

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		Day	Month	Year
01	07	2019	to	30	06	2020

or specify period if part year or approved substitute period.

! 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 **X** in all applicable boxes.

Trust information**Tax file number (TFN)** 991557854

See the Privacy note in the Taxpayer's declaration.

Have you attached any 'other attachments'? Yes ☐ No ☒**Name of trust**

TRILOGY GROUP HOLDINGS TRUST

Australian business number (ABN) 58296134223**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 address**If the address has not changed, print it **exactly** as shown on the last notice of assessment or the last tax return lodged.

C/- PRICEWATERHOUSECOOPERS - GROUP 1

GPO BOX 150

Suburb/town

BRISBANE

Country if outside Australia

State/territory

QLD

Postcode

4001

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. Print **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 If 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** **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 applicableConsolidated subsidiary member **Z2** ☐**Entity status**Significant global entity **G1** ☐Country by country reporting entity **G2** ☐

Trust TFN

991557854

Income excluding foreign income**5 Business income and expenses**

WHOLE DOLLARS ONLY

Primary production

Non-primary production

Totals

IncomeGross payments where
ABN not quoted

C

D

Gross payments subject to
foreign resident withholding
(excluding capital gains)

B

Assessable government
industry payments

E

CODE

/

F

CODE

/

Other business income

G

H

Total business income

/

/

ExpensesForeign resident withholding
expenses (excluding capital gains)

P

Contractor, sub-contractor and
commission expenses

C

Superannuation expenses

D

Cost of sales

/

E

Bad debts

F

Lease expenses

G

Rent expenses

H

Total interest expenses

I

Total royalty expenses

J

Depreciation expenses

K

Motor vehicle expenses

L

Repairs and maintenance

M

All other expenses

N

Total expenses – labels P to N

/

/

O

Reconciliation itemsAdd: Income reconciliation
adjustments

/

A

Add: Expense reconciliation
adjustments

/

B

**Net income or loss
from business**

Q

R

S

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** .00Net 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 / UDeductions relating to amounts shown at **B** and **R** **T** .00Franked distributions from trusts **F** .00Deductions relating to franked distributions from trusts in label **F** **G** .00Net 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** .00Share 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** .00Interest deductions **G** .00Capital works deductions **X** .00Other rental deductions **H** .00Net rent .00 /
10 Forestry managed investment scheme income
Q .00
11 Gross interest – including Australian Government loan interest
J 52 .00TFN amounts withheld from gross interest **I**
12 Dividends
Unfranked amount **K** .00Franked amount **L** .00Franking credit **M** .00TFN amounts withheld from dividends **N**

Trust TFN 991557854

13 Superannuation lump sums and employment termination payments

Death benefit superannuation lump sum where the beneficiary is a non-dependant

Taxed element	V		.00
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Untaxed element	W		-00
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Death benefit employment termination payment where the beneficiary is a dependant

Taxable component	X	00
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Death benefit employment termination payment where the beneficiary is a non-dependant

Taxable component	Y		-00
-------------------	---	--	-----

14 Other Australian income – give details

Type of income	Excepted net income	
		.00

0 .00/

15 Total of items 5 to 14

Add the boxes. 5 759 259 .00

Deductions

16 Deductions relating to:

Australian investment income P .00

Franked distributions R .00

Deductions relating to franked distributions should **not** include deductions included at **G** item 8.

17 Forestry managed investment scheme deduction

D **.00**

18 Other deductions – show only deductions not claimable at any other item

Name of each item of deduction

OTHER EXPENSES

Amount

152.890 ~~00~~

Q 152.890 00

19 Total of items 16 to 18

152,890 ~~.00~~

20 Net Australian income or loss
– other than capital gains

Subtract item 19
from item 15. \$

5,606,369	-00
-----------	-----

21 Capital gains

Do you need to complete a *Capital gains tax (CGT) schedule 2020*?

Did you have a CGT event during the year?

G Yes ☐ No ☒ Answer Yes at **G** if the trust had an amount of capital gains from another trust.

Have you applied an exemption or rollover?

M Yes ☐ No ☐ / ☐ **CODE**

Net capital gain **A** **00**

Credit for foreign resident capital gains withholding amounts

B _____

Sensitive (when completed)

TRUST TAX RETURN 2020

Trust Name: TRILOGY GROUP HOLDINGS TRUST

TFN: 991557854

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

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

Non-primary productionNon-concessional MIT income (NCMI) **C** 00Excluded 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** 00Excluded 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** 00Excluded from NCMI **H** 00

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

Non-Primary productionNon-concessional MIT income (NCMI) **I** 00Excluded 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** 00Excluded 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 gainsNCMI **X** 00Excluded 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 **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.)****Residential address for individuals or business address for non individuals**

Suburb/town

State/territory

(Australia only)

Postcode

(Australia only)

Country if outside Australia

Date of birth

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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) 458738733 Entity code U S

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

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 NAMETitle: 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

(Australia only)

(Australia only)

Date of birth

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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 <input type="text"/> .00 / <input type="text"/> LOSS	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 LOSS
	PP - Excluded from NCMI	A2 <input type="text"/> .00	Other assessable foreign source income	H	<input type="text"/> .00 / <input type="text"/> LOSS
	Non-primary production	B <input type="text"/> .00 / <input type="text"/> LOSS	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

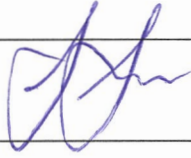
The ATO is authorised by the *Taxation Administration Act 1953* to request the provision of tax file numbers (TFNs). The ATO will use the TFNs to identify each beneficiary in our records. It is not an offence not to provide the TFNs. However, if the TFNs are not provided, it could increase the chance 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

Indices 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:

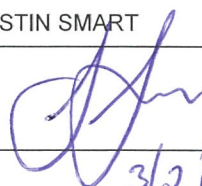
- All of the information provided to the agent for the preparation of this tax return, including any applicable schedules is true and correct, and
- the agent is authorised to lodge this tax return.

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



Date

4 / 2 / 2021

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

[illegible]

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
	560,637
	560,637

Beneficiary 4

35
Inter Vivos - Resident
beneficiary - A trustee

\$	560,637
	560,637
	560,637

Beneficiary 5

35
Inter Vivos - Resident
beneficiary - A trustee

\$	306,108
	306,108
	306,108

Beneficiary 6

35
Inter Vivos - Resident
beneficiary - A trustee

\$	254,529
	254,529
	254,529