

For the year Jan. 1-Dec. 31, 2016, or other tax year beginning , 2016, ending , 20

See separate instructions.

Your first name and initial: **ROBERT F** Last name: **O'ROURKE** Your social security number: [REDACTED]

If a joint return, spouse's first name and initial: **AMY S** Last name: **O'ROURKE** Spouse's social security number: [REDACTED]

Home address (number and street). If you have a P.O. box, see instructions. [REDACTED] Apt. no. [REDACTED]

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **EL PASO TX 79902**

Foreign country name Foreign province/state/county Foreign postal code

Presidential Election Campaign
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. You Spouse

Filing Status

1 Single
 2 Married filing jointly (even if only one had income)
 3 Married filing separately. Enter spouse's SSN above and full name here. 4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. 5 Qualifying widow(er) with dependent child

Check only one box.

Exemptions

6a Yourself. If someone can claim you as a dependent, do not check box 6a
 6b Spouse

c Dependents:

| (1) First name | Last name | (2) Dependent's social security number | (3) Dependent's relationship to you | (4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions) |
|----------------|-----------|--|-------------------------------------|--|
| ULYSSES F | O'ROURKE | [REDACTED] | SON | <input checked="" type="checkbox"/> |
| MOLLY H | O'ROURKE | [REDACTED] | DAUGHTER | <input checked="" type="checkbox"/> |
| HENRY J | O'ROURKE | [REDACTED] | SON | <input checked="" type="checkbox"/> |

If more than four dependents, see instructions and check here

d Total number of exemptions claimed **5**

Boxes checked on 6a and 6b: 2
 No. of children on 6c who:
 • lived with you: 3
 • did not live with you due to divorce or separation (see instructions):
 Dependents on 6c not entered above:
 Add numbers on lines above: **5**

Income

| | | | | |
|-----|---|---------|----------------------------|----------|
| 7 | Wages, salaries, tips, etc. Attach Form(s) W-2 | STMT. 1 | 7 | 202,686. |
| 8a | Taxable interest. Attach Schedule B if required | | 8a | 42,380. |
| b | Tax-exempt interest. Do not include on line 8a | 8b | | |
| 9a | Ordinary dividends. Attach Schedule B if required | | 9a | 8,334. |
| b | Qualified dividends | STMT. 1 | 9b | 1,231. |
| 10 | Taxable refunds, credits, or offsets of state and local income taxes | | 10 | |
| 11 | Alimony received | | 11 | |
| 12 | Business income or (loss). Attach Schedule C or C-EZ | | 12 | |
| 13 | Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> | | 13 | -3,000. |
| 14 | Other gains or (losses). Attach Form 4797 | | 14 | -273. |
| 15a | IRA distributions | 15a | b Taxable amount | 15b |
| 16a | Pensions and annuities | 16a | b Taxable amount | 16b |
| 17 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | | 17 | 32,357. |
| 18 | Farm income or (loss). Attach Schedule F | | 18 | |
| 19 | Unemployment compensation | | 19 | |
| 20a | Social security benefits | 20a | b Taxable amount | 20b |
| 21 | Other income. List type and amount SEE STATEMENT 2 | | 21 | 48,918. |
| 22 | Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶ | | 22 | 331,402. |

Adjusted Gross Income

| | | | |
|-----|--|-----|----------|
| 23 | Educator expenses | 23 | |
| 24 | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ | 24 | |
| 25 | Health savings account deduction. Attach Form 8889 | 25 | |
| 26 | Moving expenses. Attach Form 3903 | 26 | |
| 27 | Deductible part of self-employment tax. Attach Schedule SE | 27 | 3,455. |
| 28 | Self-employed SEP, SIMPLE, and qualified plans | 28 | |
| 29 | Self-employed health insurance deduction | 29 | |
| 30 | Penalty on early withdrawal of savings | 30 | |
| 31a | Alimony paid b Recipient's SSN ▶ | 31a | |
| 32 | IRA deduction | 32 | |
| 33 | Student loan interest deduction | 33 | |
| 34 | Tuition and fees. Attach Form 8917 | 34 | |
| 35 | Domestic production activities deduction. Attach Form 8903 | 35 | |
| 36 | Add lines 23 through 35 | 36 | 3,455. |
| 37 | Subtract line 36 from line 22. This is your adjusted gross income ▶ | 37 | 327,947. |

Table with 3 columns: Description, Amount, and Total. Rows include Tax and Credits (38-56), Other Taxes (57-63), Payments (64-74), Refund (75-77), and Amount You Owe (78-79).

Third Party Designee section with fields for Designee's name, Phone no., and Personal identification number (PIN).

Sign Here section with fields for Your signature, Date, Your occupation, and Spouse's signature, Date, Spouse's occupation.

Paid Preparer Use Only section with fields for Print/Type preparer's name, Preparer's name, Date, Firm's name, Firm's address, Firm's EIN, and Phone no.

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

2016
Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

► Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.

► Attach to Form 1040.

| | | | | |
|---|--|---|-----------------|---------|
| Name(s) shown on Form 1040 ROBERT F O'ROURKE & AMY S O'ROURKE | | Your social security number [REDACTED] | | |
| Medical and Dental Expenses | Caution: Do not include expenses reimbursed or paid by others. | | | |
| | 1 Medical and dental expenses (see instructions) | 1 | | |
| | 2 Enter amount from Form 1040, line 38 | 2 | | |
| | 3 Multiply line 2 by 10% (0.10). But if either you or your spouse was born before January 2, 1952, multiply line 2 by 7.5% (0.075) instead | 3 | | |
| 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | 4 | | | |
| Taxes You Paid | 5 State and local (check only one box): | 5 | | |
| | a <input type="checkbox"/> Income taxes, or | | 2,840. | |
| | b <input checked="" type="checkbox"/> General sales taxes | | | |
| | 6 Real estate taxes (see instructions) | 6 | 4,582. | |
| | 7 Personal property taxes | 7 | | |
| | 8 Other taxes. List type and amount ► | 8 | | |
| | 9 Add lines 5 through 8 | 9 | | 7,422. |
| | Interest You Paid | 10 Home mortgage interest and points reported to you on Form 1098 | 10 | 13,687. |
| 11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ► | | 11 | | |
| 12 Points not reported to you on Form 1098. See instructions for special rules | | 12 | | |
| 13 Mortgage insurance premiums (see instructions) | | 13 | | |
| 14 Investment interest. Attach Form 4952 if required. (See instructions.) | | 14 | 35,248. | |
| 15 Add lines 10 through 14 | | 15 | | 48,935. |
| Gifts to Charity | 16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions | 16 | 857. | |
| | 17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500 | 17 | | |
| | 18 Carryover from prior year | 18 | | |
| | 19 Add lines 16 through 18 | 19 | | 857. |
| Casualty and Theft Losses | 20 Casualty or theft loss(es). Attach Form 4684. (See instructions.) | 20 | | |
| Job Expenses and Certain Miscellaneous Deductions | 21 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ► | 21 | 3,000. | |
| | 22 Tax preparation fees | 22 | | |
| | 23 Other expenses - investment, safe deposit box, etc. List type and amount ► | 23 | 16,912. | |
| | 24 Add lines 21 through 23 | 24 | 19,912. | |
| | 25 Enter amount from Form 1040, line 38 | 25 | 327,947. | |
| | 26 Multiply line 25 by 2% (0.02) | 26 | 6,559. | |
| | 27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- | 27 | | 13,353. |
| Other Miscellaneous Deductions | 28 Other - from list in instructions. List type and amount ► | 28 | SEE STATEMENT 4 | 950. |
| Total Itemized Deductions | 29 Is Form 1040, line 38, over \$155,650? SEE STMT 5 | 29 | | 71,018. |
| | <input type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. | | | |
| | <input checked="" type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter. | | | |
| | 30 If you elect to itemize deductions even though they are less than your standard deduction, check here | | | |

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule A (Form 1040) 2016

SCHEDULE B
(Form 1040A or 1040)
(Rev. January 2017)

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Interest and Ordinary Dividends

▶ Attach to Form 1040A or 1040.

▶ Information about Schedule B and its instructions is at www.irs.gov/scheduleb.

OMB No. 1545-0074

2016

Attachment
Sequence No. **08**

ROBERT F O'ROURKE & AMY S O'ROURKE

Your social security number

Part I
Interest

1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see instructions on back and list this interest first. Also, show that buyer's social security number and address ▶

CAPITAL BANK
CAMPR II LIMITED
PEPPERTREE SQUARE, LTD

(See instructions on back and the instructions for Form 1040A, or Form 1040, line 8a.)

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

| | | Amount |
|----------|--|---------|
| | | 73. |
| | | 42,299. |
| | | 8. |
| 1 | | |
| | | |
| | | |
| 2 | | 42,380. |
| 3 | | |
| 4 | | 42,380. |

Note: If line 4 is over \$1,500, you must complete Part III.

Part II
Ordinary Dividends

5 List name of payer ▶

MORGAN STANLEY & CO. INCORPORATED
CAMPR INVESTMENT PARTNERSHIP
CAMPR II LIMITED

(See instructions on back and the instructions for Form 1040A, or Form 1040, line 9a.)

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

| | | Amount |
|----------|--|--------|
| | | 2,456. |
| | | 124. |
| | | 5,754. |
| 5 | | |
| | | |
| | | |
| 6 | | 8,334. |

Note: If line 6 is over \$1,500, you must complete Part III.

Part III
Foreign Accounts and Trusts

(See instructions on back.)

You must complete this part if you **(a)** had over \$1,500 of taxable interest or ordinary dividends; **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

7a At any time during 2016, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions.

If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements

b If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶

8 During 2016, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions on back.

| | Yes | No |
|--|-----|----|
| | | X |
| | | |
| | | X |

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule B (Form 1040A or 1040) 2016

**SCHEDULE D
(Form 1040)**

Capital Gains and Losses

OMB No. 1545-0074

2016

Attachment
Sequence No. **12**

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to Form 1040 or Form 1040NR.**
▶ **Information about Schedule D and its separate instructions is at www.irs.gov/scheduled.**
▶ **Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.**

Name(s) shown on return

Your social security number

ROBERT F O'ROURKE & AMY S O'ROURKE

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below.
This form may be easier to complete if you round off cents to whole dollars.

| | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|--|----------------------------------|---------------------------------|---|---|
| 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b | | | | |
| 1b Totals for all transactions reported on Form(s) 8949 with Box A checked | | | | |
| 2 Totals for all transactions reported on Form(s) 8949 with Box B checked | | | | |
| 3 Totals for all transactions reported on Form(s) 8949 with Box C checked | | | | |
| 4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 4 106. |
| 5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 5 SEE STATEMENT 6 -3,943. |
| 6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions | | | | 6 (9,236.) |
| 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back | | | | 7 -13,073. |

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below.
This form may be easier to complete if you round off cents to whole dollars.

| | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|---|----------------------------------|---------------------------------|--|---|
| 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b | | | | |
| 8b Totals for all transactions reported on Form(s) 8949 with Box D checked | | | | |
| 9 Totals for all transactions reported on Form(s) 8949 with Box E checked | | | | |
| 10 Totals for all transactions reported on Form(s) 8949 with Box F checked | | | | |
| 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 | | | | 11 158. SEE STATEMENT 7 |
| 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 12 -1,985. |
| 13 Capital gain distributions. See the instructions | | | | 13 STMT. 8 1,700. |
| 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions | | | | 14 (1,477,959.) |
| 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on the back | | | | 15 -1,478,086. |

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule D (Form 1040) 2016

Part III Summary

| | | |
|---|---|---|
| <p>16 Combine lines 7 and 15 and enter the result</p> <ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22. <p>17 Are lines 15 and 16 both gains?</p> <p><input type="checkbox"/> Yes. Go to line 18.</p> <p><input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p> <p>18 Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions ▶</p> <p>19 Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the instructions ▶</p> <p>20 Are lines 18 and 19 both zero or blank?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Don't complete lines 21 and 22 below.</p> <p><input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p> <p>21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of:</p> <ul style="list-style-type: none"> • The loss on line 16 or • (\$3,000), or if married filing separately, (\$1,500) } <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p> <p>22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?</p> <p><input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).</p> <p><input type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.</p> | <p>16</p> <p>18</p> <p>19</p> <p>21</p> | <p>-1,491,159.</p> <p></p> <p></p> <p></p> <p>(3,000.)</p> |
|---|---|---|

Qualified Dividends and Capital Gain Tax Worksheet - Line 44

Keep for Your Records

Before you begin: ✓ See the earlier instructions for line 44 to see if you can use this worksheet to figure your tax.
 ✓ Before completing this worksheet, complete Form 1040 through line 43.
 ✓ If you do not have to file Schedule D and you received capital gain distributions, be sure you checked the box on line 13 of Form 1040.

| | | | |
|--|-----|-----------------|-----------------|
| 1. Enter the amount from Form 1040, line 43. However, if you are filing Form 2555 or 2555-EZ (relating to foreign earned income), enter the amount from line 3 of the Foreign Earned Income Tax Worksheet | 1. | <u>239,514.</u> | |
| 2. Enter the amount from Form 1040, line 9b* | 2. | <u>1,231.</u> | |
| 3. Are you filing Schedule D?* | | | |
| <input checked="" type="checkbox"/> Yes. Enter the smaller of line 15 or 16 of Schedule D. If either line 15 or line 16 is blank or a loss, enter -0-. | } | 3. | _____ |
| <input type="checkbox"/> No. Enter the amount from Form 1040, line 13. | | | |
| 4. Add lines 2 and 3 | 4. | <u>1,231.</u> | |
| 5. If filing Form 4952 (used to figure investment interest expense deduction), enter any amount from line 4g of that form. Otherwise, enter -0- | 5. | <u>NONE</u> | |
| 6. Subtract line 5 from line 4. If zero or less, enter -0- | 6. | <u>1,231.</u> | |
| 7. Subtract line 6 from line 1. If zero or less, enter -0- | 7. | <u>238,283.</u> | |
| 8. Enter: \$37,650 if single or married filing separately, \$75,300 if married filing jointly or qualifying widow(er), \$50,400 if head of household. | } | 8. | <u>75,300.</u> |
| | | | |
| 9. Enter the smaller of line 1 or line 8 | 9. | <u>75,300.</u> | |
| 10. Enter the smaller of line 7 or line 9 | 10. | <u>75,300.</u> | |
| 11. Subtract line 10 from line 9. This amount is taxed at 0% | 11. | _____ | |
| 12. Enter the smaller of line 1 or line 6 | 12. | <u>1,231.</u> | |
| 13. Enter the amount from line 11 | 13. | _____ | |
| 14. Subtract line 13 from line 12 | 14. | <u>1,231.</u> | |
| 15. Enter: \$415,050 if single, \$233,475 if married filing separately, \$466,950 if married filing jointly or qualifying widow(er), \$441,000 if head of household. | } | 15. | <u>466,950.</u> |
| | | | |
| 16. Enter the smaller of line 1 or line 15 | 16. | <u>239,514.</u> | |
| 17. Add lines 7 and 11 | 17. | <u>238,283.</u> | |
| 18. Subtract line 17 from line 16. If zero or less, enter -0- | 18. | <u>1,231.</u> | |
| 19. Enter the smaller of line 14 or line 18 | 19. | <u>1,231.</u> | |
| 20. Multiply line 19 by 15% (0.15) | 20. | <u>185.</u> | |
| 21. Add lines 11 and 19 | 21. | <u>1,231.</u> | |
| 22. Subtract line 21 from line 12 | 22. | _____ | |
| 23. Multiply line 22 by 20% (0.20) | 23. | _____ | |
| 24. Figure the tax on the amount on line 7. If the amount on line 7 is less than \$100,000, use the Tax Table to figure the tax. If the amount on line 7 is \$100,000 or more, use the Tax Computation Worksheet | 24. | <u>54,046.</u> | |
| 25. Add lines 20, 23, and 24 | 25. | <u>54,231.</u> | |
| 26. Figure the tax on the amount on line 1. If the amount on line 1 is less than \$100,000, use the Tax Table to figure this tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation Worksheet | 26. | <u>54,453.</u> | |
| 27. Tax on all taxable income. Enter the smaller of line 25 or line 26. Also include this amount on Form 1040, line 44. If you are filing Form 2555 or 2555-EZ, do not enter this amount on Form 1040, line 44. Instead, enter it on line 4 of the Foreign Earned Income Tax Worksheet | 27. | <u>54,231.</u> | |

*If you are filing Form 2555 or 2555-EZ, see the footnote in the Foreign Earned Income Tax Worksheet before completing this line.

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

OMB No. 1545-0074

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

2016

Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040NR, or Form 1041.

▶ Information about Schedule E and its separate instructions is at www.irs.gov/schedulee.

Name(s) shown on return

Your social security number

ROBERT F O'ROURKE & AMY S O'ROURKE

Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions) Yes No

B If "Yes," did you or will you file required Forms 1099? Yes No

| | | | | | |
|-----------|---|--|------------------|-------------------|-----|
| 1a | Physical address of each property (street, city, state, ZIP code) | | | | |
| A | | | | | |
| B | | | | | |
| C | | | | | |
| 1b | Type of Property (from list below) | 2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions. | Fair Rental Days | Personal Use Days | QJV |
| A | | | A | | |
| B | | | B | | |
| C | | | C | | |

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
- 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

| Income: | Properties: | A | B | C |
|--|-------------|-----|-----|-----|
| 3 Rents received | 3 | | | |
| 4 Royalties received | 4 | | | |
| Expenses: | | | | |
| 5 Advertising | 5 | | | |
| 6 Auto and travel (see instructions) | 6 | | | |
| 7 Cleaning and maintenance | 7 | | | |
| 8 Commissions | 8 | | | |
| 9 Insurance | 9 | | | |
| 10 Legal and other professional fees | 10 | | | |
| 11 Management fees | 11 | | | |
| 12 Mortgage interest paid to banks, etc. (see instructions) | 12 | | | |
| 13 Other interest | 13 | | | |
| 14 Repairs | 14 | | | |
| 15 Supplies | 15 | | | |
| 16 Taxes | 16 | | | |
| 17 Utilities | 17 | | | |
| 18 Depreciation expense or depletion | 18 | | | |
| 19 Other (list) ▶ | 19 | | | |
| 20 Total expenses. Add lines 5 through 19 | 20 | | | |
| 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 | 21 | | | |
| 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 | () | () | () |
| 23a Total of all amounts reported on line 3 for all rental properties | 23a | | | |
| b Total of all amounts reported on line 4 for all royalty properties | 23b | | | |
| c Total of all amounts reported on line 12 for all properties | 23c | | | |
| d Total of all amounts reported on line 18 for all properties | 23d | | | |
| e Total of all amounts reported on line 20 for all properties | 23e | | | |
| 24 Income. Add positive amounts shown on line 21. Do not include any losses | 24 | | | |
| 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here | 25 | () | | |
| 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2 | 26 | | | |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2016

Name(s) shown on return. Do not enter name and social security number if shown on other side.

Your social security number

ROBERT F O'ROURKE & AMY S O'ROURKE

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations Note: If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (e) on line 28 and attach Form 6198. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk, excess farm loss, or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section. [] Yes [X] No

Table with 5 columns: (a) Name, (b) Enter P for partnership; S for S corporation, (c) Check if foreign partnership, (d) Employer identification number, (e) Check if any amount is not at risk. Row A: SEE STATEMENT 9

Table with 5 columns: (f) Passive loss allowed, (g) Passive income from Schedule K-1, (h) Nonpassive loss from Schedule K-1, (i) Section 179 expense deduction from Form 4562, (j) Nonpassive income from Schedule K-1. Totals: 5,981, 84,047, 45,709, NONE. Summary rows 30-32: 84,047, (51,690), 32,357.

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer identification number. Rows A and B.

Table with 4 columns: (c) Passive deduction or loss allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1. Totals: 35, 36, 37.

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

Table with 5 columns: (a) Name, (b) Employer identification number, (c) Excess inclusion from Schedules Q, line 2c, (d) Taxable income (net loss) from Schedules Q, line 1b, (e) Income from Schedules Q, line 3b. Row 39: Combine columns (d) and (e) only.

Part V Summary

Summary table with 2 columns: Description, Amount. Rows 40-43: 40 Net farm rental income or (loss) from Form 4835, 41 Total income or (loss), 42 Reconciliation of farming and fishing income, 43 Reconciliation for real estate professionals.

**SCHEDULE SE
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

▶ Information about Schedule SE and its separate instructions is at www.irs.gov/schedulese.

▶ Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2016
Attachment
Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040 or Form 1040NR)

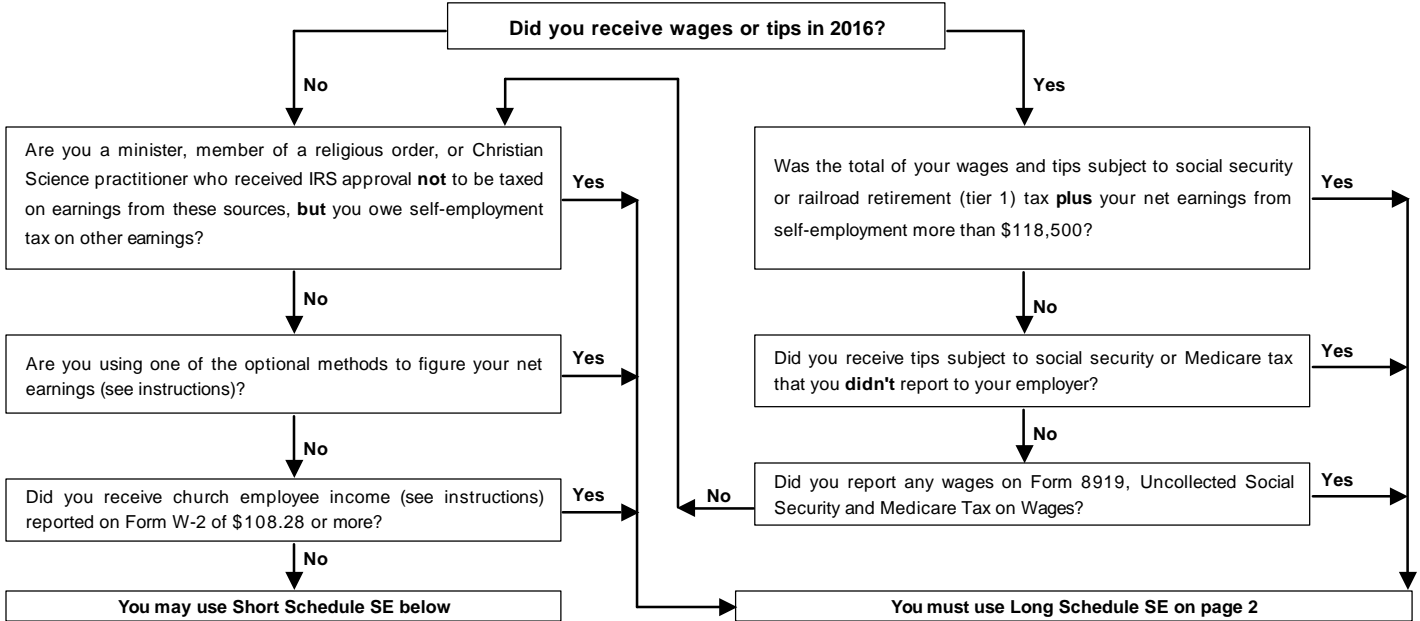
AMY S O'ROURKE

Social security number of person
with self-employment income ▶

Before you begin: To determine if you must file Schedule SE, see the instructions.

May I Use Short Schedule SE or Must I Use Long Schedule SE?

Note. Use this flowchart **only** if you must file Schedule SE. If unsure, see *Who Must File Schedule SE* in the instructions.



Section A - Short Schedule SE. Caution. Read above to see if you can use Short Schedule SE.

| | | | |
|-----------|---|-----------|---------|
| 1a | Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A | 1a | |
| b | If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z | 1b | () |
| 2 | Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report. SEE STATEMENT 12 | 2 | 48,906. |
| 3 | Combine lines 1a, 1b, and 2. | 3 | 48,906. |
| 4 | Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; don't file this schedule unless you have an amount on line 1b. ▶ | 4 | 45,165. |
| 5 | Self-employment tax. If the amount on line 4 is: • \$118,500 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on Form 1040, line 57, or Form 1040NR, line 55 • More than \$118,500, multiply line 4 by 2.9% (0.029). Then, add \$14,694 to the result. Enter the total here and on Form 1040, line 57, or Form 1040NR, line 55 | 5 | 6,910. |
| 6 | Deduction for one-half of self-employment tax. Multiply line 5 by 50% (0.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27 | 6 | 3,455. |

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule SE (Form 1040) 2016

Child and Dependent Care Expenses

1040
1040A
1040NR

2016
Attachment
Sequence No. **21**

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040, Form 1040A, or Form 1040NR.
▶ Information about Form 2441 and its separate instructions is at
www.irs.gov/form2441.

2441

Name(s) shown on return

Your social security number

ROBERT F O'ROURKE & AMY S O'ROURKE

Part I **Persons or Organizations Who Provided the Care - You must complete this part.**
(If you have more than two care providers, see the instructions.)

| 1 | (a) Care provider's name | (b) Address (number, street, apt. no., city, state, and ZIP code) | (c) Identifying number (SSN or EIN) | (d) Amount paid (see instructions) |
|---|--------------------------|---|-------------------------------------|------------------------------------|
| | | | | 18,385. |
| | | | | 2,587. |

Did you receive dependent care benefits?
 No → Complete only Part II below.
 Yes → Complete Part III on the back next.

Caution: If the care was provided in your home, you may owe employment taxes. If you do, you cannot file Form 1040A. For details, see the instructions for Form 1040, line 60a, or Form 1040NR, line 59a.

Part II **Credit for Child and Dependent Care Expenses**

2 Information about your **qualifying person(s)**. If you have more than two qualifying persons, see the instructions.

| (a) Qualifying person's name | | (b) Qualifying person's social security number | (c) Qualified expenses you incurred and paid in 2016 for the person listed in column (a) |
|------------------------------|----------|--|--|
| First | Last | | |
| MOLLY H | O'ROURKE | | 18,385. |
| HENRY J | O'ROURKE | | 2,587. |

| 3 | Add the amounts in column (c) of line 2. Do not enter more than \$3,000 for one qualifying person or \$6,000 for two or more persons. If you completed Part III, enter the amount from line 31 | 3 | 6,000. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------|--|-------------------|---------------|--------------|-------------------|--|--|------|--------------|-------------------|------|--------------|-------------------|-----|----------|-----|----------|----------|-----|--------|----------|-----|--------|----------|-----|--------|----------|-----|--------|----------|-----|--------|----------|-----|--------|----------|-----|--------|----------|-----|--------|----------|-----|--------|----------|-----|--------|----------|-----|--------|----------|-----|--------|----------|-----|--------|----------|-----|--------|------------|-----|--|--|
| 4 | Enter your earned income . See instructions | 4 | 165,300. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | If married filing jointly, enter your spouse's earned income (if you or your spouse was a student or was disabled, see the instructions); all others , enter the amount from line 4 | 5 | 82,837. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | Enter the smallest of line 3, 4, or 5 | 6 | 6,000. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | Enter the amount from Form 1040, line 38; Form 1040A, line 22; or Form 1040NR, line 37 | 7 | 327,947. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | Enter on line 8 the decimal amount shown below that applies to the amount on line 7 | 8 | X .20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <table border="0"> <thead> <tr> <th colspan="3">If line 7 is:</th> <th colspan="3">If line 7 is:</th> </tr> <tr> <th>Over</th> <th>But not over</th> <th>Decimal amount is</th> <th>Over</th> <th>But not over</th> <th>Decimal amount is</th> </tr> </thead> <tbody> <tr> <td>\$0</td> <td>- 15,000</td> <td>.35</td> <td>\$29,000</td> <td>- 31,000</td> <td>.27</td> </tr> <tr> <td>15,000</td> <td>- 17,000</td> <td>.34</td> <td>31,000</td> <td>- 33,000</td> <td>.26</td> </tr> <tr> <td>17,000</td> <td>- 19,000</td> <td>.33</td> <td>33,000</td> <td>- 35,000</td> <td>.25</td> </tr> <tr> <td>19,000</td> <td>- 21,000</td> <td>.32</td> <td>35,000</td> <td>- 37,000</td> <td>.24</td> </tr> <tr> <td>21,000</td> <td>- 23,000</td> <td>.31</td> <td>37,000</td> <td>- 39,000</td> <td>.23</td> </tr> <tr> <td>23,000</td> <td>- 25,000</td> <td>.30</td> <td>39,000</td> <td>- 41,000</td> <td>.22</td> </tr> <tr> <td>25,000</td> <td>- 27,000</td> <td>.29</td> <td>41,000</td> <td>- 43,000</td> <td>.21</td> </tr> <tr> <td>27,000</td> <td>- 29,000</td> <td>.28</td> <td>43,000</td> <td>- No limit</td> <td>.20</td> </tr> </tbody> </table> | If line 7 is: | | | If line 7 is: | | | Over | But not over | Decimal amount is | Over | But not over | Decimal amount is | \$0 | - 15,000 | .35 | \$29,000 | - 31,000 | .27 | 15,000 | - 17,000 | .34 | 31,000 | - 33,000 | .26 | 17,000 | - 19,000 | .33 | 33,000 | - 35,000 | .25 | 19,000 | - 21,000 | .32 | 35,000 | - 37,000 | .24 | 21,000 | - 23,000 | .31 | 37,000 | - 39,000 | .23 | 23,000 | - 25,000 | .30 | 39,000 | - 41,000 | .22 | 25,000 | - 27,000 | .29 | 41,000 | - 43,000 | .21 | 27,000 | - 29,000 | .28 | 43,000 | - No limit | .20 | | |
| If line 7 is: | | | If line 7 is: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Over | But not over | Decimal amount is | Over | But not over | Decimal amount is | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$0 | - 15,000 | .35 | \$29,000 | - 31,000 | .27 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15,000 | - 17,000 | .34 | 31,000 | - 33,000 | .26 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17,000 | - 19,000 | .33 | 33,000 | - 35,000 | .25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19,000 | - 21,000 | .32 | 35,000 | - 37,000 | .24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21,000 | - 23,000 | .31 | 37,000 | - 39,000 | .23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23,000 | - 25,000 | .30 | 39,000 | - 41,000 | .22 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25,000 | - 27,000 | .29 | 41,000 | - 43,000 | .21 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 27,000 | - 29,000 | .28 | 43,000 | - No limit | .20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | Multiply line 6 by the decimal amount on line 8. If you paid 2015 expenses in 2016, see the instructions | 9 | 1,200. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | Tax liability limit. Enter the amount from the Credit Limit Worksheet in the instructions | 10 | 59,602. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | Credit for child and dependent care expenses. Enter the smaller of line 9 or line 10 here and on Form 1040, line 49; Form 1040A, line 31; or Form 1040NR, line 47 | 11 | 1,200. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

For Paperwork Reduction Act Notice, see your tax return instructions.

Name(s) shown on return

Identifying number

ROBERT F O'ROURKE & AMY S O'ROURKE

Part I Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT)
(See instructions and complete Part(s) III before Parts I and II)

| | | | |
|---|--|---|------|
| 1 | General business credit from line 2 of all Parts III with box A checked | 1 | |
| 2 | Passive activity credits from line 2 of all Parts III with box B checked | 2 | |
| 3 | Enter the applicable passive activity credits allowed for 2016 (see instructions) | 3 | NONE |
| 4 | Carryforward of general business credit to 2016. Enter the amount from line 2 of Part III with box C checked. See instructions for statement to attach | 4 | |
| 5 | Carryback of general business credit from 2017. Enter the amount from line 2 of Part III with box D checked (see instructions) | 5 | |
| 6 | Add lines 1, 3, 4, and 5 | 6 | NONE |

Part II Allowable Credit

| | | | |
|-----|---|-----|---------|
| 7 | Regular tax before credits: | | |
| | <ul style="list-style-type: none"> Individuals. Enter the sum of the amounts from Form 1040, lines 44 and 46, or the sum of the amounts from Form 1040NR, lines 42 and 44 Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the applicable line of your return Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b; or the amount from the applicable line of your return | 7 | 54,231. |
| 8 | Alternative minimum tax: | | |
| | <ul style="list-style-type: none"> Individuals. Enter the amount from Form 6251, line 35 Corporations. Enter the amount from Form 4626, line 14 Estates and trusts. Enter the amount from Schedule I (Form 1041), line 56 | 8 | 5,425. |
| 9 | Add lines 7 and 8 | 9 | 59,656. |
| 10a | Foreign tax credit | 10a | 54. |
| b | Certain allowable credits (see instructions) | 10b | 1,200. |
| c | Add lines 10a and 10b | 10c | 1,254. |
| 11 | Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16 | 11 | 58,402. |
| 12 | Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0- | 12 | 52,977. |
| 13 | Enter 25% (.25) of the excess, if any, of line 12 over \$25,000 (see instructions) | 13 | 6,994. |
| 14 | Tentative minimum tax: | | |
| | <ul style="list-style-type: none"> Individuals. Enter the amount from Form 6251, line 33 Corporations. Enter the amount from Form 4626, line 12 Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54 | 14 | 59,602. |
| 15 | Enter the greater of line 13 or line 14 | 15 | 59,602. |
| 16 | Subtract line 15 from line 11. If zero or less, enter -0- | 16 | |
| 17 | Enter the smaller of line 6 or line 16 C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or reorganization. | 17 | |

For Paperwork Reduction Act Notice, see separate instructions.

Form **3800** (2016)

Part II Allowable Credit (Continued)

Note: If you are not required to report any amounts on lines 22 or 24 below, skip lines 18 through 25 and enter -0- on line 26.

| | | | |
|----|---|----|---------|
| 18 | Multiply line 14 by 75% (.75) (see instructions) | 18 | |
| 19 | Enter the greater of line 13 or line 18 | 19 | |
| 20 | Subtract line 19 from line 11. If zero or less, enter -0- | 20 | |
| 21 | Subtract line 17 from line 20. If zero or less, enter -0- | 21 | |
| 22 | Combine the amounts from line 3 of all Parts III with box A, C, or D checked | 22 | |
| 23 | Passive activity credit from line 3 of all Parts III with box B checked <u>23</u> | | |
| 24 | Enter the applicable passive activity credit allowed for 2016 (see instructions) | 24 | |
| 25 | Add lines 22 and 24 | 25 | |
| 26 | Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25 | 26 | |
| 27 | Subtract line 13 from line 11. If zero or less, enter -0- | 27 | 51,408. |
| 28 | Add lines 17 and 26 | 28 | |
| 29 | Subtract line 28 from line 27. If zero or less, enter -0- | 29 | 51,408. |
| 30 | Enter the general business credit from line 5 of all Parts III with box A checked. | 30 | |
| 31 | Reserved | 31 | |
| 32 | Passive activity credits from line 5 of all Parts III with box B checked <u>32</u> 4,145. | | |
| 33 | Enter the applicable passive activity credits allowed for 2016 (see instructions) | 33 | 4,145. |
| 34 | Carryforward of business credit to 2016. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach | 34 | |
| 35 | Carryback of business credit from 2017. Enter the amount from line 5 of Part III with box D checked (see instructions) | 35 | |
| 36 | Add lines 30, 33, 34, and 35. | 36 | 4,145. |
| 37 | Enter the smaller of line 29 or line 36 | 37 | 4,145. |
| 38 | Credit allowed for the current year. Add lines 28 and 37. Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return: <ul style="list-style-type: none"> • Individuals. Form 1040, line 54, or Form 1040NR, line 51 • Corporations. Form 1120, Schedule J, Part I, line 5c • Estates and trusts. Form 1041, Schedule G, line 2b | 38 | 4,145. |

Name(s) shown on return

Identifying number

ROBERT F O'ROURKE & AMY S O'ROURKE

Part III General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below (see instructions).

- A General Business Credit From a Non-Passive Activity
B [X] General Business Credit From a Passive Activity
C General Business Credit Carryforwards
D General Business Credit Carrybacks
E Reserved
F Reserved
G Eligible Small Business Credit Carryforwards
H Reserved

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III

Table with 3 columns: (a) Description of credit, (b) If claiming the credit from a pass-through entity, enter the EIN, (c) Enter the appropriate amount. Rows include 1a-1zz, 2, 3, 4a-4z, 5, 6.

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Department of the Treasury
Internal Revenue Service

▶ **Attach to your tax return.**
▶ **Information about Form 4797 and its separate instructions is at www.irs.gov/form4797.**

Name(s) shown on return

Identifying number

ROBERT F O'ROURKE & AMY S O'ROURKE

[REDACTED]

1 Enter the gross proceeds from sales or exchanges reported to you for 2016 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions

1

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions)

| 2 | (a) Description of property | (b) Date acquired (mo., day, yr.) | (c) Date sold (mo., day, yr.) | (d) Gross sales price | (e) Depreciation allowed or allowable since acquisition | (f) Cost or other basis, plus improvements and expense of sale | (g) Gain or (loss) Subtract (f) from the sum of (d) and (e) |
|---|-----------------------------|-----------------------------------|-------------------------------|-----------------------|---|--|---|
| | SEE STATEMENT 13 | | | | | | -273. |
| | | | | | | | |
| | | | | | | | |

3 Gain, if any, from Form 4684, line 39 **3**
4 Section 1231 gain from installment sales from Form 6252, line 26 or 37 **4**
5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 **5**
6 Gain, if any, from line 32, from other than casualty or theft **6**
7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows: **7** align="right">-273.

Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.
Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

8 Nonrecaptured net section 1231 losses from prior years. See instructions **8**
9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions **9**

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

| 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18a | 18b |
|----|----|----|----|----|----|----|-----|-----|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

11 Loss, if any, from line 7 **11** align="right">(273)
12 Gain, if any, from line 7 or amount from line 8, if applicable. **12**
13 Gain, if any, from line 31 **13**
14 Net gain or (loss) from Form 4684, lines 31 and 38a **14**
15 Ordinary gain from installment sales from Form 6252, line 25 or 36 **15**
16 Ordinary gain or (loss) from like-kind exchanges from Form 8824 **16**
17 Combine lines 10 through 16. **17** align="right">-273.
18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below:

a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions **18a**
b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14 **18b** align="right">-273.

For Paperwork Reduction Act Notice, see separate instructions.

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

Table with 3 columns: (a) Description of section 1245, 1250, 1252, 1254, or 1255 property; (b) Date acquired; (c) Date sold.

Main table with 5 columns: Property A, Property B, Property C, Property D. Rows include lines 20-29b for various property sections.

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

Summary table with 3 columns: Description, Line number, and Value. Rows 30-32.

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

Table with 3 columns: (a) Section 179, (b) Section 280F(b)(2), and Value. Rows 33-35.

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Department of the Treasury
Internal Revenue Service

Information about Form 4797 and its separate instructions is at www.irs.gov/form4797.

Name(s) shown on return ALTERNATIVE MINIMUM TAX
Identifying number
ROBERT F O'ROURKE & AMY S O'ROURKE

1 Enter the gross proceeds from sales or exchanges reported to you for 2016 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions. 1

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions)

Table with 7 columns: (a) Description of property, (b) Date acquired, (c) Date sold, (d) Gross sales price, (e) Depreciation allowed, (f) Cost or other basis, (g) Gain or (loss). Row 1: SEE STATEMENT 14, -276.

3 Gain, if any, from Form 4684, line 39 3
4 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4
5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5
6 Gain, if any, from line 32, from other than casualty or theft 6
7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows: 7 -276.

Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

8 Nonrecaptured net section 1231 losses from prior years. See instructions 8
9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions 9

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

Table with 7 columns: (a) Description of property, (b) Date acquired, (c) Date sold, (d) Gross sales price, (e) Depreciation allowed, (f) Cost or other basis, (g) Gain or (loss). Rows 11-17.

11 Loss, if any, from line 7 11 (276)
12 Gain, if any, from line 7 or amount from line 8, if applicable. 12
13 Gain, if any, from line 31 13
14 Net gain or (loss) from Form 4684, lines 31 and 38a 14
15 Ordinary gain from installment sales from Form 6252, line 25 or 36 15
16 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16
17 Combine lines 10 through 16. 17 -276.

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below:

a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions 18a

b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14 18b -276.

For Paperwork Reduction Act Notice, see separate instructions.

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

Table with 3 columns: (a) Description of section 1245, 1250, 1252, 1254, or 1255 property; (b) Date acquired; (c) Date sold.

Main table with 5 columns: Property A, Property B, Property C, Property D. Rows include lines 20-29b for various property sections.

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

Summary table with 3 columns: Description, Line number, and Value. Rows 30-32.

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

Table with 3 columns: Description, (a) Section 179, (b) Section 280F(b)(2). Rows 33-35.

Name(s) shown on Form 1040 or Form 1040NR

Your social security number

ROBERT F O'ROURKE & AMY S O'ROURKE

Part I Alternative Minimum Taxable Income (See instructions for how to complete each line.)

Table with 28 rows for Alternative Minimum Taxable Income. Line 1: 256,929. Line 2: 7,422. Line 3: 13,353. Line 4: (499). Line 5: (). Line 6: 3,967. Line 7: (). Line 8: (). Line 9: (). Line 10: (). Line 11: (). Line 12: (). Line 13: (). Line 14: (). Line 15: (). Line 16: (). Line 17: STMT. 15 -3. Line 18: NONE. Line 19: STMT. 15 -640. Line 20: (). Line 21: (). Line 22: (). Line 23: (). Line 24: (). Line 25: (). Line 26: (). Line 27: (). Line 28: 280,529.

Part II Alternative Minimum Tax (AMT)

Table with 10 rows for Alternative Minimum Tax (AMT). Line 29: 53,593. Line 30: 226,936. Line 31: 59,656. Line 32: 54. Line 33: 59,602. Line 34: 54,177. Line 35: 5,425.

For Paperwork Reduction Act Notice, see your tax return instructions.

Part III Tax Computation Using Maximum Capital Gains Rates

Complete Part III only if you are required to do so by line 31 or by the Foreign Earned Income Tax Worksheet in the instructions.

Table with 2 columns: Line number and Amount. Rows include calculations for capital gains tax, such as 'Enter the amount from Form 6251, line 30', 'Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet', and 'Subtract line 40 from line 36'. Final result is 59,816.

**SCHEDULE H
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Household Employment Taxes

(For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Taxes)

▶ **Attach to Form 1040, 1040NR, 1040-SS, or 1041.**

▶ **Information about Schedule H and its separate instructions is at www.irs.gov/scheduleh.**

OMB No. 1545-1971

2016

Attachment
Sequence No. **44**

Name of employer

ROBERT F O'ROURKE

Social security number

Employer identification number

Calendar year taxpayers having no household employees in 2016 don't have to complete this form for 2016.

A Did you pay **any one** household employee cash wages of \$2,000 or more in 2016? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions before you answer this question.)

- Yes.** Skip lines B and C and go to line 1.
- No.** Go to line B.

B Did you withhold federal income tax during 2016 for any household employee?

- Yes.** Skip line C and go to line 7.
- No.** Go to line C.

C Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 2015 or 2016 to **all** household employees? (**Don't** count cash wages paid in 2015 or 2016 to your spouse, your child under age 21, or your parent.)

- No. Stop.** Don't file this schedule.
- Yes.** Skip lines 1-9 and go to line 10.

Part I Social Security, Medicare, and Federal Income Taxes

| | | | | | |
|---|---|---|---------|---|---------|
| 1 | Total cash wages subject to social security tax | 1 | 18,385. | | STMT 19 |
| 2 | Social security tax. Multiply line 1 by 12.4% (0.124) | | | 2 | 2,280. |
| 3 | Total cash wages subject to Medicare tax | 3 | 18,385. | | |
| 4 | Medicare tax. Multiply line 3 by 2.9% (0.029) | | | 4 | 533. |
| 5 | Total cash wages subject to Additional Medicare Tax withholding | 5 | | | |
| 6 | Additional Medicare Tax withholding. Multiply line 5 by 0.9% (0.009) | | | 6 | |
| 7 | Federal income tax withheld, if any | | | 7 | NONE |
| 8 | Total social security, Medicare, and federal income taxes. Add lines 2, 4, 6, and 7. | 8 | | | 2,813. |

9 Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 2015 or 2016 to **all** household employees? (**Don't** count cash wages paid in 2015 or 2016 to your spouse, your child under age 21, or your parent.)

- No. Stop.** Include the amount from line 8 above on Form 1040, line 60a. If you're not required to file Form 1040, see the line 9 instructions.
- Yes.** Go to line 10.

Part II Federal Unemployment (FUTA) Tax

| | Yes | No |
|--|-----|----|
| 10 Did you pay unemployment contributions to only one state? If you paid contributions to a credit reduction state, see instructions and check "No." | X | |
| 11 Did you pay all state unemployment contributions for 2016 by April 18, 2017? Fiscal year filers see instructions | | X |
| 12 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax? | | X |

Next: If you checked the "Yes" box on **all** the lines above, complete Section A.
If you checked the "No" box on **any** of the lines above, skip Section A and complete Section B.

Section A

| | |
|--|----|
| 13 Name of the state where you paid unemployment contributions | |
| 14 Contributions paid to your state unemployment fund | 14 |
| 15 Total cash wages subject to FUTA tax | 15 |
| 16 FUTA tax. Multiply line 15 by 0.6% (0.006). Enter the result here, skip Section B, and go to line 25. | 16 |

Section B

17 Complete all columns below that apply (if you need more space, see instructions):

| (a) Name of state | (b) Taxable wages (as defined in state act) | (c) State experience rate period | | (d) State experience rate | (e) Multiply col. (b) by 0.054 | (f) Multiply col. (b) by col. (d) | (g) Subtract col. (f) from col. (e). If zero or less, enter -0- | (h) Contributions paid to state unemployment fund |
|--|--|-------------------------------------|----|------------------------------|-----------------------------------|--------------------------------------|--|--|
| | | From | To | | | | | |
| TX | 18,385. | | | | 993. | | 993. | |
| 18 Totals | | | | | | 18 | 993. | |
| 19 Add columns (g) and (h) of line 18 | | | | | | 19 | 993. | |
| 20 Total cash wages subject to FUTA tax (see the line 15 instructions) | | | | | | 20 | | 7,000. |
| 21 Multiply line 20 by 6.0% (0.060) | | | | | | 21 | | 420. |
| 22 Multiply line 20 by 5.4% (0.054) | | | | | | 22 | 340. | |
| 23 Enter the smaller of line 19 or line 22 (Employers in a credit reduction state must use the worksheet on page H-7 and check here) | | | | | | 23 | | 340. |
| 24 FUTA tax. Subtract line 23 from line 21. Enter the result here and go to line 25 | | | | | | 24 | | 80. |

Part III Total Household Employment Taxes

| | | |
|--|----|--------|
| 25 Enter the amount from line 8. If you checked the "Yes" box on line C of page 1, enter -0- | 25 | 2,813. |
| 26 Add line 16 (or line 24) and line 25 | 26 | 2,893. |

27 Are you required to file Form 1040?
 Yes. Stop. Include the amount from line 26 above on Form 1040, line 60a. **Don't** complete Part IV below.
 No. You may have to complete Part IV. See instructions for details.

Part IV Address and Signature - Complete this part only if required. See the line 27 instructions.

Address (number and street) or P.O. box if mail isn't delivered to street address _____ Apt., room, or suite no. _____

City, town or post office, state, and ZIP code _____

Under penalties of perjury, I declare that I have examined this schedule, including accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete. No part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments to employees. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Employer's signature _____ Date _____

| | | | | | |
|-------------------------------|----------------------------|----------------------|------|---|------|
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | Firm's name | Firm's EIN | | | |
| | Firm's address | Phone no. | | | |

Investment Interest Expense Deduction

Department of the Treasury
Internal Revenue Service (99)

▶ Information about Form 4952 and its instructions is at www.irs.gov/form4952.

▶ Attach to your tax return.

2016
Attachment
Sequence No. **51**

Name(s) shown on return

Identifying number

ROBERT F O'ROURKE & AMY S O'ROURKE

| Part I Total Investment Interest Expense | | | |
|---|---|---|---------|
| 1 | Investment interest expense paid or accrued in 2016 (see instructions). SEE STATEMENT 20. | 1 | 28,782. |
| 2 | Disallowed investment interest expense from 2015 Form 4952, line 7 | 2 | 13,751. |
| 3 | Total investment interest expense. Add lines 1 and 2. | 3 | 42,533. |

| Part II Net Investment Income | | | |
|--------------------------------------|--|----|---------|
| 4a | Gross income from property held for investment (excluding any net gain from the disposition of property held for investment) | 4a | 50,785. |
| 4b | Qualified dividends included on line 4a | 4b | 1,231. |
| 4c | Subtract line 4b from line 4a | 4c | 49,554. |
| 4d | Net gain from the disposition of property held for investment | 4d | NONE |
| 4e | Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment (see instructions) | 4e | NONE |
| 4f | Subtract line 4e from line 4d | 4f | NONE |
| 4g | Enter the amount from lines 4b and 4e that you elect to include in investment income (see instructions). SEE STATEMENT 21. | 4g | NONE |
| 4h | Investment income. Add lines 4c, 4f, and 4g | 4h | 49,554. |
| 5 | Investment expenses (see instructions) | 5 | 14,306. |
| 6 | Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0-. SEE STMT 23. | 6 | 35,248. |

| Part III Investment Interest Expense Deduction | | | |
|---|--|---|---------|
| 7 | Disallowed investment interest expense to be carried forward to 2017. Subtract line 6 from line 3. If zero or less, enter -0-. SEE STATEMENT 24. | 7 | 7,285. |
| 8 | Investment interest expense deduction. Enter the smaller of line 3 or 6. See instructions | 8 | 35,248. |

For Paperwork Reduction Act Notice, see page 4.

Form **4952** (2016)

Investment Interest Expense Deduction

Department of the Treasury
Internal Revenue Service (99)

▶ Information about Form 4952 and its instructions is at www.irs.gov/form4952.

▶ Attach to your tax return.

2016
Attachment
Sequence No. **51**

Name(s) shown on return

Identifying number

ROBERT F O'ROURKE & AMY S O'ROURKE

| Part I Total Investment Interest Expense | | | |
|---|--|----------|---------|
| 1 | Investment interest expense paid or accrued in 2016 (see instructions) | 1 | 28,782. |
| 2 | Disallowed investment interest expense from 2015 Form 4952, line 7 | 2 | 2,499. |
| 3 | Total investment interest expense. Add lines 1 and 2. | 3 | 31,281. |

| Part II Net Investment Income | | | |
|--------------------------------------|---|-----------|------------------------|
| 4a | Gross income from property held for investment (excluding any net gain from the disposition of property held for investment) | 4a | 50,785. |
| 4b | Qualified dividends included on line 4a | 4b | 1,231. |
| 4c | Subtract line 4b from line 4a | 4c | 49,554. |
| 4d | Net gain from the disposition of property held for investment | 4d | NONE |
| 4e | Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment (see instructions). | 4e | NONE |
| 4f | Subtract line 4e from line 4d | 4f | NONE |
| 4g | Enter the amount from lines 4b and 4e that you elect to include in investment income (see instructions). | 4g | SEE STATEMENT 25. NONE |
| 4h | Investment income. Add lines 4c, 4f, and 4g | 4h | 49,554. |
| 5 | Investment expenses (see instructions) | 5 | 953. |
| 6 | Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0- | 6 | SEE STMT 27. 48,601. |

| Part III Investment Interest Expense Deduction | | | |
|---|---|----------|---------|
| 7 | Disallowed investment interest expense to be carried forward to 2017. Subtract line 6 from line 3. If zero or less, enter -0- | 7 | NONE |
| 8 | Investment interest expense deduction. Enter the smaller of line 3 or 6. See instructions | 8 | 31,281. |

For Paperwork Reduction Act Notice, see page 4.

Net Investment Income Tax- Individuals, Estates, and Trusts

Department of the Treasury Internal Revenue Service (99)

Attach to your tax return.

Information about Form 8960 and its separate instructions is at www.irs.gov/form8960.

Name(s) shown on your tax return

Your social security number or EIN

ROBERT F O'ROURKE & AMY S O'ROURKE

Part I Investment Income

- Section 6013(g) election (see instructions)
Section 6013(h) election (see instructions)
Regulations section 1.1411-10(g) election (see instructions)

Table with 8 rows for investment income items: 1 Taxable interest (42,380), 2 Ordinary dividends (8,334), 3 Annuities, 4a Rental real estate (32,357), 4b Adjustment for net income, 4c Combine lines 4a and 4b (32,357), 5a Net gain or loss from disposition of property (-3,273), 5b Net gain or loss from disposition of property that is not subject to net investment income tax (-264), 5c Adjustment from disposition of partnership interest or S corporation stock, 5d Combine lines 5a through 5c (-3,537), 6 Adjustments to investment income for certain CFCs and PFICs, 7 Other modifications to investment income, 8 Total investment income (79,534).

Part II Investment Expenses Allocable to Investment Income and Modifications

Table with 11 rows for investment expenses: 9a Investment interest expenses (35,248), 9b State, local, and foreign income tax, 9c Miscellaneous investment expenses (13,353), 9d Add lines 9a, 9b, and 9c (48,601), 10 Additional modifications, 11 Total deductions and modifications (48,601).

Part III Tax Computation

Table with 21 rows for tax computation: 12 Net investment income (30,933), 13 Modified adjusted gross income (327,947), 14 Threshold based on filing status (250,000), 15 Subtract line 14 from line 13 (77,947), 16 Enter the smaller of line 12 or line 15 (30,933), 17 Net investment income tax for individuals (1,175), 18a Net investment income (line 12 above), 18b Deductions for distributions of net investment income and deductions under section 642(c), 18c Undistributed net investment income, 19a Adjusted gross income, 19b Highest tax bracket for estates and trusts for the year, 19c Subtract line 19b from line 19a, 20 Enter the smaller of line 18c or line 19c, 21 Net investment income tax for estates and trusts.

For Paperwork Reduction Act Notice, see your tax return instructions.



Lines 5a-5d - Net Gains and Losses Worksheet

Keep for Your Records

| | (A) Capital gains/(losses): Form 1040, line 13; Form 1041, line 4; Form 1041-QFT, line 3; Form 1040NR, statement reflecting U.S. residency portion of Form 1040, line 13 | (B) Ordinary gains/ (losses): Form 1040, line 14; Form 1041, line 7; Form 1041-QFT, portion of line 4 attributed to ordinary gain/(loss); Form 1040NR, statement reflecting U.S. residency portion of Form 1040, line 14 | Total of columns (A)+(B) |
|---|--|--|--|
| 1. Beginning net gains and losses | -3,000. | -273. | Enter this amount on line 5a -3,273. |
| 2. Gains and losses excluded from net investment income. Use current year amounts for lines 2a-2g and 2i. | | | |
| (a) Enter net gains from the disposition of property used in a non-section 1411 trade or business (enter as negative amounts): Name of Trade or Business <u>STMT 31</u> Amount <u>(264.)</u> | (264.) | () | |
| (b) Enter net losses from the disposition of property used in a non-section 1411 trade or business (enter as positive amounts): Name of Trade or Business _____ Amount _____ | | | |
| (c) Enter net losses from a former passive activity (FPA) allowed by reason of section 469(f)(1)(A) | | | |
| (d) Gains recognized in the current year for payments received on an installment sale obligation or private annuity for the disposition of property used in a non-section 1411 trade or business | () | | |
| (e) Enter the net gain attributable to the net unrealized appreciation (NUA) in employer securities | () | | |
| (f) In the case of a QEF (other than a QEF held in a section 1411 trade or business) for which a section 1.1411-10(g) election is not in effect, enter the amount treated as long-term capital gain for regular income tax purposes under section 1293(a)(1)(B) | () | | |
| (g) Enter any other gains and losses included in net investment income that are not otherwise reported on Form 8960 and any other gains and losses excluded from net investment income reported on line 5a (enter excluded gains as a negative number and excluded losses as a positive number) | | | |
| (h) Enter the amount reported on line 2(i) of this worksheet from your prior tax year return calculations. Enter as a positive number | | | |
| (i) If you do not have a capital loss carryover to next year, then skip this line and go to line 2(j). Otherwise, enter the lesser of (i)(1) or (i)(2) as a negative amount (i)(1) If the sum of the amounts entered on lines 2(a)-2(h) and line 3(d), column (A), is greater than zero, enter that amount here. Otherwise, enter -0- on line 2(i) and go to line 2(j) <u>NONE</u> OR (i)(2) The amount of capital loss carried over to next year (Schedule D (Form 1040), line 16, less the amount allowed as a current deduction on Schedule D (Form 1040), line 21) entered as a positive number <u>NONE</u> | | | |
| (j) Sum of lines 2(a) through 2(i) | -264. | | Enter this amount on line 5b -264. |



Lines 5a-5d - Net Gains and Losses Worksheet-continued

Keep for Your Records

| | | (A) Capital gains/(losses): Form 1040, line 13; Form 1041, line 4; Form 1041-QFT, line 3; Form 1040NR, statement reflecting U.S. residency portion of Form 1040, line 13 | (B) Ordinary gains/ (losses): Form 1040, line 14; Form 1041, line 7; Form 1041-QFT, portion of line 4 attributed to ordinary gain/(loss); Form 1040NR, statement reflecting U.S. residency portion of Form 1040, line 14 | Total of columns (A)+(B) |
|---|---|--|---|--------------------------------------|
| 3. Adjustment for gains and losses attributable to the disposition of interests in partnerships and S corporations | | | | |
| (a) Net Gains | (i) Enter the amount of net gain from the disposition of a partnership or S corporation included in line 5a to which section 1411(c)(4)(A) applies | _____ | _____ | |
| | (ii) Enter the amount of net gain included in net investment income after the application of Regulations section 1.1411-7. (The sum of columns A and B of line 3(a)(ii) must be less than, or equal to, the sum of columns A and B of line 3(a)(i).) | _____ | _____ | |
| | (iii) Enter the difference between line 3(a)(i) and line 3(a)(ii) | _____ | _____ | |
| (b) Net Losses | (i) Enter the amount of net loss from the disposition of a partnership or S corporation included in line 5a to which section 1411(c)(4)(B) applies | _____ | _____ | |
| | (ii) Enter the amount of net loss included in net investment income after the application of Regulations section 1.1411-7. (The sum of columns A and B of line 3(b)(ii) must be less than, or equal to, the sum of columns A and B of line 3(b)(i).) | _____ | _____ | |
| | (iii) Enter the difference between line 3(b)(i) and line 3(b)(ii) | _____ | _____ | |
| (c) Deferred Sales | (i) Enter the amount of gain recognized in the current year attributable to payments received on an installment sale obligation or private annuity that was attributable to the disposition of an interest in a partnership or an S corporation in a year preceding the current year. Also report any gain or loss associated with section 736(b) payments on this line | _____ | _____ | |
| | (ii) Enter the amount of adjustment attributable to such gain | _____ | _____ | |
| | (iii) Subtract line 3(c)(ii) from line 3(c)(i) | _____ | _____ | |
| (d) Combine the amounts on lines 3(a)(iii), 3(b)(iii), and 3(c)(iii) | | _____ | _____ | Enter this amount on line 5c |
| | | _____ | _____ | |
| 4. Sum of items reported on lines 5a-5c | | | | |
| Add lines 1, 2(j), and 3(d) | | -3,264. | -273. | Enter this amount on line 5d -3,537. |

TIP If the amount of gain for NIT purposes is less than the amount of gain for regular income tax purposes, the entry on lines 3(a)(iii), 3(b)(iii), or 3(c)(iii) should be a negative number.
 If the amount of loss for NIT purposes is less than the amount of loss for regular income tax purposes, the entry on lines 3(a)(iii), 3(b)(iii), or 3(c)(iii) should be a positive number.

Work Opportunity Credit

▶ **Attach to your tax return.**

▶ **Information about Form 5884 and its separate instructions is at www.irs.gov/form5884.**

Name(s) shown on return

Identifying number

ROBERT F O'ROURKE & AMY S O'ROURKE

[REDACTED]

| | | |
|---|-----------|------|
| <p>1 Enter on the applicable line below the total qualified first- or second-year wages paid or incurred during the tax year, and multiply by the percentage shown, for services of employees who are certified as members of a targeted group.</p> <p>a Qualified first-year wages of employees who worked for you at least 120 hours but fewer than 400 hours . \$ _____ x 25% (0.25)</p> <p>b Qualified first-year wages of employees who worked for you at least 400 hours \$ _____ x 40% (0.40)</p> <p>c Qualified second-year wages of employees certified as long-term family assistance recipients \$ _____ x 50% (0.50)</p> <p>2 Add lines 1a, 1b, and 1c. See instructions for the adjustment you must make to salaries and wages</p> <p>3 Work opportunity credit from partnerships, S corporations, cooperatives, estates, and trusts (see instructions).</p> <p>4 Add lines 2 and 3. Cooperatives, estates, and trusts, go to line 5. Partnerships and S corporations, stop here and report this amount on Schedule K. All others, stop here and report this amount on Form 3800, Part III, line 4b.</p> <p>5 Amount allocated to patrons of the cooperative or beneficiaries of the estate or trust (see instructions)</p> <p>6 Cooperatives, estates, and trusts, subtract line 5 from line 4. Report this amount on Form 3800, Part III, line 4b</p> | 1a | |
| | 1b | |
| | 1c | |
| | 2 | |
| | 3 | 238. |
| | 4 | 238. |
| | 5 | |
| | 6 | |

For Paperwork Reduction Act Notice, see separate instructions.

Gains and Losses From Section 1256 Contracts and Straddles

Department of the Treasury Internal Revenue Service

Information about Form 6781 and its instructions is at www.irs.gov/form6781. Attach to your tax return.

Name(s) shown on tax return

Identifying number

ROBERT F O'ROURKE & AMY S O'ROURKE

Check all applicable boxes (see instructions).

Form with checkboxes A, B, C, D for election types: Mixed straddle election, Straddle-by-straddle identification election, Mixed straddle account election, Net section 1256 contracts loss election.

Part I Section 1256 Contracts Marked to Market

Table with 3 columns: (a) Identification of account, (b) (Loss), (c) Gain. Includes rows for CAMPR II LIMITED and summary rows 2-9.

Part II Gains and Losses From Straddles. Attach a separate statement listing each straddle and its components.

Section A - Losses From Straddles

Table with 8 columns: (a) Description of property, (b) Date entered into or acquired, (c) Date closed out or sold, (d) Gross sales price, (e) Cost or other basis plus expense of sale, (f) Loss, (g) Unrecognized gain on offsetting positions, (h) Recognized loss.

Section B - Gains From Straddles

Table with 6 columns: (a) Description of property, (b) Date entered into or acquired, (c) Date closed out or sold, (d) Gross sales price, (e) Cost or other basis plus expense of sale, (f) Gain.

Part III Unrecognized Gains From Positions Held on Last Day of Tax Year. Memo Entry Only (see instructions)

Table with 5 columns: (a) Description of property, (b) Date acquired, (c) Fair market value on last business day of tax year, (d) Cost or other basis as adjusted, (e) Unrecognized gain.

For Paperwork Reduction Act Notice, see instructions.

Passive Activity Loss Limitations

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.
▶ Attach to Form 1040 or Form 1041.
▶ Information about Form 8582 and its instructions is available at www.irs.gov/form8582.

Name(s) shown on return

Identifying number

ROBERT F O'ROURKE & AMY S O'ROURKE

Part I 2016 Passive Activity Loss

Caution: Complete Worksheets 1, 2, and 3 before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

| | | | |
|----|--|----|-----|
| 1a | Activities with net income (enter the amount from Worksheet 1, column (a)) | 1a | |
| 1b | Activities with net loss (enter the amount from Worksheet 1, column (b)) | 1b | () |
| 1c | Prior years unallowed losses (enter the amount from Worksheet 1, column (c)) | 1c | () |
| 1d | Combine lines 1a, 1b, and 1c | 1d | |

Commercial Revitalization Deductions From Rental Real Estate Activities

| | | | |
|----|--|----|-----|
| 2a | Commercial revitalization deductions from Worksheet 2, column (a) | 2a | () |
| 2b | Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b) | 2b | () |
| 2c | Add lines 2a and 2b | 2c | () |

All Other Passive Activities

| | | | |
|----|--|----|------------|
| 3a | Activities with net income (enter the amount from Worksheet 3, column (a)) | 3a | 84,047. |
| 3b | Activities with net loss (enter the amount from Worksheet 3, column (b)) | 3b | (6,254.) |
| 3c | Prior years unallowed losses (enter the amount from Worksheet 3, column (c)) | 3c | () |
| 3d | Combine lines 3a, 3b, and 3c | 3d | 77,793. |

| | | | |
|---|---|---|---------|
| 4 | Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used | 4 | 77,793. |
|---|---|---|---------|

- If line 4 is a loss and:
- Line 1d is a loss, go to Part II.
 - Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
 - Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II or Part III. Instead, go to line 15.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

| | | | |
|----|---|----|--|
| 5 | Enter the smaller of the loss on line 1d or the loss on line 4 | 5 | |
| 6 | Enter \$150,000. If married filing separately, see instructions | 6 | |
| 7 | Enter modified adjusted gross income, but not less than zero (see instructions) Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8. | 7 | |
| 8 | Subtract line 7 from line 6 | 8 | |
| 9 | Multiply line 8 by 50% (0.5). Do not enter more than \$25,000. If married filing separately, see instructions | 9 | |
| 10 | Enter the smaller of line 5 or line 9. If line 2c is a loss, go to Part III. Otherwise, go to line 15. | 10 | |

Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities

Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

| | | | |
|----|--|----|--|
| 11 | Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions | 11 | |
| 12 | Enter the loss from line 4 | 12 | |
| 13 | Reduce line 12 by the amount on line 10 | 13 | |
| 14 | Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13 | 14 | |

Part IV Total Losses Allowed

| | | | |
|----|---|----|---------|
| 15 | Add the income, if any, on lines 1a and 3a and enter the total | 15 | 84,047. |
| 16 | Total losses allowed from all passive activities for 2016. Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return. | 16 | 6,254. |

For Paperwork Reduction Act Notice, see instructions.

Caution: The worksheets must be filed with your tax return. Keep a copy for your records.

Worksheet 1 - For Form 8582, Lines 1a, 1b, and 1c (See instructions.)

| Name of activity | Current year | | Prior years | Overall gain or loss | |
|--|--------------------------|------------------------|------------------------------|----------------------|----------|
| | (a) Net income (line 1a) | (b) Net loss (line 1b) | (c) Unallowed loss (line 1c) | (d) Gain | (e) Loss |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total. Enter on Form 8582, lines 1a, 1b, and 1c ▶ | | | | | |

Worksheet 2 - For Form 8582, Lines 2a and 2b (See instructions.)

| Name of activity | (a) Current year deductions (line 2a) | (b) Prior year unallowed deductions (line 2b) | (c) Overall loss |
|---|---------------------------------------|---|------------------|
| | | | |
| | | | |
| | | | |
| Total. Enter on Form 8582, lines 2a and 2b ▶ | | | |

Worksheet 3 - For Form 8582, Lines 3a, 3b, and 3c (See instructions.)

| Name of activity | Current year | | Prior years | Overall gain or loss | |
|--|--------------------------|------------------------|------------------------------|----------------------|----------|
| | (a) Net income (line 3a) | (b) Net loss (line 3b) | (c) Unallowed loss (line 3c) | (d) Gain | (e) Loss |
| CAMPR II LIMITED | 21,724. | 273. | | 21,451. | |
| IMPERIAL ARMS LLC | | 5,981. | | | 5,981. |
| PEPPERTREE SQUARE, | 62,323. | | | 62,323. | |
| | | | | | |
| | | | | | |
| Total. Enter on Form 8582, lines 3a, 3b, and 3c ▶ | 84,047. | 6,254. | | | |

Worksheet 4 - Use this worksheet if an amount is shown on Form 8582, line 10 or 14 (See instructions.)

| Name of activity | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Ratio | (c) Special allowance | (d) Subtract column (c) from column (a) |
|--------------------------|---|----------|-----------|-----------------------|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total ▶ | | | 1.00 | | |

Worksheet 5 - Allocation of Unallowed Losses (See instructions.)

| Name of activity | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Ratio | (c) Unallowed loss |
|--------------------------|---|----------|------------|--------------------|
| IMPERIAL ARMS LLC | SCH E, 28 | 5,981. | 1.00000000 | |
| | | | | |
| | | | | |
| | | | | |
| Total ▶ | | 5,981. | 1.00 | |

Worksheet 6 - Allowed Losses (See instructions.)

| Name of activity | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Unallowed loss | (c) Allowed loss |
|--------------------|---|----------|--------------------|------------------|
| IMPERIAL ARMS LLC | SCH E, 28 | 5,981. | | 5,981. |
| | | | | |
| | | | | |
| | | | | |
| Total | | 5,981. | | 5,981. |

Worksheet 7 - Activities With Losses Reported on Two or More Forms or Schedules (See instructions.)

| Name of activity: | (a) | (b) | (c) Ratio | (d) Unallowed loss | (e) Allowed loss |
|---|-----|-----|-----------|--------------------|------------------|
| Form or schedule and line number to be reported on (see instructions): _____ | | | | | |
| 1a Net loss plus prior year unallowed loss from form or schedule . . ▶ | | | | | |
| b Net income from form or schedule ▶ | | | | | |
| c Subtract line 1b from line 1a. If zero or less, enter -0- ▶ | | | | | |
| Form or schedule and line number to be reported on (see instructions): _____ | | | | | |
| 1a Net loss plus prior year unallowed loss from form or schedule . . ▶ | | | | | |
| b Net income from form or schedule ▶ | | | | | |
| c Subtract line 1b from line 1a. If zero or less, enter -0- ▶ | | | | | |
| Form or schedule and line number to be reported on (see instructions): _____ | | | | | |
| 1a Net loss plus prior year unallowed loss from form or schedule . . ▶ | | | | | |
| b Net income from form or schedule ▶ | | | | | |
| c Subtract line 1b from line 1a. If zero or less, enter -0- ▶ | | | | | |
| Total | | | 1.00 | | |

ALTERNATIVE MINIMUM TAX
Passive Activity Loss Limitations

OMB No. 1545-1008

Form **8582**

Department of the Treasury
 Internal Revenue Service (99)

▶ See separate instructions.
 ▶ Attach to Form 1040 or Form 1041.
 ▶ Information about Form 8582 and its instructions is available at www.irs.gov/form8582.

2016
 Attachment
 Sequence No. **88**

Name(s) shown on return

Identifying number

ROBERT F O'ROURKE & AMY S O'ROURKE

Part I 2016 Passive Activity Loss

Caution: Complete Worksheets 1, 2, and 3 before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

| | | | |
|----|--|----|-----|
| 1a | Activities with net income (enter the amount from Worksheet 1, column (a)) | 1a | |
| 1b | Activities with net loss (enter the amount from Worksheet 1, column (b)) | 1b | () |
| 1c | Prior years unallowed losses (enter the amount from Worksheet 1, column (c)) | 1c | () |
| 1d | Combine lines 1a, 1b, and 1c | 1d | |

Commercial Revitalization Deductions From Rental Real Estate Activities

| | | | |
|----|--|----|-----|
| 2a | Commercial revitalization deductions from Worksheet 2, column (a) | 2a | () |
| 2b | Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b) | 2b | () |
| 2c | Add lines 2a and 2b | 2c | () |

All Other Passive Activities

| | | | |
|----|--|----|-----------|
| 3a | Activities with net income (enter the amount from Worksheet 3, column (a)) | 3a | 83,407. |
| 3b | Activities with net loss (enter the amount from Worksheet 3, column (b)) | 3b | (6,257.) |
| 3c | Prior years unallowed losses (enter the amount from Worksheet 3, column (c)) | 3c | () |
| 3d | Combine lines 3a, 3b, and 3c | 3d | 77,150. |

| | | | |
|---|---|---|---------|
| 4 | Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used | 4 | 77,150. |
|---|---|---|---------|

- If line 4 is a loss and:
- Line 1d is a loss, go to Part II.
 - Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
 - Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II or Part III. Instead, go to line 15.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

| | | | |
|----|---|----|--|
| 5 | Enter the smaller of the loss on line 1d or the loss on line 4 | 5 | |
| 6 | Enter \$150,000. If married filing separately, see instructions | 6 | |
| 7 | Enter modified adjusted gross income, but not less than zero (see instructions) Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8. | 7 | |
| 8 | Subtract line 7 from line 6 | 8 | |
| 9 | Multiply line 8 by 50% (0.5). Do not enter more than \$25,000. If married filing separately, see instructions | 9 | |
| 10 | Enter the smaller of line 5 or line 9. If line 2c is a loss, go to Part III. Otherwise, go to line 15. | 10 | |

Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities

Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

| | | | |
|----|--|----|--|
| 11 | Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions | 11 | |
| 12 | Enter the loss from line 4 | 12 | |
| 13 | Reduce line 12 by the amount on line 10 | 13 | |
| 14 | Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13 | 14 | |

Part IV Total Losses Allowed

| | | | |
|----|---|----|---------|
| 15 | Add the income, if any, on lines 1a and 3a and enter the total | 15 | 83,407. |
| 16 | Total losses allowed from all passive activities for 2016. Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return. | 16 | 6,257. |

For Paperwork Reduction Act Notice, see instructions.

Form **8582** (2016)

Caution: The worksheets must be filed with your tax return. Keep a copy for your records.

Worksheet 1 - For Form 8582, Lines 1a, 1b, and 1c (See instructions.)

| Name of activity | Current year | | Prior years | Overall gain or loss | |
|--|--------------------------|------------------------|------------------------------|----------------------|----------|
| | (a) Net income (line 1a) | (b) Net loss (line 1b) | (c) Unallowed loss (line 1c) | (d) Gain | (e) Loss |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total. Enter on Form 8582, lines 1a, 1b, and 1c ▶ | | | | | |

Worksheet 2 - For Form 8582, Lines 2a and 2b (See instructions.)

| Name of activity | (a) Current year deductions (line 2a) | (b) Prior year unallowed deductions (line 2b) | (c) Overall loss |
|---|---------------------------------------|---|------------------|
| | | | |
| | | | |
| | | | |
| Total. Enter on Form 8582, lines 2a and 2b ▶ | | | |

Worksheet 3 - For Form 8582, Lines 3a, 3b, and 3c (See instructions.)

| Name of activity | Current year | | Prior years | Overall gain or loss | |
|--|--------------------------|------------------------|------------------------------|----------------------|----------|
| | (a) Net income (line 3a) | (b) Net loss (line 3b) | (c) Unallowed loss (line 3c) | (d) Gain | (e) Loss |
| CAMPR II LIMITED | 21,679. | 276. | | 21,403. | |
| IMPERIAL ARMS LLC | | 5,981. | | | 5,981. |
| PEPPERTREE SQUARE, | 61,728. | | | 61,728. | |
| | | | | | |
| | | | | | |
| Total. Enter on Form 8582, lines 3a, 3b, and 3c ▶ | 83,407. | 6,257. | | | |

Worksheet 4 - Use this worksheet if an amount is shown on Form 8582, line 10 or 14 (See instructions.)

| Name of activity | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Ratio | (c) Special allowance | (d) Subtract column (c) from column (a) |
|--------------------------|---|----------|-----------|-----------------------|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total ▶ | | | 1.00 | | |

Worksheet 5 - Allocation of Unallowed Losses (See instructions.)

| Name of activity | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Ratio | (c) Unallowed loss |
|--------------------------|---|----------|-----------|--------------------|
| IMPERIAL ARMS LLC | SCH E, 28 | 5,981. | 1.0000000 | |
| | | | | |
| | | | | |
| | | | | |
| Total ▶ | | 5,981. | 1.00 | |

Worksheet 6 - Allowed Losses (See instructions.)

| Name of activity | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Unallowed loss | (c) Allowed loss |
|--------------------|---|----------|--------------------|------------------|
| IMPERIAL ARMS LLC | SCH E, 28 | 5,981. | | 5,981. |
| | | | | |
| | | | | |
| | | | | |
| Total | | 5,981. | | 5,981. |

Worksheet 7 - Activities With Losses Reported on Two or More Forms or Schedules (See instructions.)

| Name of activity: | (a) | (b) | (c) Ratio | (d) Unallowed loss | (e) Allowed loss |
|---|-----|-----|-----------|--------------------|------------------|
| Form or schedule and line number to be reported on (see instructions): _____ | | | | | |
| 1a Net loss plus prior year unallowed loss from form or schedule . . ▶ | | | | | |
| b Net income from form or schedule ▶ | | | | | |
| c Subtract line 1b from line 1a. If zero or less, enter -0- ▶ | | | | | |
| Form or schedule and line number to be reported on (see instructions): _____ | | | | | |
| 1a Net loss plus prior year unallowed loss from form or schedule . . ▶ | | | | | |
| b Net income from form or schedule ▶ | | | | | |
| c Subtract line 1b from line 1a. If zero or less, enter -0- ▶ | | | | | |
| Form or schedule and line number to be reported on (see instructions): _____ | | | | | |
| 1a Net loss plus prior year unallowed loss from form or schedule . . ▶ | | | | | |
| b Net income from form or schedule ▶ | | | | | |
| c Subtract line 1b from line 1a. If zero or less, enter -0- ▶ | | | | | |
| Total | | | 1.00 | | |

▶ See separate instructions.
▶ Attach to Form 1040 or 1041.

Name(s) shown on return

Identifying number

ROBERT F O'ROURKE & AMY S O'ROURKE

Part I **Passive Activity Credits**

Caution: If you have credits from a publicly traded partnership, see **Publicly Traded Partnerships (PTPs)** in the instructions.

| | | |
|---|----|-------------|
| Credits From Rental Real Estate Activities With Active Participation (Other Than Rehabilitation Credits and Low-Income Housing Credits) (See Lines 1a through 1c in the instructions.) | | |
| 1a Credits from Worksheet 1, column (a) | 1a | |
| b Prior year unallowed credits from Worksheet 1, column (b) | 1b | |
| c Add lines 1a and 1b | 1c | |
| Rehabilitation Credits From Rental Real Estate Activities and Low-Income Housing Credits for Property Placed in Service Before 1990 (or From Pass-Through Interests Acquired Before 1990) (See Lines 2a through 2c in the instructions.) | | |
| 2a Credits from Worksheet 2, column (a) | 2a | |
| b Prior year unallowed credits from Worksheet 2, column (b) | 2b | |
| c Add lines 2a and 2b | 2c | |
| Low-Income Housing Credits for Property Placed in Service After 1989 (See Lines 3a through 3c in the instructions.) | | |
| 3a Credits from Worksheet 3, column (a) | 3a | |
| b Prior year unallowed credits from Worksheet 3, column (b) | 3b | |
| c Add lines 3a and 3b | 3c | |
| All Other Passive Activity Credits (See Lines 4a through 4c in the instructions.) | | |
| 4a Credits from Worksheet 4, column (a) | 4a | 4,145. |
| b Prior year unallowed credits from Worksheet 4, column (b) | 4b | NONE |
| c Add lines 4a and 4b | 4c | 4,145. |
| 5 Add lines 1c, 2c, 3c, and 4c | 5 | 4,145. |
| 6 Enter the tax attributable to net passive income (see instructions) | 6 | SEE STMT 33 |
| 7 Subtract line 6 from line 5. If line 6 is more than or equal to line 5, enter -0- and see instructions | 7 | |
| Note: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II, III, or IV. Instead, go to line 37. | | |

Part II **Special Allowance for Rental Real Estate Activities With Active Participation**

Note: Complete this part only if you have an amount on line 1c. Otherwise, go to Part III.

| | | |
|---|-----|--|
| 8 Enter the smaller of line 1c or line 7 | 8 | |
| 9 Enter \$150,000. If married filing separately, see instructions | 9 | |
| 10 Enter modified adjusted gross income, but not less than zero (see instructions). If line 10 is equal to or more than line 9, skip lines 11 through 15 and enter -0- on line 16 | 10 | |
| 11 Subtract line 10 from line 9 | 11 | |
| 12 Multiply line 11 by 50% (.50). Do not enter more than \$25,000. If married filing separately, see instructions | 12 | |
| 13a Enter the amount, if any, from line 10 of Form 8582 | 13a | |
| b Enter the amount, if any, from line 14 of Form 8582 | 13b | |
| c Add lines 13a and 13b | 13c | |
| 14 Subtract line 13c from line 12 | 14 | |
| 15 Enter the tax attributable to the amount on line 14 (see instructions) | 15 | |
| 16 Enter the smaller of line 8 or line 15 | 16 | |

For Paperwork Reduction Act Notice, see instructions.

Part III Special Allowance for Rehabilitation Credits From Rental Real Estate Activities and Low-Income Housing Credits for Property Placed in Service Before 1990 (or From Pass-Through Interests Acquired Before 1990)

Note: Complete this part only if you have an amount on line 2c. Otherwise, go to Part IV.

Table with 30 rows for Part III calculations. Columns include line numbers, descriptions, and numerical values. Line 29 shows a value of 4,145.

Part IV Special Allowance for Low-Income Housing Credits for Property Placed in Service After 1989

Note: Complete this part only if you have an amount on line 3c. Otherwise, go to Part V.

Table with 6 rows for Part IV calculations. Columns include line numbers, descriptions, and numerical values. Line 36 shows a value of 4,145.

Part V Passive Activity Credit Allowed

Table with 1 row for Part V. Line 37: Passive Activity Credit Allowed. Value: 4,145.

Part VI Election To Increase Basis of Credit Property

Table with 3 rows for Part VI. Line 38: Election box. Line 39: Name of passive activity. Line 40: Description of credit property. Line 41: Amount of unallowed credit that reduced your basis in the property.

Form **8846**

Credit for Employer Social Security and Medicare Taxes Paid on Certain Employee Tips

OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service

▶ Attach to your tax return.

▶ Information about Form 8846 and its instructions is at www.irs.gov/form8846.

2016
Attachment
Sequence No. **98**

Name(s) shown on return

Identifying number

ROBERT F O'ROURKE & AMY S O'ROURKE

Note: Claim this credit **only** for employer social security and Medicare taxes paid by a food or beverage establishment where tipping is customary for providing food or beverages. See the instructions for line 1.

| | | |
|---|----------|--------|
| 1 Tips received by employees for services on which you paid or incurred employer social security and Medicare taxes during the tax year (see instructions) | 1 | |
| 2 Tips not subject to the credit provisions (see instructions) | 2 | |
| 3 Creditable tips. Subtract line 2 from line 1. | 3 | |
| 4 Multiply line 3 by 7.65% (0.0765). If you had any tipped employees whose wages (including tips) exceeded \$118,500, see instructions and check here ▶ <input type="checkbox"/> | 4 | |
| 5 Credit for employer social security and Medicare taxes paid on certain employee tips from partnerships and S corporations <u>STMT 34</u> | 5 | 3,907. |
| 6 Add lines 4 and 5. Partnerships and S corporations, report this amount on Schedule K. All others, report this amount on Form 3800, Part III, line 4f. | 6 | 3,907. |

For Paperwork Reduction Act Notice, see instructions.

Form **8846** (2016)

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040 or Form 1040NR.

▶ Information about Form 2106 and its separate instructions is available at www.irs.gov/form2106.

| | | |
|---------------------------------------|---|---|
| Your name ROBERT F O'ROURKE | Occupation in which you incurred expenses MEMB OF US CONGRESS | Social security number [REDACTED] |
|---------------------------------------|---|---|

Part I Employee Business Expenses and Reimbursements

| | Column A Other Than Meals and Entertainment | Column B Meals and Entertainment |
|--|---|--|
| Step 1 Enter Your Expenses | | |
| 1 Vehicle expense from line 22 or line 29. (Rural mail carriers: See instructions.) | 1 | |
| 2 Parking fees, tolls, and transportation, including train, bus, etc., that didn't involve overnight travel or commuting to and from work | 2 | |
| 3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Don't include meals and entertainment | 3 | |
| 4 Business expenses not included on lines 1 through 3. Don't include meals and entertainment. SEE STATEMENT 35. | 4 | 3,000. |
| 5 Meals and entertainment expenses (see instructions). | 5 | |
| 6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5. | 6 | 3,000. |

Note: If you weren't reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

Step 2 Enter Reimbursements Received From Your Employer for Expenses Listed in Step 1

| | | |
|---|---|--|
| 7 Enter reimbursements received from your employer that were not reported to you in box 1 of Form W-2. Include any reimbursements reported under code "L" in box 12 of your Form W-2 (see instructions). | 7 | |
|---|---|--|

Step 3 Figure Expenses To Deduct on Schedule A (Form 1040 or Form 1040NR)

| | | |
|---|----|--------|
| 8 Subtract line 7 from line 6. If zero or less, enter -0-. However, if line 7 is greater than line 6 in Column A, report the excess as income on Form 1040, line 7 (or on Form 1040NR, line 8). | 8 | 3,000. |
| Note: If both columns of line 8 are zero, you can't deduct employee business expenses. Stop here and attach Form 2106 to your return. | | |
| 9 In Column A, enter the amount from line 8. In Column B, multiply line 8 by 50% (0.50). (Employees subject to Department of Transportation (DOT) hours of service limits: Multiply meal expenses incurred while away from home on business by 80% (0.80) instead of 50%. For details, see instructions.) | 9 | 3,000. |
| 10 Add the amounts on line 9 of both columns and enter the total here. Also, enter the total on Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 7). (Armed Forces reservists, qualified performing artists, fee-basis state or local government officials, and individuals with disabilities: See the instructions for special rules on where to enter the total.) . . . ▶ | 10 | 3,000. |

For Paperwork Reduction Act Notice, see your tax return instructions.

Part II Vehicle Expenses

| Section A - General Information (You must complete this section if you are claiming vehicle expenses.) | | (a) Vehicle 1 | (b) Vehicle 2 |
|---|--|--------------------------|---------------------------------|
| 11 | Enter the date the vehicle was placed in service | 11 | |
| 12 | Total miles the vehicle was driven during 2016. | 12 | miles miles |
| 13 | Business miles included on line 12 | 13 | miles miles |
| 14 | Percent of business use. Divide line 13 by line 12 | 14 | % % |
| 15 | Average daily roundtrip commuting distance | 15 | miles miles |
| 16 | Commuting miles included on line 12 | 16 | miles miles |
| 17 | Other miles. Add lines 13 and 16 and subtract the total from line 12 | 17 | miles miles |
| 18 | Was your vehicle available for personal use during off-duty hours? | <input type="checkbox"/> | Yes <input type="checkbox"/> No |
| 19 | Do you (or your spouse) have another vehicle available for personal use? | <input type="checkbox"/> | Yes <input type="checkbox"/> No |
| 20 | Do you have evidence to support your deduction? | <input type="checkbox"/> | Yes <input type="checkbox"/> No |
| 21 | If "Yes," is the evidence written? | <input type="checkbox"/> | Yes <input type="checkbox"/> No |

Section B - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

| | | | |
|----|--|----|--|
| 22 | Multiply line 13 by 54¢ (0.54). Enter the result here and on line 1. | 22 | |
|----|--|----|--|

| Section C - Actual Expenses | | (a) Vehicle 1 | (b) Vehicle 2 |
|------------------------------------|---|---------------|---------------|
| 23 | Gasoline, oil, repairs, vehicle insurance, etc. | 23 | |
| 24a | Vehicle rentals | 24a | |
| 24b | b Inclusion amount (see instructions) | 24b | |
| 24c | c Subtract line 24b from line 24a | 24c | |
| 25 | Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2 - see instructions) | 25 | |
| 26 | Add lines 23, 24c, and 25 | 26 | |
| 27 | Multiply line 26 by the percentage on line 14 | 27 | |
| 28 | Depreciation (see instructions). | 28 | |
| 29 | Add lines 27 and 28. Enter total here and on line 1. | 29 | |

Section D - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

| | | (a) Vehicle 1 | (b) Vehicle 2 |
|----|--|---------------|---------------|
| 30 | Enter cost or other basis (see instructions). | 30 | |
| 31 | Enter section 179 deduction and special allowance (see instructions) | 31 | |
| 32 | Multiply line 30 by line 14 (see instructions if you claimed the section 179 deduction or special allowance) | 32 | |
| 33 | Enter depreciation method and percentage (see instructions). | 33 | |
| 34 | Multiply line 32 by the percentage on line 33 (see instructions) | 34 | |
| 35 | Add lines 31 and 34 | 35 | |
| 36 | Enter the applicable limit explained in the line 36 instructions | 36 | |
| 37 | Multiply line 36 by the percentage on line 14 | 37 | |
| 38 | Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above | 38 | |



SUPPLEMENT TO FORM 1040

SOURCES OF COMPENSATION

| OWNER-SHIP | DESCRIPTION | TOTAL WAGES | FEDERAL WITHHELD | SOC. SEC. WITHHELD | MEDICARE WITHHELD |
|---------------|---------------------------|-------------|------------------|--------------------|-------------------|
| WAGES | | | | | |
| S | STANTON STREET TECHNOLOGY | 37,386. | NONE | 1,611. | 377. |
| T | HOUSE OF REP -MEMBER SERV | 165,300. | 25,675. | 7,347. | 2,523. |
| TOTAL - WAGES | | 202,686. | 25,675. | 8,958. | 2,900. |
| GRAND TOTAL | | 202,686. | 25,675. | 8,958. | 2,900. |

QUALIFIED DIVIDENDS

QUALIFIED DIVIDENDS FROM FORM 1099

| | |
|---|--------|
| MORGAN STANLEY & CO. INCORPORATED | 796. |
| TOTAL FORM 1099 QUALIFIED DIVIDENDS | 796. |
| PSHIP, S CORP. & ESTATE/TRUST QUALIFIED DIVIDENDS | |
| CAMPR II LIMITED | 435. |
| TOTAL PASS THROUGH QUALIFIED DIVIDENDS | 435. |
| TOTAL TO 1040, LINE 9B | 1,231. |



SUPPLEMENT TO FORM 1040

=====

SOURCES OF OTHER INCOME

=====

MISC. OTHER INCOME SUBJECT TO S.E. TAX

| | | |
|---|--|---------|
| S | PROJECT VIDA | 12,000. |
| S | COUNCIL ON REGIONAL ECONOMIC EXPANSION | 36,906. |
| | | ----- |
| | SUBTOTAL | 48,906. |
| | | ----- |

| | | |
|--|--|-------|
| | CANCELLATION OF DEBT FROM SCHEDULE K-1 | 12. |
| | | ----- |

| | | |
|--|------------------------|---------|
| | TOTAL TO 1040, LINE 21 | 48,918. |
| | | ===== |



SUPPLEMENT TO SCHEDULE A

=====

INVESTMENT INTEREST EXPENSE

| | |
|---|---------|
| CAMPR II LIMITED | 42,533. |
| | ----- |
| SUBTOTAL OF INVESTMENT INTEREST EXPENSE | 42,533. |
| LESS: DISALLOWED INVESTMENT INTEREST EXP./FORM 4952 | 7,285. |
| | ----- |
| TOTAL TO SCHEDULE A, LINE 14 | 35,248. |
| | ===== |

CASH CONTRIBUTIONS

| | |
|--|-------|
| PARTNERSHIP/S CORPORATION/ESTATE AND TRUST | |
| ----- | |
| 50% ORGANIZATION(S) | |
| CAMPR II LIMITED | 9. |
| OTHER CASH CONTRIBUTIONS | |
| ----- | |
| 50% ORGANIZATION(S) | |
| ANNUNCIATION HOUSE | 538. |
| KCOS 13 | 60. |
| PASO DEL NORTE FOUNDATION | 100. |
| TRINITY FIRST WEEKDAY SCHOOL | 150. |
| | ----- |
| TOTAL CASH CONTRIBUTIONS BEFORE LIMITATION | 857. |
| CASH CONTRIBUTION LIMITATION | NONE |
| | ----- |
| TOTAL TO SCHEDULE A, LINE 16 | 857. |
| | ===== |

OTHER MISC. DEDUCTIONS SUBJECT TO 2% LIMIT

| | |
|---|---------|
| ----- | |
| PARTNERSHIP, S CORPORATION AND ESTATE AND TRUST | 15,666. |
| MORGAN STANLEY ADVISORY FEES | 1,246. |
| | ----- |
| TOTAL TO SCHEDULE A, LINE 23 | 16,912. |
| | ===== |



SUPPLEMENT TO SCHEDULE A

=====

MISC. DEDUCTIONS NOT SUBJECT TO 2% LIMITATION

PORTFOLIO DEDUCTIONS FROM K-1 SOURCES

950.

TOTAL TO SCHEDULE A, LINE 28

950.

=====



SUPPLEMENT TO SCHEDULE A

=====

ITEMIZED DEDUCTION WORKSHEET

| | | |
|-----|---|----------|
| 1. | SCHEDULE A, LINES 4, 9, 15, 19, 20, 27, AND 28 | 71,517. |
| 2. | SCHEDULE A, LINES 4, 14, 20, PLUS ANY GAMBLING AND CASUALTY OR THEFT LOSSES INCLUDED ON LINE 28 | 35,248. |
| 3. | IS THE AMOUNT ON LINE 2 LESS THAN THE AMOUNT ON LINE 1? NO. | ----- |
| | X YES. SUBTRACT LINE 2 FROM LINE 1 | 36,269. |
| | | ===== |
| 4. | LINE 3 MULTIPLIED BY 80% (.80)..... | 29,015. |
| | | ===== |
| 5. | ENTER THE AMOUNT FROM FORM 1040, LINE 38 | 327,947. |
| 6. | ENTER LIMIT BASED ON FILING STATUS..... | 311,300. |
| 7. | IS THE AMOUNT ON LINE 6 LESS THAN THE AMOUNT ON LINE 5? NO. | ----- |
| | X YES. SUBTRACT LINE 6 FROM LINE 5.. | 16,647. |
| | | ===== |
| 8. | LINE 7 MULTIPLIED BY 3% (.03) | 499. |
| | | ===== |
| 9. | ENTER THE SMALLER OF LINE 4 OR LINE 8 | 499. |
| | | ===== |
| 10. | TOTAL ITEMIZED DEDUCTIONS (LINE 1 LESS LINE 9) | 71,018. |
| | | ===== |



SUPPLEMENT TO SCHEDULE D

=====

PART I SHORT-TERM CAPITAL GAINS AND LOSSES - ASSETS HELD ONE YEAR OR LESS
LINE 5 - SHORT-TERM GAIN (LOSS) FROM PARTNERSHIPS, S CORPORATIONS, AND FIDUCIARIES

| ACTIVITY NAME | GAIN/LOSS |
|--|-----------|
| ----- | ----- |
| CAMPR II LIMITED | -3,943. |
| | ----- |
| TOTAL SHORT-TERM GAINS AND LOSSES FROM K-1'S | -3,943. |
| | ----- |
| TOTAL TO SCHEDULE D, LINE 5 | -3,943. |
| | ===== |



SUPPLEMENT TO SCHEDULE D

=====


PART II LONG-TERM CAPITAL GAINS AND LOSSES - ASSETS HELD MORE THAN ONE YEAR
LINE 12 - LONG-TERM GAIN (LOSS) FROM PARTNERSHIPS, S CORPORATIONS, AND FIDUCIARIES

| ACTIVITY NAME | GAIN/LOSS |
|---|-----------|
| ----- | ----- |
| CAMPR II LIMITED | -1,985. |
| | ----- |
| TOTAL LONG-TERM GAINS AND LOSSES FROM K-1'S | -1,985. |
| | ----- |
| TOTAL TO SCHEDULE D, LINE 12 | -1,985. |
| | ===== |



SUPPLEMENT TO SCHEDULE D

=====
PART II LONG-TERM CAPITAL GAINS AND LOSSES
LINE 13 CAPITAL GAIN DISTRIBUTIONS

| NAME OF PAYER | CAPITAL GAINS |
|--|--------------------------|
| ----- MORGAN STANLEY & CO. INCORPORATED  | ----- 1,700. |
| SUBTOTAL FROM CONSOLIDATED-1099 | ----- 1,700. |
| TOTAL TO SCHEDULE D, LINE 13 | ----- 1,700. ===== |



SUPPLEMENT TO SCHEDULE E

=====

INCOME OR LOSS FROM PARTNERSHIPS AND S CORPORATIONS

| (A) NAME | (B) (C) | | (D) EIN | (E) NOT AT-RISK | (F) PASSIVE LOSS | (G) PASSIVE INCOME | (H) NONPASSIVE LOSS | (I) NONPASSIVE SEC 179 | (J) NONPASSIVE INCOME |
|-------------------------------------|---------|--------|------------|--------------------|---------------------|-----------------------|------------------------|---------------------------|--------------------------|
| | P/ S | F P | | | | | | | |
| CAMPR INVESTMENT PARTNERSHIP | P | | | | | | | | NONE |
| CAMPR II LIMITED | P | | | | | 21,724. | | | |
| STANTON STREET TECHNOLOGY GROUP INC | S | | | | | | 45,709. | | |
| IMPERIAL ARMS LLC | P | | | | 5,981. | | | | |
| PEPPERTREE SQUARE, LTD | P | | | | | 62,323. | | | |
| TOTALS | | | | | 5,981. | 84,047. | 45,709. | | NONE |



SUPPLEMENT TO SCHEDULE E

=====

PART II, INCOME OR LOSS FROM PARTNERSHIPS AND S CORPORATIONS

=====

COLUMNS (F), (G), (H), (I) & (J) PASSIVE AND NONPASSIVE INCOME/LOSS

K-1 NAME: CAMPR INVESTMENT PARTNERSHIP
 ID NUMBER: [REDACTED]

| DESCRIPTION | PASSIVE | NONPASSIVE |
|-----------------------|---------|------------|
| ----- | ----- | ----- |
| ALLOWABLE INCOME/LOSS | | NONE |
| | ===== | ===== |

K-1 NAME: CAMPR II LIMITED
 ID NUMBER: [REDACTED]

| DESCRIPTION | PASSIVE | NONPASSIVE |
|-----------------------------------|----------|------------|
| ----- | ----- | ----- |
| ORDINARY INCOME OR LOSS | 37,119. | |
| RENTAL REAL ESTATE INCOME OR LOSS | -5. | |
| PLUS: | | |
| OTHER PORTFOLIO INCOME | 9. | |
| OTHER INCOME (LOSS) | -15,330. | |
| LESS: | | |
| OTHER DEDUCTIONS | 69. | |
| ----- | ----- | ----- |
| ALLOWABLE INCOME/LOSS | 21,724. | |
| | ===== | ===== |

K-1 NAME: STANTON STREET TECHNOLOGY GROUP INC
 ID NUMBER: [REDACTED]

| DESCRIPTION | PASSIVE | NONPASSIVE |
|-------------------------|---------|------------|
| ----- | ----- | ----- |
| ORDINARY INCOME OR LOSS | | -45,709. |
| ----- | ----- | ----- |
| ALLOWABLE INCOME/LOSS | | -45,709. |
| | ===== | ===== |



SUPPLEMENT TO SCHEDULE E

=====

PART II, INCOME OR LOSS FROM PARTNERSHIPS AND S CORPORATIONS (CONT'D)

=====

COLUMNS (F), (G), (H), (I) & (J) PASSIVE AND NONPASSIVE INCOME/LOSS

K-1 NAME: IMPERIAL ARMS LLC
ID NUMBER: [REDACTED]

| DESCRIPTION | PASSIVE | NONPASSIVE |
|-----------------------------------|---------|------------|
| RENTAL REAL ESTATE INCOME OR LOSS | -5,981. | |
| ALLOWABLE INCOME/LOSS | -5,981. | |

K-1 NAME: PEPPERTREE SQUARE, LTD
ID NUMBER: [REDACTED]

| DESCRIPTION | PASSIVE | NONPASSIVE |
|-----------------------------------|---------|------------|
| RENTAL REAL ESTATE INCOME OR LOSS | 69,903. | |
| LESS: SECTION 754 DEPRECIATION | 7,580. | |
| ALLOWABLE INCOME/LOSS | 62,323. | |



SUPPLEMENT TO SCHEDULE SE

=====

SPOUSE'S NET SELF-EMPLOYMENT INCOME

=====

NET NONFARM PROFIT OR (LOSS)

MISCELLANEOUS INCOME SUBJECT TO SE TAX 48,906.

TOTAL NET NONFARM PROFIT OR (LOSS), SECTION A, LINE 2 48,906.

=====



FORM 4797 - PART I: SALES OR EXCHANGES OF PROPERTY USED IN A TRADE OR BUSINESS AND INVOLUNTARY
 CONVERSIONS FROM OTHER THAN CASUALTY OR THEFTS

| (A) DESCRIP. OF PROPERTY | (B) DATE ACQUIRED | (C) DATE SOLD | (D) GROSS SALES PRICE | (E) DEPRECIATION ALLOWED | (F) COST OR OTHER BASIS PLUS IMPROVEMENTS & EXPENSE OF SALE | (G) LOSS/GAIN |
|--------------------------------|-------------------------|---------------------|-----------------------------|--------------------------------|---|------------------|
| CAMPR II LIMITED | | | | | | -273. |
| PART I SEC. 1231 GAIN AND LOSS | | | | | | -273. |



FORM 4797 - PART I: SALES OR EXCHANGES OF PROPERTY USED IN A TRADE OR BUSINESS AND INVOLUNTARY
 CONVERSIONS FROM OTHER THAN CASUALTY OR THEFTS - ALT. MINIMUM TAX

| (A) DESCRIP. OF PROPERTY | (B) DATE ACQUIRED | (C) DATE SOLD | (D) GROSS SALES PRICE | (E) DEPRECIATION ALLOWED | (F) COST OR OTHER BASIS PLUS IMPROVEMENTS & EXPENSE OF SALE | (G) LOSS/GAIN |
|--------------------------------|-------------------------|---------------------|-----------------------------|--------------------------------|---|------------------|
| CAMPR II LIMITED | | | | | | -276. |
| PART I SEC. 1231 GAIN AND LOSS | | | | | | -276. |



SUPPLEMENT TO FORM 6251

DISPOSITION OF PROPERTY

| SOURCE: | REGULAR GAIN/LOSS | AMT GAIN/LOSS | GAIN/LOSS ADJUSTMENT |
|-----------------------------|----------------------|------------------|-------------------------|
| FORM 4797 | -273. | -276. | -3. |
| TOTAL TO FORM 6251, LINE 17 | | | -3. |

PASSIVE ACTIVITY LOSS

| DESCRIPTION | REGULAR INC./LOSS | AMT INC./LOSS | PASSIVE ADJUSTMENT |
|-----------------------------|----------------------|------------------|-----------------------|
| CAMPR II LIMITED | 21,724. | 21,679. | -45. |
| PEPPERTREE SQUARE, LTD | 62,323. | 61,728. | -595. |
| TOTAL TO FORM 6251, LINE 19 | | | -640. |



SUPPLEMENT TO FORM 6251

PASSIVE ACTIVITY - INCOME AND LOSS DETAIL

| | REGULAR INC./LOSS | AMT INC./LOSS |
|---|----------------------|------------------|
| | ----- | ----- |
| ACTIVITY - CAMPR II LIMITED | | |
| ORDINARY INCOME OR LOSS | 37,119. | |
| RENTAL REAL ESTATE INCOME OR LOSS | -5. | |
| PLUS: OTHER INCOME | -15,321. | |
| LESS: OTHER DEDUCTIONS | 69. | |
| | ----- | |
| REGULAR INCOME OR LOSS BEFORE LIMITATIONS | 21,724. | 37,114. |
| PLUS: POST-86 DEPRECIATION ADJUSTMENT | | -45. |
| POST-86 DISPOSITION GAIN OR LOSS | | -3. |
| OTHER INCOME | | -15,321. |
| LESS: OTHER DEDUCTIONS | | 69. |
| | | ----- |
| AMT INCOME OR LOSS BEFORE LIMITATIONS | | 21,676. |
| | ----- | ----- |
| ALLOWABLE INCOME OR LOSS | 21,724. | 21,676. |
| | ===== | ===== |

ACTIVITY - PEPPERTREE SQUARE, LTD

| | | |
|---|---------|---------|
| RENTAL REAL ESTATE INCOME OR LOSS | 69,903. | |
| LESS: OTHER DEDUCTIONS | 7,580. | |
| | ----- | |
| REGULAR INCOME OR LOSS BEFORE LIMITATIONS | 62,323. | 69,903. |
| PLUS: POST-86 DEPRECIATION ADJUSTMENT | | -595. |
| LESS: OTHER DEDUCTIONS | | 7,580. |
| | | ----- |
| AMT INCOME OR LOSS BEFORE LIMITATIONS | | 61,728. |
| | ----- | ----- |
| ALLOWABLE INCOME OR LOSS | 62,323. | 61,728. |
| | ===== | ===== |



SUPPLEMENT TO FORM 6251

=====

LINE 29 - EXEMPTION WORKSHEET

=====

| | | | |
|----|--|----------|---------|
| 1. | \$53,900. IF SINGLE OR HEAD OF HOUSEHOLD | | |
| | \$83,800. IF MARRIED FILING JT. OR QUAL. WIDOW(ER) | | 83,800. |
| | \$41,900. IF MARRIED FILING SEPARATELY | | |
| 2. | ALTERNATIVE MINIMUM TAXABLE INCOME, LINE 28 | 280,529. | |
| 3. | \$119,700. IF SINGLE OR HEAD OF HOUSEHOLD | | |
| | \$159,700. IF MFJ OR QUAL. WIDOW(ER) | 159,700. | |
| | \$ 79,850. IF MARRIED FILING SEPARATELY | ----- | |
| 4. | LINE 2 LESS LINE 3 | 120,829. | |
| 5. | MULTIPLY LINE 4 BY 25% | | 30,207. |
| | | | ----- |
| 6. | EXEMPTION AMOUNT (LINE 1 LESS LINE 5) | | 53,593. |
| | | | ===== |



SUPPLEMENT TO FORM 6251

=====

LINE 42 - WORKSHEET

=====

| | |
|---|----------|
| 1. AMOUNT FROM FORM 6251, LINE 41 | 225,705. |
| 2. LINE 1 MULTIPLIED BY 28% | 63,197. |
| 3. \$3,726 OR \$1,863 IF MARRIED FILING SEPARATELY | 3,726. |
| | ----- |
| 4. TOTAL TO FORM 6251, LINE 42 (LINE 2 LESS LINE 3) | 59,471. |
| | ===== |

LINE 63 - WORKSHEET

=====

| | |
|---|----------|
| 1. AMOUNT FROM FORM 6251, LINE 36 | 226,936. |
| 2. LINE 1 MULTIPLIED BY 28% | 63,542. |
| 3. \$3,726 OR \$1,863 IF MARRIED FILING SEPARATELY | 3,726. |
| | ----- |
| 4. TOTAL TO FORM 6251, LINE 63 (LINE 2 LESS LINE 3) | 59,816. |
| | ===== |



SUPPLEMENT TO SCHEDULE H

=====

| NAME OF EMPLOYEE | SOC. SEC. TAX | CASH WAGES SUBJECT TO MEDICARE TAX | FUTA TAX | FEDERAL INCOME TAX W/H | ADVANCE EIC PAYMENTS |
|------------------|------------------|--|-------------|------------------------------|----------------------------|
| | 18,385. | 18,385. | 7,000. | NONE | |
| TOTAL | 18,385. | 18,385. | 7,000. | NONE | |

=====



SUPPLEMENT TO FORM 4952

=====

DETAIL OF INVESTMENT INTEREST EXPENSE

| DESCRIPTION | CURRENT YEAR | PRIOR YEAR |
|-----------------------------------|--------------|-------------------------|
| ----- | ----- | ----- |
| | INV. INT. | DISALLOWED INV. INT. |
| ----- | ----- | ----- |
| CAMPR II LIMITED | 28,782. | 13,751. |
| | ----- | ----- |
| TOTAL INVESTMENT INTEREST EXPENSE | 28,782. | 13,751. |
| | ===== | ===== |



SUPPLEMENT TO FORM 4952

GAIN FROM INVESTMENT PROPERTIES

| | ORDINARY GAIN | SHORT TERM LOSS | SHORT TERM GAIN | LONG TERM LOSS | LONG TERM GAIN |
|---|------------------|--------------------|--------------------|-------------------|-------------------|
| CAP. GAIN DIST SCHEDULE D FORM 6781 | | 3,943. | 106. | 1,985. | 1,700. |
| TOTAL | | 3,943. | 106. | 1,985. | 1,858. |

NET GAIN - PROPERTY HELD FOR INVESTMENT - FORM 4952 LINE 4D NONE
=====

ELECTION TO INCLUDE QUAL.DIV.& NET CAP.GAIN AS INV.INCOME

| | |
|---|---------|
| GROSS INCOME EXCLUDING QUAL. DIV. - FORM 4952 LINE 4C | 49,554. |
| ORDINARY GAIN - PROPERTY HELD FOR INVESTMENT | |
| TOTAL INCOME BEFORE CAPITAL GAIN | 49,554. |
| TOTAL INVESTMENT INTEREST EXPENSES - FORM 4952 LN. 3 | 42,533. |
| INVESTMENT EXPENSES - FORM 4952 LINE 5 | 14,306. |
| TOTAL EXPENSES | 56,839. |
| EXCESS TOTAL EXPENSES OVER TOTAL INCOME | 7,285. |
| QUALIFIED DIVIDENDS | 1,231. |
| NET LONG-TERM CAPITAL GAIN - INVESTMENT PROPERTY | NONE |
| NET SHORT-TERM CAPITAL LOSS - INVESTMENT PROPERTY | 3,837. |
| NET CAPITAL GAIN | NONE |
| NET CAPITAL GAIN YOU MAY ELECT TO REPORT AS ORDINARY | NONE |

CONTINUED...

STATEMENT 21



SUPPLEMENT TO FORM 4952

=====

ELECTION TO INCLUDE QUAL.DIV.& NET CAP.GAIN AS INV.INCOME (CONT'D)

| | |
|---|--------|
| QUALIFIED DIVIDENDS YOU MAY ELECT TO INCLUDE IN INV. INC. | 1,231. |
| | ----- |
| NET CAPITAL GAIN ELECTED TO BE REPORTED AS ORDINARY | NONE |
| QUALIFIED DIVIDENDS ELECTED TO BE INCLUDED IN INV. INC. | NONE |
| | ----- |
| TOTAL ELECTION TO BE INCLUDED IN INVESTMENT INCOME | NONE |
| - FORM 4952 LINE 4G | ===== |



SUPPLEMENT TO FORM 4952

=====

DETAIL OF INVESTMENT INCOME MINUS EXPENSES

| | | |
|---|---------|---------|
| 1. CHILD'S INCOME FROM FORM 8814 | | |
| 2. INTEREST INCOME | 73. | |
| 2A. LESS: INTEREST RECLASSIFIED AS SELF-CHARGED .. | | |
| 3. DIVIDEND INCOME | 2,456. | |
| 4. ANNUITIES | | |
| 5. ROYALTY INCOME..... | | |
| 6. K-1 SOURCES INVESTMENT INCOME | 48,256. | |
| | ----- | |
| 7. GROSS INVESTMENT INCOME | | 50,785. |
| 8. QUALIFIED DIVIDENDS | | 1,231. |
| | | ----- |
| 9. GROSS INVESTMENT INCOME EXCLUDING QUALIFIED DIV. | | 49,554. |
| 10. ORDINARY SECTION 1245, 1250 & 1254 INCOME | | NONE |
| 11. NET CAPITAL GAIN FROM INVESTMENT PROPERTY | NONE | |
| 12. NET GAIN FROM INVESTMENT PROPERTY | | |
| 13. LINE 12 LESS LINE 11 | | |
| 14. INVESTMENT INCOME ELECTION | | NONE |
| | | ----- |
| 15. TOTAL INVESTMENT INCOME | | 49,554. |
| 16. ROYALTY EXPENSES | | |
| 17. INVESTMENT EXPENSES | 14,306. | |
| | ----- | |
| 18. TOTAL INVESTMENT EXPENSES | | 14,306. |
| | | ----- |
| 19. TOTAL NET INVESTMENT INCOME | | 35,248. |
| | | ===== |



SUPPLEMENT TO FORM 4952

=====

DETAIL OF DISALLOWED INVESTMENT INTEREST EXPENSE

| DESCRIPTION | DISALLOWED INT. EXP. | TOTAL INT. EXP. |
|------------------|-------------------------|--------------------|
| ----- | ----- | ----- |
| CAMPR II LIMITED | 7,285. | 42,533. |
| TOTALS | 7,285. | 42,533. |
| | ===== | ===== |



SUPPLEMENT TO FORM 4952 - AMT

GAIN FROM INVESTMENT PROPERTIES - AMT

| | ORDINARY GAIN | SHORT TERM LOSS | SHORT TERM GAIN | LONG TERM LOSS | LONG TERM GAIN |
|---|------------------|--------------------|--------------------|-------------------|-------------------|
| CAP. GAIN DIST SCHEDULE D FORM 6781 | | 3,943. | 106. | 1,985. | 1,700. |
| TOTAL | | 3,943. | 106. | 1,985. | 1,858. |

NET GAIN - PROPERTY HELD FOR INVESTMENT - FORM 4952 LINE 4D NONE
=====

ELEC. TO INCLUDE QUAL. DIV. & NET CAP. GAIN AS INV. INC. - AMT

| | |
|---|--------------|
| GROSS INCOME EXCLUDING QUAL. DIV. - FORM 4952 LINE 4C | 49,554. |
| ORDINARY GAIN - PROPERTY HELD FOR INVESTMENT | |
| TOTAL INCOME BEFORE CAPITAL GAIN | 49,554. |
| TOTAL INVESTMENT INTEREST EXPENSES - FORM 4952 LINE 3 | 31,281. |
| INVESTMENT EXPENSES - FORM 4952 LINE 5 | 953. |
| TOTAL EXPENSES | 32,234. |
| EXCESS TOTAL EXPENSES OVER TOTAL INCOME | NONE |
| QUALIFIED DIVIDENDS | 1,231. |
| NET LONG-TERM CAPITAL GAIN - INVESTMENT PROPERTY | NONE |
| NET SHORT-TERM CAPITAL LOSS - INVESTMENT PROPERTY | 3,837. |
| NET CAPITAL GAIN | NONE |
| NET CAPITAL GAIN YOU MAY ELECT TO REPORT AS ORDINARY QUALIFIED DIVIDENDS YOU MAY ELECT TO INCLUDE IN INV. INC. | NONE NONE |
| NET CAPITAL GAIN ELECTED TO BE REPORTED AS ORDINARY QUALIFIED DIVIDENDS ELECTED TO BE INCLUDED IN INV. INC. | NONE NONE |



SUPPLEMENT TO FORM 4952 - AMT

=====

ELEC.TO INCLUDE QUAL.DIV.& NET CAP.GAIN AS INV.INC.- AMT (CONT'D)

TOTAL ELECTION TO BE INCLUDED IN INVESTMENT INCOME
- FORM 4952 AMT LINE 4G

NONE

=====



SUPPLEMENT TO FORM 4952 - AMT

=====

DETAIL OF INVESTMENT INCOME MINUS EXPENSES FOR ALT. MIN. TAX

| | | |
|---|---------|---------|
| 1. CHILD'S INCOME FROM FORM 8814 | | |
| 2. INTEREST INCOME | 73. | |
| 2A. LESS: INTEREST RECLASSIFIED AS SELF-CHARGED | | |
| 3. PRIVATE ACTIVITY BONDS | | |
| 4. DIVIDEND INCOME | 2,456. | |
| 5. ANNUITIES | | |
| 6. ROYALTY INCOME | | |
| 7. K-1 SOURCES INVESTMENT INCOME | 48,256. | |
| | ----- | |
| 8. GROSS INVESTMENT INCOME | | 50,785. |
| 9. QUALIFIED DIVIDENDS | | 1,231. |
| | | ----- |
| 10. GROSS INVESTMENT INCOME EXCLUDING QUALIFIED DIV | | 49,554. |
| 11. ORDINARY SECTION 1245, 1250, & 1254 INCOME | | |
| 12. NET CAPITAL GAIN FROM INVESTMENT PROPERTY | NONE | |
| 13. NET GAIN FROM INVESTMENT PROPERTY | NONE | |
| 14. LINE 13 LESS LINE 12 | | NONE |
| 15. INVESTMENT INCOME ELECTION | | NONE |
| | | ----- |
| 16. TOTAL INVESTMENT INCOME | | 49,554. |
| 17. ROYALTY EXPENSES | | |
| 18. INVESTMENT EXPENSES | 953. | |
| 19. PRIVATE ACTIVITY BONDS | | |
| | ----- | |
| 20. TOTAL INVESTMENT EXPENSES | | 953. |
| | | ----- |
| 21. TOTAL NET INVESTMENT INCOME | | 48,601. |
| | | ===== |



SUPPLEMENT TO FORM 8960

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PART II INVESTMENT EXPENSES ALLOCABLE TO INVESTMENT INCOME AND
MODIFICATIONS

LINE 9A INVESTMENT INTEREST EXPENSES

| | |
|------------------------------------|---------|
| 1. SCHEDULE A (FORM 1040), LINE 14 | 35,248. |
| 2. ADJUSTMENT FROM ORGANIZER | |
| 3. TOTAL. ADD LINE 1 AND LINE 2 | 35,248. |
| | ===== |



SUPPLEMENT TO FORM 8960

=====
 PART II INVESTMENT EXPENSES ALLOCABLE TO INVESTMENT INCOME AND
 MODIFICATIONS
 LINE 9C MISCELLANEOUS INVESTMENT EXPENSES

| | |
|---|---------------------------|
| 1. AMOUNT OF MISCELLANEOUS ITEMIZED DEDUCTIONS BEFORE THE APPLICATION OF SECTION 67 LIMITATION | 17,865. |
| 2. AMOUNT OF ALL MISCELLANEOUS ITEMIZED DEDUCTIONS AFTER THE APPLICATION OF SECTION 67 LIMITATION (SCHEDULE A (FORM 1040), LINE 27) | 13,353. |
| 3. SMALLER OF LINE 1 OR LINE 2 | 13,353. |
| 4. DIVIDE LINE 2 BY LINE 1 | 0.74743913 |
| 5. FORM 4952 LINE 5 RECALCULATED FOR NII BEFORE SECTION 67 LIMITATION | 17,865. |
| 6. MULTIPLY LINE 4 TIMES LINE 5 | 13,353. |
| 7. FORM 4952 LINE 5 RECALCULATED FOR NII AFTER APPLICATION OF SECTION 67 LIMITATION AND SUBJECT TO THE SECTION 68 LIMITATION | 13,353. |
| 8. TOTAL DEDUCTIONS PROPERLY ALLOCABLE TO INVESTMENT INCOME SUBJECT TO THE SECTION 68 LIMITATION | 13,353. |
| 9. ITEMIZED DEDUCTION LIMITATION FOR NII | 35,770. |
| 10. SMALLER OF LINE 8 OR LINE 9 | 13,353. |
| 11. DIVIDE LINE 10 BY LINE 8 | 1.00000000 |
| 12. MULTIPLY LINE 7 TIMES LINE 11 | 13,353. |
| 13. ADJUSTMENT FROM ORGANIZER | |
| 14. MISCELLANEOUS INVESTMENT EXPENSES FOR NII AFTER APPLICATION OF SECTION 67 AND SECTION 68 LIMITATIONS. ADD LINE 12 AND LINE 13 | ----- 13,353. ===== |



SUPPLEMENT TO FORM 8960

=====
PART III TAX COMPUTATION
LINE 13 MODIFIED ADJUSTED GROSS INCOME

| | |
|--|----------------------------|
| 1. ENTER YOUR ADJUSTED GROSS INCOME | 327,947. |
| 2. FOREIGN EARNED INCOME EXCLUSION: | |
| (A) ENTER YOUR FOREIGN EARNED INCOME EXCLUSION (FROM LINE 42 OF FORM 2555) | |
| (B) ENTER THE DEDUCTIONS REPORTED ON LINE 44 OF FORM 2555 ALLOCABLE TO YOUR FOREIGN EARNED INCOME EXCLUSION | |
| (C) COMBINE LINES 2(A) AND 2(B) | |
| 3. ADJUSTMENTS FOR CERTAIN CFCS AND CERTAIN PFICS | |
| 4. ENTER THE SUM OF LINE 1, LINE 2(C), AND LINE 3. (ENTER THIS AMOUNT ON FORM 8960, LINE 13.) | ----- 327,947. ===== |



SUPPLEMENT TO FORM 8960

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PART I INVESTMENT INCOME

LINE 5B NET GAIN OR LOSS FROM DISPOSITION OF PROPERTY THAT IS NOT
SUBJECT TO NET INVESTMENT INCOME TAX

| ACTIVITY NAME | AMOUNT |
|---------------------------|--------|
| CAMPR II LIMITED | 264. |
| SUBTOTAL SCHEDULE D | 264. |
| TOTAL TO LINE 2A COLUMN A | 264. |



SUPPLEMENT TO FORM 5884

=====

PASS-THROUGH WORK OPPORTUNITY CREDITS

=====

CAMPR II LIMITED

238.

TOTAL TO LINE 3 OF FORM 5884

238.

=====



SUPPLEMENT TO FORM 8582-CR

=====

TAX ATTRIBUTABLE TO PASSIVE INCOME - LINE 6

| | | |
|--|----------|---------|
| TOTAL TAX LIABILITY | | 54,231. |
| TAXABLE INCOME INCLUDING PASSIVE INCOME | 239,514. | |
| LESS: NET PASSIVE INCOME FROM FORM 8582 | 77,793. | |
| PLUS: LOSSES FROM DISPOSITION | | |
| INCOME WITHOUT PASSIVE INCOME | 161,721. | |
| LESS: TAX ON NON-PASSIVE INCOME | | 32,108. |
| | | ----- |
| TAX ATTRIBUTABLE TO PASSIVE INCOME, LINE 6 | | 22,123. |
| | | ===== |



SUPPLEMENT TO FORM 8846

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FLOW-THROUGH TIP CREDIT

=====

CAMPR II LIMITED

3,907.

TOTAL TO LINE 5, FORM 8846

3,907.

=====



SUPPLEMENT TO FORM 2106 - EMPLOYEE BUSINESS EXPENSES

=====

NAME: ROBERT F O'ROURKE
OCCUPATION: MEMB OF US CONGRESS

| BUSINESS EXPENSES | AMOUNT |
|--|--------|
| ----- | ----- |
| TREAS REG 5E.274-8 TRAVEL EXPENSES | 3,000. |
| | ----- |
| TOTAL BUSINESS EXPENSES TO FORM 2106, LINE 4 | 3,000. |
| | ===== |