text" value="00"/>	Capital gains	F	<input type="text" value="00"/>
Share of credit for tax withheld – foreign resident withholding (excluding capital gains)	L	<input type="text"/>	<input type="text" value="00"/>	NCMI capital gains	F1	<input type="text" value="00"/>
Australian franking credits from a New Zealand franking company	N	<input type="text"/>	<input type="text" value="00"/>	Excluded from NCMI capital gains	F2	<input type="text" value="00"/>
Primary production	A	<input type="text" value="0"/>	<input type="text" value="00"/>	Share of credit for foreign resident capital gains withholding amounts	Z	<input type="text"/>
PP - NCMI	A1	<input type="text"/>	<input type="text" value="00"/>	Attributed foreign income	G	<input type="text" value="00"/>
PP - Excluded from NCMI	A2	<input type="text"/>	<input type="text" value="00"/>	Other assessable foreign source income	H	<input type="text" value="00"/>
Non-primary production	B	<input type="text" value="1,401,592"/>	<input type="text" value="00"/>	Foreign income tax offset	I	<input type="text"/>
Non - PP NCMI	B1	<input type="text"/>	<input type="text" value="00"/>	Share of National rental affordability scheme tax offset	R	<input type="text"/>
Non - PP Excluded from NCMI	B2	<input type="text"/>	<input type="text" value="00"/>	Exploration credits distributed	M	<input type="text" value="00"/>
Credit for tax withheld where ABN not quoted	C	<input type="text"/>	<input type="text" value="00"/>	Early stage venture capital limited partnership tax offset	T	<input type="text"/>
Franked distributions	U	<input type="text"/>	<input type="text" value="00"/>	Early stage investor tax offset	J	<input type="text"/>
Franking credit	D	<input type="text"/>		Div 6AA Eligible income	C1	<input type="text" value="00"/>
TFN amounts withheld	E	<input type="text"/>				

56 Statement of distribution – continued

Small business income tax offset information

Share of net small business income **Y** **00**

Non-resident beneficiary additional information

s98(3) assessable amount **J** **00** s98(4) assessable amount **K** **00**

TB statement information

For each trustee beneficiary, indicate whether you will be making a TB statement: **TB statement?** Yes No

Tax preferred amounts **P** **00** Untaxed part of share of net income **Q** **00**

Annual Trustee Payment report information

Distribution from ordinary or statutory income during income year **S** **00** Total TFN amounts withheld from payments **T** **00**

56 Statement of distribution – continued

BENEFICIARY 3 Tax file number (TFN) Entity code **U**

See the Privacy note in the Taxpayer's declaration.

INDIVIDUAL NAME

Title: Mr Mrs Miss Ms Other

Surname or family name

First given name Other given names

OR
NON-INDIVIDUAL NAME (company, partnership, trust etc.)

Residential address for individuals or business address for non individuals

Suburb/town State/territory Postcode

Country if outside Australia

Date of birth

Assessment calculation code	V <input type="text" value="35"/>	Share of credit for TFN amounts withheld from payments from closely held trusts	O <input type="text"/>
Share of income of the trust estate	W <input type="text" value="560,637"/> ·00	Capital gains	F <input type="text"/> ·00
Share of credit for tax withheld – foreign resident withholding (excluding capital gains)	L <input type="text"/> ·00	NCMI capital gains	F1 <input type="text"/> ·00
Australian franking credits from a New Zealand franking company	N <input type="text"/> ·00	Excluded from NCMI capital gains	F2 <input type="text"/> ·00
Primary production	A <input type="text" value="0"/> ·00 <input type="checkbox"/> <small>LOSS</small>	Share of credit for foreign resident capital gains withholding amounts	Z <input type="text"/>
PP - NCMI	A1 <input type="text"/> ·00	Attributed foreign income	G <input type="text"/> ·00
PP - Excluded from NCMI	A2 <input type="text"/> ·00	Other assessable foreign source income	H <input type="text"/> ·00 <input type="checkbox"/> <small>LOSS</small>
Non-primary production	B <input type="text" value="560,637"/> ·00 <input type="checkbox"/> <small>LOSS</small>	Foreign income tax offset	I <input type="text"/>
Non - PP NCMI	B1 <input type="text"/> ·00	Share of National rental affordability scheme tax offset	R <input type="text"/>
Non - PP Excluded from NCMI	B2 <input type="text"/> ·00	Exploration credits distributed	M <input type="text"/> ·00
Credit for tax withheld where ABN not quoted	C <input type="text"/> ·00	Early stage venture capital limited partnership tax offset	T <input type="text"/>
Franked distributions	U <input type="text"/> ·00	Early stage investor tax offset	J <input type="text"/>
Franking credit	D <input type="text"/>	Div 6AA Eligible income	C1 <input type="text"/> ·00
TFN amounts withheld	E <input type="text"/>		

56 Statement of distribution – continued**Small business income tax offset information**Share of net small business income **Y** **.00****Non-resident beneficiary additional information**s98(3) assessable amount **J** **.00** s98(4) assessable amount **K** **.00****TB statement information**For each trustee beneficiary, indicate whether you will be making a TB statement: **TB statement?** Yes No Tax preferred amounts **P** **.00** Untaxed part of share of net income **Q** **.00****Annual Trustee Payment report information**Distribution from ordinary or statutory income during income year **S** **.00** Total TFN amounts withheld from payments **T** **.00**

56 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 code	V	<input type="text"/>		Share of credit for TFN amounts withheld from payments from closely held trusts	O	<input type="text"/>	
	Share of income of the trust estate	W	<input type="text"/>	.00	Capital gains	F	<input type="text"/>	.00
	Share of credit for tax withheld – foreign resident withholding (excluding capital gains)	L	<input type="text"/>	.00	NCMI capital gains	F1	<input type="text"/>	.00
	Australian franking credits from a New Zealand franking company	N	<input type="text"/>	.00	Excluded from NCMI capital gains	F2	<input type="text"/>	.00
Share of income	Primary production	A	<input type="text"/>	0 .00	Share of credit for foreign resident capital gains withholding amounts	Z	<input type="text"/>	
	PP - NCMI	A1	<input type="text"/>	.00	Attributed foreign income	G	<input type="text"/>	.00
	PP - Excluded from NCMI	A2	<input type="text"/>	.00	Other assessable foreign source income	H	<input type="text"/>	.00
	Non-primary production	B	<input type="text"/>	.00	Foreign income tax offset	I	<input type="text"/>	
	Non - PP NCMI	B1	<input type="text"/>	.00	Share of National rental affordability scheme tax offset	R	<input type="text"/>	
	Non - PP Excluded from NCMI	B2	<input type="text"/>	.00	Share of other refundable tax offsets	X	<input type="text"/>	
	Credit for tax withheld where ABN not quoted	C	<input type="text"/>	.00	Early stage venture capital limited partnership tax offset	T	<input type="text"/>	
	Franked distributions	U	<input type="text"/>	.00	Early stage venture capital limited partnership tax offset carried forward from previous year	K	<input type="text"/>	
	Franking credit	D	<input type="text"/>		Early stage investor tax offset	J	<input type="text"/>	
	TFN amounts withheld	E	<input type="text"/>		Early stage investor tax offset carried forward from previous year	M	<input type="text"/>	

If you completed labels T,K,J or M, attach the information requested in the instructions

57 Choice for resident trustee to be assessed to capital gains on behalf of beneficiaries

Assessment calculation code X

Amount of capital gains on which the trustee has chosen to be assessed on behalf of beneficiaries Y .00

Items 58 and 59 must be answered for all trusts – if you answer yes to any of these questions, answer Yes to the 'other attachments' question on page 1 of this tax return.

58 Beneficiary under legal disability who is presently entitled to income from another trust

Was any beneficiary in this trust, who was under a legal disability on 30 June 2020, also presently entitled to a share of the income of another trust? Yes No

If yes, or the answer is not known, furnish the information requested in the instructions.

59 Non-resident trust

Is the trust a non-resident trust? Yes No

If yes, state the amount of income derived outside Australia to which no beneficiary is presently entitled. \$.00

Print NIL if applicable.

DECLARATIONS

TAXPAYER'S DECLARATION

Important

Before making this declaration check to ensure that all income has been disclosed and the tax 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 tax return, place all the facts before the ATO. The income tax law imposes heavy penalties for false or misleading statements in tax returns.

This declaration must be signed by a trustee or public officer.

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 beneficiary in our records. It is not an offence not to provide the TFNs. However, if the TFNs are not provided, it could increase the chance of delay or error in each beneficiary's assessment.

Taxation law authorises the ATO to collect information including personal information about the person authorised to sign the declaration. For information about your privacy go to ato.gov.au/privacy

DECLARATION:

I declare that the information on this tax return, including any attached schedules and additional documentation is true and correct.

Signature



Date

Day	Month	Year
3	2	2021

Hours taken to prepare and complete this tax return

TAX AGENT'S DECLARATION

I,

declare that this tax return has been prepared in accordance with information supplied by the taxpayer, that the taxpayer has given me a declaration stating that the information provided to me is true and correct and that the taxpayer has authorised me to lodge the tax return.

Agent's signature



Client's reference

Date

Day	Month	Year
4	2	2021

Contact name

Agent's phone number (include area code)

Agent's reference number

Office use only

Indics X

Electronic lodgment declaration

This declaration is to be completed where the tax return is to be lodged via the Australian Tax Office (ATO)'s Standard Business Reporting (SBR) service. 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

Your tax file number (TFN)

It is not an offence not to quote your (or if applicable, the partner's or beneficiary's) TFN. However, you cannot lodge your tax return electronically if you do not quote your TFN. The ATO is authorised by the Income Tax Assessment Act 1936 and the Income Tax Assessment Act 1997 to ask for information on this tax return.

The Australian Business Register (ABR)

The Commissioner of Taxation, as Registrar of the ABR, may use the Australian Business Number (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 ABR website (www.abr.gov.au) for further information - it outlines our commitment to safeguarding your details.

Electronic funds transfer (EFT) - direct debit

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

Entity details

Tax file number	991557854
Year	2020
Name of trust	TRILOGY GROUP HOLDINGS TRUST
Total income/(loss)	\$ 5,759,259
Total deductions	\$ 152,890
Taxable income/(loss)	\$ 5,606,369

I authorise my tax agent to electronically transmit this tax return via the SBR service.
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 ATO. The tax law provides heavy penalties for false or misleading statements on tax returns.

I declare that:

- All of 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.

Name of partner, trustee, director or public officer

JUSTIN SMART

Signature

Date


3/2/21

Electronic funds transfer (EFT) consent

This declaration is to be completed when an EFT of a refund is requested and the tax return is being lodged through the SBR service.

This declaration must be signed by the partner, trustee, director or public officer prior to the EFT details being transmitted to the ATO. 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.

Agent's reference number 16226058
 Account name _____
 BSB number _____
 Account number _____

I authorise the refund to be deposited directly to the specified account

Signature _____
 Date _____

Tax agent's certificate (shared facilities only)

I declare that:
 • I have prepared this tax return in accordance with the information supplied by the partner, trustee, director or public officer
 • I have received a declaration made by the entity that the information provided to me for the preparation of this tax return is true and correct, and
 • I am authorised by the partner, trustee, director or public officer to lodge this tax return, including any applicable schedules.

Agent's signature *@ggawal*
 Date 4 / 2 / 2021

Client reference 15161514
 Contact name PRICEWATERHOUSECOOPERS
 Area code 07
 Telephone number 32575193
 Reference number 16226058

Beneficiary 3
 44808760
 S

PHILIP ASHLEY RYAN & JONATHON JAMES MCCARTHY ATF PA RYAN PENSION FUND
 25 BRISBANE CORSO
 FAIRFIELD
 QLD
 4103

Beneficiary 4
 751512782
 T

DRANLEX PTY LTD ATF RYAN FAMILY TRUST
 25 BRISBANE CORSO
 FAIRFIELD
 QLD
 4103

Beneficiary 5
 502613691
 S

CLAREBROOK SUPERANNUATION FUND
 16 SIXTH AVENUE
 SANDGATE
 QLD
 4017

Beneficiary 6
 505403396
 T

CLAREBROOK FAMILY TRUST NO 2
 16 SIXTH AVENUE
 SANDGATE
 QLD
 4017

Beneficiary 3

35
 Inter Vivos - Resident
 beneficiary - A trustee
 \$ 560,637

Beneficiary 4

35
 Inter Vivos - Resident
 beneficiary - A trustee
 \$ 560,637

Beneficiary 5

35
 Inter Vivos - Resident
 beneficiary - A trustee
 \$ 306,108

Beneficiary 6

35
 Inter Vivos - Resident
 beneficiary - A trustee
 \$ 254,529

560,637
 560,637
 560,637

560,637
 560,637
 560,637

306,108
 306,108
 306,108

254,529
 254,529
 254,529