Your first name a	1-Dec. 31,	2016, or other tax year beginning			, 2016, ending		, 20		See	e separate instructions.
	and initia	l	Last name						You	r social security number
ROBERT	F		O'RO	URKE						
If a joint return, s	spouse's	first name and initial	Last name						Spo	use's social security numb
AMY S			O'RO	URKE						
Home address (r	number a	and street). If you have a P.O. b	ox, see instruction	ons.			ŀ	Apt. no.		Make sure the SSN(s) abo
										and on line 6c are correc
City, town or pos	st office,	state, and ZIP code. If you have	/e a foreign addi	ress, also complete	e spaces below (see instruc	ctions).		P	residential Election Campaign
EL PASO		TX			79902					k here if you, or your spouse if filing
Foreign country r				Foreign provinc	e/state/county	F	oreign postal c	ode		r, want \$3 to go to this fund. Checking below will not change your tax or
									refund	^{i.} You Spou
Filing Statu	<u>е</u> 1	Single			4	Head of h	ousehold (wit	h qualifying	perso	on). (See instructions.) If
Filing Statu	15 2	X Married filing jointly	(even if only o	one had income)		the qualif	ying person is	a child but	not yo	our dependent, enter this
Check only one	3	Married filing separa	tely. Enter spo	ouse's SSN abov			me here. 🕨			•
box.		and full name here.	• •		5	Qualifyir	ig widow(er)	with depe	nder	nt child
-	6a	X Yourself. If someone		u as a depender	nt do not che	ck box 6a)	Boxes checked 2
Exemptions	S b			•	-				. }	No. of children
-	c	Dependents:		(2) Dependent's		ependent's	. (4) √i	f child under ag	je 17	on 6c who: • lived with you 3
	(1) Firs	t name Last na	500	ial security number		nship to yo	qualityin	g for child tax c e instructions)	redit	• did not live with
-		SES F O'ROURKE			SON			X		you due to divorce or separation
If more than four M	10LL				DAUGH	TER		X		(see instructions) —
uepenuents, see -		Y J O'ROURKE			SON			x		Dependents on 6c not entered above
check										
	b	Total number of exemptio	ns claimed							Add numbers on lines above ► 5
		Wages, salaries, tips, etc.							7	202,686
Income	7								Ba	42,380
		Taxable interest. Attach S				01		· • • •	Ju	12,500
Attach Form(s)		Tax-exempt interest. Do n				00			9a	8,334
W-2 here. Also attach Forms		Ordinary dividends. Attac				0.	1	231.	Ja	0,554
W-2G and		Qualified dividends • •				9b	,			
1099-R if tax was withheld.	10	Taxable refunds, credits,							10	
was withincid.	11	Alimony received						· • • • _	11	
If you did not	12	Business income or (loss).	Attach Sched	ule C or C-EZ 🔹					12	
get a W-2, see instructions.	13						•		12	2 000
		Capital gain or (loss). Atta		D if required. If I	not required, c		•		13	
	14	Other gains or (losses). A	ttach Form 47	D if required. If I	not required, c	heck here	• ►		13 14	
	15 a	Other gains or (losses). A IRA distributions	ttach Form 47	D if required. If 1 97	not required, c	heck here Faxable a	e ►		13 14 5b	
	15 a	Other gains or (losses). A IRA distributions Pensions and annuities	ttach Form 47 15a 16a	D if required. If 1 97••••	b	heck her Faxable a Faxable a	e		13 14 5b 6b	-273
	15 a 16 a 17	Other gains or (losses). A IRA distributions Pensions and annuities Rental real estate, royalti	ttach Form 47 15a 16a es, partnershi	D if required. If i	b b b b b b b b b b b b b b b b b b b	heck here Faxable a Faxable a Attach So	e mount mount		13 14 5b 6b 17	-273
	15 a 16 a	Other gains or (losses). A IRA distributions Pensions and annuities Rental real estate, royalti Farm income or (loss). Att	ttach Form 47 15a 16a es, partnershi ach Schedule	D if required. If 1 97••••• ps, S corporation F•••••	b T b T b T bs, trusts, etc.	heck her Faxable a Faxable a Attach So	e ► Imount chedule E		13 14 5b 6b 17 18	-273
	15 a 16 a 17 18 19	Other gains or (losses). A IRA distributions Pensions and annuities Rental real estate, royalti Farm income or (loss). Att Unemployment compensa	ttach Form 47 15a 16a es, partnershi ach Schedule ation	D if required. If 1 97••••• ps, S corporation F•••••	b T	heck her Faxable a Faxable a Attach So	mount		13 14 5b 6b 17 18 19	-273
	15 a 16 a 17 18	Other gains or (losses). A IRA distributions Pensions and annuities Rental real estate, royalti Farm income or (loss). Att	ttach Form 47 15a 16a es, partnershi ach Schedule ation	D if required. If i 97•••••• ps, S corporation F•••••	b T	heck her Faxable a Faxable a Attach So Faxable a	mount		13 14 5b 6b 17 18 19 0b	-273 32,357
	15 a 16 a 17 18 19 20 a 21	Other gains or (losses). A IRA distributions Pensions and annuities Rental real estate, royalti Farm income or (loss). Att Unemployment compensa Social security benefits Other income. List type at	ttach Form 47 15a 16a es, partnershi ach Schedule ation 20a nd amount	D if required. If i 97••••• ps, S corporation F••••• SEI	b The second sec	heck her Faxable a Faxable a Attach So Taxable a MENT	mount		13 14 5b 6b 17 18 19 0b 21	-273 32,357 48,918
	15 a 16 a 17 18 19 20 a 21 22	Other gains or (losses). A IRA distributions Pensions and annuities Rental real estate, royalti Farm income or (loss). Att Unemployment compensa Social security benefits Other income. List type an Combine the amounts in	ttach Form 47 15a 16a es, partnershi ach Schedule ation 20a the far right c	D if required. If i 97••••• ps, S corporation F •••••• SEI column for lines	b T b T b T b T b T b T E STATEI 7 through 21.	heck her Faxable a Faxable a Attach So Faxable a <u>MENT</u> This is yo	mount		13 14 5b 6b 17 18 19 0b	-273 32,357 48,918
Adiusted	15 a 16 a 17 18 19 20 a 21 22 23	Other gains or (losses). A IRA distributions Pensions and annuities Rental real estate, royalti Farm income or (loss). Att Unemployment compensa Social security benefits Other income. List type an Combine the amounts in Educator expenses	ttach Form 47 15a 16a es, partnershi ach Schedule ation 20a the far right c	D if required. If 1 97••••• ps, S corporation F •••••• SEI column for lines	b T b T b T b T s, trusts, etc. b T <u>E STATE</u> 7 through 21.	heck her Faxable a Faxable a Attach So Taxable a MENT	mount		13 14 5b 6b 17 18 19 0b 21	-273 32,357 48,918
-	15 a 16 a 17 18 19 20 a 21 22	Other gains or (losses). A IRA distributions Pensions and annuities Rental real estate, royalti Farm income or (loss). Att Unemployment compensa Social security benefits Other income. List type an Combine the amounts in Educator expenses Certain business expense	ttach Form 47 15a 16a 16a 16a 16a 16a 10a 10a 10a 10a 10a 10a 10a 10	D if required. If 1 97••••• ps, S corporation F •••••• SEI column for lines	b Through 21.	heck here Faxable a Faxable a Attach So Faxable a <u>MENT</u> This is yo 23	mount		13 14 5b 6b 17 18 19 0b 21	-273 32,357 48,918
Gross	15 a 16 a 17 18 19 20 a 21 22 23 24	Other gains or (losses). A IRA distributions Pensions and annuities Rental real estate, royalti Farm income or (loss). Att Unemployment compensa Social security benefits Other income. List type at Combine the amounts in Educator expenses Certain business expense fee-basis government offi	ttach Form 47 15a 16a es, partnershi ach Schedule ation 20a the far right co s of reservists cials. Attach F	D if required. If i 97 ps, S corporation F SEI column for lines conumn for lines form 2106 or 210	b T b T b T b T b T b T b T b T b T b T	heck here Faxable a Faxable a Attach So Faxable a <u>MENT</u> This is yc 23 24	mount		13 14 5b 6b 17 18 19 0b 21	-273 32,357 48,918
Gross	15 a 16 a 17 18 19 20 a 21 22 23	Other gains or (losses). A IRA distributions Pensions and annuities Rental real estate, royalti Farm income or (loss). Att Unemployment compensa Social security benefits Other income. List type at Combine the amounts in Educator expenses Certain business expenses fee-basis government offit Health savings account d	ttach Form 47 15a 16a es, partnershi ach Schedule ation 20a ad amount _ the far right c s of reservists cials. Attach F eduction. Atta	D if required. If 1 97 ps, S corporation F SEI column for lines form 2106 or 210 ach Form 8889	b T s, trusts, etc. <u>STATEI</u> 7 through 21. sts, and 06-EZ	heck herd Faxable a Faxable a Attach So Faxable a MENT This is yc 23 24 25	mount		13 14 5b 6b 17 18 19 0b 21	-273 32,357 48,918
Gross	15 a 16 a 17 18 19 20 a 21 22 23 24	Other gains or (losses). A IRA distributions Pensions and annuities Rental real estate, royalti Farm income or (loss). Att Unemployment compensa Social security benefits Other income. List type at Combine the amounts in Educator expenses Certain business expense fee-basis government offi	ttach Form 47 15a 16a es, partnershi ach Schedule ation 20a ad amount the far right c s of reservists cials. Attach F eduction. Atta	D if required. If 1 97 ps, S corporation F SEI column for lines form 2106 or 210 ach Form 8889	b T s, trusts, etc. <u>STATEI</u> 7 through 21. sts, and 06-EZ	heck herd Taxable a Taxable a Attach So Taxable a <u>MENT</u> This is you 23 24 25 26	mount	1 1 1 	13 14 5b 6b 17 18 19 0b 21	-273 32,357 48,918
Gross	15 a 16 a 17 18 19 20 a 21 22 23 24 25	Other gains or (losses). A IRA distributions Pensions and annuities Rental real estate, royalti Farm income or (loss). Att Unemployment compensa Social security benefits Other income. List type at Combine the amounts in Educator expenses Certain business expenses fee-basis government offit Health savings account d	ttach Form 47 15a 16a es, partnershi ach Schedule ation 20a ad amount _ the far right c s of reservists cials. Attach F eduction. Atta Form 3903	D if required. If 1 97	b T STATEI 7 through 21. b T b T b T b T b T b T c STATEI 7 through 21.	heck herd Faxable a Faxable a Attach So Faxable a MENT This is yc 23 24 25	mount		13 14 5b 6b 17 18 19 0b 21	-273 32,357 48,918
Gross	15 a 16 a 17 18 19 20 a 21 22 23 24 25 26	Other gains or (losses). A IRA distributions Pensions and annuities Rental real estate, royalti Farm income or (loss). Att Unemployment compensa Social security benefits Other income. List type an Combine the amounts in Educator expenses Certain business expenses fee-basis government offi Health savings account d Moving expenses. Attach	ttach Form 47 15a 16a es, partnershi ach Schedule ation 20a ad amount the far right c s of reservists cials. Attach F eduction. Atta Form 3903 aployment tax.	D if required. If 1 97 ps, S corporation F SEI column for lines column for lines form 2106 or 210 ach Form 8889 Attach Schedule	b T b T b T b T b T c STATEI 7 through 21. sts, and 06-EZ e SE	heck herd Taxable a Taxable a Attach So Taxable a <u>MENT</u> This is you 23 24 25 26	mount	1 1 1 	13 14 5b 6b 17 18 19 0b 21	-273 32,357 48,918
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Gross	15 a 16 a 17 18 19 20 a 21 22 23 24 25 26 27 28	Other gains or (losses). A IRA distributions Pensions and annuities Rental real estate, royalti Farm income or (loss). Att Unemployment compensa Social security benefits Other income. List type at Combine the amounts in Educator expenses Certain business expenses fee-basis government offit Health savings account d Moving expenses. Attach Deductible part of self-em Self-employed SEP, SIMP Self-employed health insu Penalty on early withdraw	ttach Form 47 15a 16a 16a 16a 16a 16a 16a 16a 10a 10a 10a 10a 10a 10a 10a 10	D if required. If 1 97. ps, S corporation F	b T b T b T s, trusts, etc. <u>b T</u> STATEI 7 through 21. sts, and 06-EZ e SE	heck here Faxable a Faxable a Attach So MENT This is yc 23 24 25 26 27 28	mount	1 1 1 	13 14 5b 6b 17 18 19 0b 21	-273 32,357 48,918
Gross	15 a 16 a 17 18 19 20 a 21 22 23 24 25 26 27 28 29	Other gains or (losses). A IRA distributions Pensions and annuities Rental real estate, royalti Farm income or (loss). Att Unemployment compensa Social security benefits Other income. List type at Combine the amounts in Educator expenses Certain business expenses fee-basis government offit Health savings account d Moving expenses. Attach Deductible part of self-em Self-employed health insu	ttach Form 47 15a 16a 16a 16a 16a 16a 16a 16a 10a 10a 10a 10a 10a 10a 10a 10	D if required. If 1 97. ps, S corporation F	b T b T b T s, trusts, etc. <u>b T</u> STATEI 7 through 21. sts, and 06-EZ e SE	heck here Faxable a Faxable a Attach So MENT This is yc 23 24 25 26 27 28 29	mount	1 1 1 	13 14 5b 6b 17 18 19 0b 21	-273 32,357 48,918
Gross	15 a 16 a 17 18 19 20 a 21 22 23 24 25 26 27 28 29 30	Other gains or (losses). A IRA distributions Pensions and annuities Rental real estate, royalti Farm income or (loss). Att Unemployment compensa Social security benefits Other income. List type at Combine the amounts in Educator expenses Certain business expenses fee-basis government offit Health savings account d Moving expenses. Attach Deductible part of self-em Self-employed SEP, SIMP Self-employed health insu Penalty on early withdraw	ttach Form 47 15a 16a es, partnershi ach Schedule ation 20a ad amount _ the far right c s of reservists cials. Attach F eduction. Atta Form 3903 aployment tax. LE, and qualifi irrance deducti val of savings at's SSN ▶ _	D if required. If 1 97	b T s, trusts, etc. <u>STATEI</u> 7 through 21. sts, and 06-EZ e SE	heck here Faxable a Faxable a Attach So MENT This is you 23 24 25 26 27 28 29 30	mount	1 1 1 	13 14 5b 6b 17 18 19 0b 21	-273 32,357 48,918
Adjusted Gross Income	15 a 16 a 17 18 19 20 a 21 22 23 24 25 26 27 28 29 30 31a	Other gains or (losses). A IRA distributions Pensions and annuities Rental real estate, royalti Farm income or (loss). Att Unemployment compensa Social security benefits Other income. List type an Combine the amounts in Educator expenses Certain business expenses fee-basis government offi Health savings account d Moving expenses. Attach Deductible part of self-em Self-employed SEP, SIMP Self-employed health insu Penalty on early withdraw Alimony paid b Recipier	ttach Form 47 15a 16a es, partnershi ach Schedule ation 20a ad amount _ the far right c s of reservists cials. Attach F eduction. Atta Form 3903 nployment tax. LE, and qualifi irrance deducti al of savings nt's SSN ▶ _	D if required. If 1 97 ps, S corporation F SEI column for lines corm 2106 or 210 ach Form 8889 Attach Schedule ed plans on	b Terminal required, c	heck here Faxable a Faxable a Attach So Faxable a MENT This is you 23 24 25 26 27 28 29 30 31a	mount	1 1 1 	13 14 5b 6b 17 18 19 0b 21	-273 32,357 48,918
Gross	15 a 16 a 17 18 19 20 a 21 22 23 24 25 26 27 28 29 30 31a 32	Other gains or (losses). A IRA distributions Pensions and annuities Rental real estate, royalti- Farm income or (loss). Att Unemployment compensa Social security benefits Other income. List type an Combine the amounts in Educator expenses Certain business expenses fee-basis government offi Health savings account d Moving expenses. Attach Deductible part of self-em Self-employed SEP, SIMP Self-employed health insu Penalty on early withdraw Alimony paid b Recipier IRA deduction	ttach Form 47 15a 16a es, partnershi ach Schedule ation 20a nd amount _ the far right c s of reservists cials. Attach F eduction. Atta Form 3903 nployment tax. LE, and qualifi urance deducti al of savings nt's SSN ▶ _ uction	D if required. If 1 97. ps, S corporation F SEI column for lines corm 2106 or 210 ach Form 8889 Attach Schedule ed plans on	b Tennot required, c	heck here Faxable a Faxable a Attach So Faxable a MENT This is yc 23 24 25 26 27 28 29 30 31a 32 33	mount	1 1 1 	13 14 5b 6b 17 18 19 0b 21	-273 32,357 48,918
Gross	15 a 16 a 17 18 19 20 a 21 22 23 24 25 26 27 28 29 30 31a 32 33	Other gains or (losses). A IRA distributions Pensions and annuities Rental real estate, royalti Farm income or (loss). Att Unemployment compensa Social security benefits Other income. List type at Combine the amounts in Educator expenses Certain business expenses fee-basis government offi Health savings account d Moving expenses. Attach Deductible part of self-em Self-employed SEP, SIMP Self-employed health insu Penalty on early withdraw Alimony paid b Recipier IRA deduction Student loan interest ded	ttach Form 47 15a 16a es, partnershi ach Schedule ation 20a ad amount the far right c s of reservists cials. Attach F eduction. Atta Form 3903 aployment tax. LE, and qualifi urance deducti al of savings at's SSN ▶ uction form 8917	D if required. If 1 97. ps, S corporation F SEI column for lines corm 2106 or 210 ach Form 8889 Attach Schedule ed plans on	b T b T b T b T b T c STATEI 7 through 21. sts, and 06-EZ e SE	heck here Faxable a Faxable a Attach So MENT This is yc 23 24 25 26 27 28 29 30 31a 32 33 34	mount	1 1 1 	13 14 5b 6b 17 18 19 0b 21	-273 32,357 48,918
Gross	15 a 16 a 17 18 19 20 a 21 22 23 24 25 26 27 28 29 30 31a 32 33 34	Other gains or (losses). A IRA distributions Pensions and annuities Rental real estate, royalti Farm income or (loss). Att Unemployment compensa Social security benefits Other income. List type an Combine the amounts in Educator expenses Certain business expenses fee-basis government offi Health savings account d Moving expenses. Attach Deductible part of self-em Self-employed SEP, SIMP Self-employed health insu Penalty on early withdraw Alimony paid b Recipier IRA deduction Student loan interest ded Tuition and fees. Attach F	ttach Form 47 15a 16a es, partnershi ach Schedule ation 20a ad amount the far right c s of reservists cials. Attach F eduction. Atta Form 3903 aployment tax. LE, and qualifi irance deducti ral of savings at's SSN ▶ uction form 8917 vities deduction	D if required. If 1 97. ps, S corporation F . SEI column for lines form 2106 or 210 ach Form 8889 . Attach Schedule ed plans . on . on . Attach Form	b T b T b T b T s, trusts, etc. <u>b T</u> <u>c STATEI</u> 7 through 21. sts, and 06-EZ e SE	heck here Faxable a Faxable a Attach So MENT This is yc 23 24 25 26 27 28 29 30 31a 32 33 34 35	amount		13 14 5b 6b 17 18 19 0b 21	-3,000 -273 32,357 48,918 331,402 3,455

6A1210 2.000 SV2020 U468 10/05/2017 16:17:26 V16-7.1F RS

Form 1040 (20	16) <u>F</u>	OBERT F O'ROURKE & AMY S O'ROURKE			Pa	age Z
	38	Amount from line 37 (adjusted gross income).	. 3	8	327,94	17.
Tax and		Check [You were born before January 2, 1952,] Blind.] Total boxes				
	554					
Credits		if: 【 Spouse was born before January 2, 1952, ∐ Blind. 】 checked ▶ 39a	┦			
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b				
Standard	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	. 4	0	71,01	L8.
Deduction	41	Subtract line 40 from line 38	4	1	256,92	29.
for -	42	Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	•		17,41	
 People who check any 		•				
box on line	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0			239,51	
39a or 39b or who can be	44	Tax (see instructions). Check if any from: a Form(s) 8814 b Form 4972 c	4	4	54,23	<u>31.</u>
claimed as a	45	Alternative minimum tax (see instructions). Attach Form 6251	4	5	5,42	25.
dependent,	46	Excess advance premium tax credit repayment. Attach Form 8962	. 4	6		
see instructions.	47	Add lines 44, 45, and 46		7	59,65	56
• All others:			_			<u></u>
Single or	48	Foreign tax credit. Attach Form 1116 if required 48 54				
Married filing	49	Credit for child and dependent care expenses. Attach Form 2441 49 1,200				
separately, \$6,300	50	Education credits from Form 8863, line 19 50				
Married filing	51	Retirement savings contributions credit. Attach Form 8880 51				
jointly or	52	Child tax credit. Attach Schedule 8812, if required	-			
Qualifying widow(er),			-			
\$12,600	53	Residential energy credits. Attach Form 5695	-			
Head of	54	Other credits from Form: a X 3800 b 8801 c 54 4,145	<u>.</u>			
household,	55	Add lines 48 through 54. These are your total credits	. 5	5	5,39	99.
\$9,300	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	5	6	54,25	57.
	57	Self-employment tax. Attach Schedule SE			6,91	
					0,71	
Other	58					
Taxes	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	. 5	9		
	60 a	Household employment taxes from Schedule H	. 60)a	2,89	<u>93.</u>
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	. 60)b		
	61	Health care: individual responsibility (see instructions) Full-year coverage X	6	1		
	62	Taxes from: a Form 8959 b X Form 8960 c Instructions; enter code(s)	6	2	1,17	75
			-		65,23	
	63	Add lines 56 through 62. This is your total tax	-	3	05,25	55.
Payments	64	Federal income tax withheld from Forms W-2 and 1099				
	65	2016 estimated tax payments and amount applied from 2015 return . 65 15,298				
If you have a	66 a	Earned income credit (EIC)				
qualifying	b	Nontaxable combat pay election 66b				
child, attach Schedule EIC.	67	Additional child tax credit. Attach Schedule 8812 67				
Schedule LIC.	68	American opportunity credit from Form 8863, line 8 68	-			
			-			
	69	Net premium tax credit. Attach Form 8962	_			
	70	Amount paid with request for extension to file	<u> </u>			
	71	Excess social security and tier 1 RRTA tax withheld 71				
	72	Credit for federal tax on fuels. Attach Form 4136 72				
	73	Credits from Form: a 2439 b Reserved c 8885 d 73				
	74		7		65,97	72
			-			
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	. 7		/ 3	38.
		Amount of line 75 you want refunded to you. If Form 8888 is attached, check here	76	ja		
Direct deposit?	▶ b	Routing number				
See instructions.	► d	Account number				
instructions.	77	Amount of line 75 you want applied to your 2017 estimated tax > 738				
Amount	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	- 7	8		
You Owe	79			<u> </u>		
100 0110						
Third Party	/ ^[]	Do you want to allow another person to discuss this return with the IRS (see instructions)? 🛛 🗶 Yes. C	ompl	ete bel	ow.	No
Designee		esignee's Phone		Persona	al identification	
		ame 🕨 no. 🕨		number		
Sign		enalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they ar ely list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which prepa				
Here		our signature Date Your occupation			ohone number	
Joint return? See						
instructions.		pouse's signature. If a joint return, both must sign. Date Spouse's occupation	lf ti	he IRS se	nt vou an Identity Prot	tection
Keep a copy for your records.	• 0				nt you an Identity Prote	
			(se	e inst.)		
Paid	P	Print/Type preparer's name Preparer's Date Check X	if F	PTIN		
		10/11/2017 self-employ	ed			
Preparer	F	irm's name Firm's El	N 🕨			
Use Only		irm's address Phone n Phone n				
-		IIII a guuleaa 💌 👘 👘 👘 👘 👘 👘	J.			

SCHE	DULE	Α
(Form	1040)	

Itemized Deductions

OMB No. 1545-0074

(Form 1040)	Troop	► Information about Schedule A and its separate instructions is at www.irs.go	v/schedule	
Department of the Internal Revenue				Attachment Sequence No. 07
Name(s) showr	n on F	Form 1040	Υοι	r social security number
ROBERT F	0'	'ROURKE & AMY S O'ROURKE		
Medical		Caution: Do not include expenses reimbursed or paid by others.		
and	1	Medical and dental expenses (see instructions)		
Dental	2	1040, line 38		
Expenses	3	Multiply line 2 by 10% (0.10). But if either you or your spouse was born before January 2, 1952, multiply line 2		
	4	by 7.5% (0.075) instead <u>3</u> Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-		
Taxes You		State and local (check only one box):	4	
Paid	3	a Income taxes, or 2,84	.0	
		b X General sales taxes		
	6	Real estate taxes (see instructions)	2.	
	7	Personal property taxes 7		
	8	Other taxes. List type and amount		
		8		
	9	Add lines 5 through 8	9	7,42
Interest	10	Home mortgage interest and points reported to you on Form 1098 10 13,68		
You Paid	11	Home mortgage interest not reported to you on Form 1098. If paid		
		to the person from whom you bought the home, see instructions		
Note:		and show that person's name, identifying no., and address		
Your mortgage				
deduction may				
be limited (see	12	Points not reported to you on Form 1098. See instructions		
instructions).		for special rules 12		
		Mortgage insurance premiums (see instructions) 13	-	
		Investment interest. Attach Form 4952 if required. (See instructions.) 14 35,24	<u>o</u> . 15	STMT 3 48,93
Gifts to		Add lines 10 through 14	15	40,93
Charity	10		57.	
•	17	Other than by cash or check. If any gift of \$250 or more,	<u>, , .</u>	
If you made a gift and got a		see instructions. You must attach Form 8283 if over \$500 17		
benefit for it,	18	Carryover from prior year		
see instructions.		Add lines 16 through 18	19	85
Casualty and				
Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20	
Job Expenses	21	Unreimbursed employee expenses - job travel, union dues, job		
and Certain		education, etc. Attach Form 2106 or 2106-EZ if required. (See		
Miscellaneous Deductions		instructions.) ▶ 21 3,00	0.	
Deductions		Tax preparation fees 22		
	23	Other expenses - investment, safe deposit box, etc. List type and		
		amount ► <u>SEE STATEMENT 3</u>		
	24	Add lines 24 through 22		
	24 25	Add lines 21 through 23 24 19,91	<u>∠.</u>	
		Enter amount from Form 25 327,947. 1040, line 38 26 6,55	9	
	20 27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-		13,35
Other		Other - from list in instructions. List type and amount ► SEE STATEMENT 4	21	
Miscellaneous Deductions	20			95
Total	29	Is Form 1040, line 38, over \$155,650? SEE STMT 5		
Itemized Deductions		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.	29	71,01
		Yes. Your deduction may be limited. See the Itemized Deductions		
	20	Worksheet in the instructions to figure the amount to enter.		
	30	deduction, check here		

SV2020 U468 10/05/2017 16:17:26 V16-7.1F

SCHEDULE B	
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(Form 1040A or 1040)
(Rev. January 2017)
Department of the Treasury Internal Revenue Service (99)
Name of a barrier and materies

Interest and Ordinary Dividends

OMB	No.	1545-0074

2016
Attachment Sequence No. 08

Attach to Form 1040A or 1040.

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

Name(s) shown on re	eturn	·	Your s	ocial security nun	nber
ROBERT F (D'R	OURKE & AMY S O'ROURKE			
Part I	1	List name of payer. If any interest is from a seller-financed mortgage and the		Amoun	t
• • •		buyer used the property as a personal residence, see instructions on back and list			
Interest		this interest first. Also, show that buyer's social security number and address >			
		CAPITAL BANK			73.
		CAMPR II LIMITED		42.2	299.
(See instructions	5	PEPPERTREE SQUARE, LTD		,	8.
on back and the					
instructions for Form 1040A, or					
Form 1040,			1		
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	2	Add the amounts on line 1	2	42.1	380.
payer and enter	2	Excludable interest on series EE and I U.S. savings bonds issued after 1989.	_		<u></u>
the total interest shown on that	•	Attach Form 8815	3		
form.	4	Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form			
	-	1040, line 8a	4	42	380.
	Note	: If line 4 is over \$1,500, you must complete Part III.	-	Amoun	
Part II		List name of payer		7	
i ai c ii	Ū	MORGAN STANLEY & CO. INCORPORATED		2	456.
Ordinary		CAMPR INVESTMENT PARTNERSHIP			124.
Dividends		CAMPR II LIMITED			<u>-21.</u> 754.
				5,	/ 5 1 .
(See instructions	5				
on back and the instructions for					
Form 1040A, or					
Form 1040,			5		
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	6	Add the amounts on line 5. Enter the total here and on Form 1040A, or Form			
dividends showr on that form.	n č	1040, line 9a	6	8	334.
	Note	: If line 6 is over \$1,500, you must complete Part III.	•		551.
		must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividen	ds: (b)	had a	
		gn account; or (c) received a distribution from, or were a grantor of, or a transferor to, a f			s No
		At any time during 2016, did you have a financial interest in or signature authority over			
Part III		account (such as a bank account, securities account, or brokerage account) located in a			
Foreign		country? See instructions			Х
Accounts				•••••	
and Trusts		If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial			
(See		Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Fo			
instructions on	h	and its instructions for filing requirements and exceptions to those requirements If you are required to file FinCEN Form 114, enter the name of the foreign country whe		•••••	
back.)	b	financial account is located			
	8	During 2016, did you receive a distribution from, or were you the grantor of, or transfer	or to		
	0	foreign trust? If "Yes," you may have to file Form 3520. See instructions on back			x
For Paperwork P	aduct			Form 1040A or 10	
	Junel		uie D (I		-10/ 2010

Capital Gains and Losses

OMB No. 1545-0074

Attachment Sequence No. 12

16

20

Attach to Form 1040 or Form 104	JNR
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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.

Department of the Treasury Internal Revenue Service (99) 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.		(d) Proceeds	(e) Cost	(g) Adjustments to gain or loss fi		(h) Gain or (loss) Subtract column (e) from column (d) and	
	form may be easier to complete if you round ents to whole dollars.	(sales price)	(or other basis)	Form(s) 8949, Pa line 2, column	art I,	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-ter	rm gain or (loss) from	Forms 4684, 6781, a	nd 8824	4	106.	
5	Net short-term gain or (loss) from par Schedule(s) K-1				5	-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					(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 					

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

	nstructions for how to figure the amounts to on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gain or loss fi		(h) Gain or (loss) Subtract column (e) from column (d) and
	orm may be easier to complete if you round nts to whole dollars.	(sales price)	(or other basis)	Form(s) 8949, Pa line 2, column	art II,	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 4684, 6781, and 8824	from Forms 2439 and	-		11	158.
12	Net long-term gain or (loss) from partnerships	s, S corporations, esta	SEE STATE tes, and trusts from S		12	-1,985.
13	Capital gain distributions. See the instructions				13	1,700.
14	Long-term capital loss carryover. Enter the an Worksheet in the instructions	nount, if any, from line		-	14	(1,477,959.)
15	Net long-term capital gain or (loss). Combine the back	•	• • •	·	15	-1,478,086.
For Pa	aperwork Reduction Act Notice, see your tax return	instructions.			Sch	nedule D (Form 1040) 2016

JSA 6A2011 2.000

SV2020 U468 10/05/2017 16:17:26 V16-7.1F

Page 2	2
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Par	rt III Summary		
16	Combine lines 7 and 15 and enter the result	16	-1,491,159.
	• 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.		
17	Are lines 15 and 16 both gains?		
	No. Skip lines 18 through 21, and go to line 22.		
18	Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions	18	
19	Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the instructions	19	
20	 Are lines 18 and 19 both zero or blank? 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. 		
	No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of:		
	 The loss on line 16 or (\$3,000), or if married filing separately, (\$1,500) 	21	(3,000.)
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?		
	X 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).		
	No. Complete the rest of Form 1040 or Form 1040NR.		

Schedule D (Form 1040) 2016

Qualified Dividends and Capital Gain Tax Worksheet - Line 44

Keep for Your Records

Bef	Before you begin: \checkmark See the earlier instructions for line 44 to see if you can use this worksheet to figure your tax.							
	\checkmark Before completing this worksheet, complete Form 1040 through line 43.							
	\checkmark If you do not have to file Schedule D and you received capital gain distribution	ons, be s	ure 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							
2.	Enter the amount from Form 1040, line 9b* 2 . <u>1,231.</u>							
3.	Are you filing Schedule D?*							
	X 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.							
	No. Enter the amount from Form 1040, line 13.							
	Add lines 2 and 3							
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>							
	Subtract line 5 from line 4. If zero or less, enter -0-							
	Subtract line 6 from line 1. If zero or less, enter -0- 7. 238, 283.							
8.	Enter:							
	\$37,650 if single or married filing separately,							
	\$75,300 if married filing jointly or qualifying widow(er),							
0	\$50,400 if head of household. J Enter the smaller of line 1 or line 8							
10. 11.	Enter the smaller of line 7 or line 910. 75,300.Subtract line 10 from line 9. This amount is taxed at 0%11							
12.	Enter the smaller of line 1 or line 6 $12. 1, 231.$							
13.								
	Subtract line 13 from line 12							
	Enter:							
-	\$415,050 if single,							
	\$233,475 if married filing separately,							
	\$466,950 if married filing jointly or qualifying widow(er), $266,950$.							
	\$441,000 if head of household.							
16.	Enter the smaller of line 1 or line 15							
17.	Add lines 7 and 11							
18.	Subtract line 17 from line 16. If zero or less, enter -0-							
19.	Enter the smaller of line 14 or line 18 1 , 231 .							
20.	Multiply line 19 by 15% (0.15)	20	185.					
21.	Add lines 11 and 19							
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		54.046					
	Worksheet							
25.		25	54,231.					
26.	3							
	Table to figure this tax. If the amount on line 1 is \$100,000 or more, use the Tax Computation	20						
27	Worksheet	26	54,453.					
21.	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	54 221					

rit yo	ou are filing Form 2555 or 2555-EZ, see the footnote in the Foreign Earned Income Tax Worksheet before completi	ng this lin	ie.					

SCH	IEDULE E			lemental							Ļ	OMB N	No. 154	5-0074	_
(For	m 1040)	(Fro	m rental real estate, ro	yalties, partner	ships,	S corpo	orations,	estates,	trusts, REM	ICs, etc.)	5		6	
Depart	ment of the Treasury			ach to Form 10	,							<u></u> Attac	⊐	U	
Interna	Revenue Service (99)		nformation about Sche	dule E and its s	separa	te instru	uctions is	at www	irs.gov/sch			Sequ	ence No		
Name	(s) shown on return										Your so	ocial sec	urity nu	ımber	
			& AMY S O'RO												
Par			From Rental Real E											y, use	
			(see instructions). If you							rm 4835	on pa	age 2, li			
			nts in 2016 that would		o file	Form(s	s) 1099?	? (see in	structions)				Yes		
			a file required Forms										Yes	No	2
1a	Physical addre	ess of e	ach property (street, c	ity, state, ZIP c	code)										_
A															_
<u> </u>															
<u> </u>			• • • • • •												
1b	Type of Prop (from list be		2 For each rental re above, report the						Rental		onal U	se	Q	JV	
		10W)	personal use days	. Check the QJV	/ box		•	U	ays		Days				_
			only if you meet t a qualified joint ve				A							-	_
<u>В</u> С			. ,				B C							-	
-	of Property:						C								_
	ngle Family Resid	onco	3 Vacation/Short-	Term Rental	5 1 2	nd		7 Self-	Rontal						
	ulti-Family Reside		4 Commercial			oyalties			r (describe	<i>a</i>)					
Inco			4 Commondar	Properties:			Α	0 0110		., B			С		-
3	Rents received				3										-
4			<u></u>		4										
	enses:														-
5					5										
6			tructions)		6										
7			се		7										
8					8										
9					9										
10			onal fees		10										
11					11										
12		-	o banks, etc. (see inst	-	12										
13					13										
14					14										_
15	-				15										_
16					16										
17	Utilities				17										_
18		ense or	depletion		18										
19 20	Other (list) ►	Add line	es 5 through 19		19 20										
					20										-
21			ne 3 (rents) and/or 4 structions to find ou												
					21										
22			estate loss after limit												
			uctions)		22	()	()(2
23 a			orted on line 3 for all					23a							
b	Total of all amou	nts repo	orted on line 4 for all	royalty propert	ies _			. 23b							
с	Total of all amou	nts repo	orted on line 12 for al	properties				. 23c							
d	Total of all amou	nts repo	orted on line 18 for al	properties				. 23d							
е	Total of all amou	nts repo	orted on line 20 for al	properties				. 23e							
24	•		mounts shown on line			•					24				
25	Losses. Add roy	alty loss	ses from line 21 and i	ental real esta	ate los	sses fro	om line 2	2. Enter	total losses	here.	25 ()
26			and royalty income of												
	If Parts II, III, IV, a	and line	40 on page 2 do not	apply to you,	also	enter tl	nis amo	unt on F	orm 1040	, line					

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2016

17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2 26

Schedule E	(Form 1040) 2016							At	tach	ment Sequence	No. 13				Page 2
Name(s) sh	iown on return. Do not en	ter name and socia	al security numbe	r if shown on oth	er side.						Your s	social	security	y num	nber
	<u>T F O'ROURKE</u>														
Caution:	The IRS compares	amounts repo	rted on your	tax return wi	th amoun	ts sho	wn or	n Scl	hed	lule(s) K-1.					
Part II	Income or Loss any amount is no	From Partn t at risk, you m	erships and lust check th	l S Corpora le box in colu	i tions N umn (e) or	l ote: 1 line 2	lf yoι 28 ar	u rep nd at	oort ttac	t a loss from ch Form 619	an at- 8. See	risk a instr	activity uctior	/ for \s.	which
27 Are	you reporting any														or vear
	llowed loss from a		•	•											•
you	answered "Yes," see	e instructions b	efore compl	eting this see	ction.								Yes	X	No
28		(a) Name			(b) Enter partnerst for S corp	nip; S		check eign nershi		(d) Em identific num	cation		any) Che y amo not at	unt is
A SEE	STATEMENT 9	1				oradorr	puru		·P	nam	501				
В														—	
<u>c</u>							$\left \right $						<u> </u>	—	
D						Na									
STMT	10 Passive Incor					NO	•			come and L	oss				
(at	(f) Passive loss allowed tach Form 8582 if required		ssive income chedule K-1	(h) Nonpas from Schec	sive loss Jule K-1		(i) ded	Sect uctio	tion n frc	179 expense om Form 4562		(j) I fro	Nonpas om Sch	sive ir edule	ncome • K-1
Α															
В												L			
С												L			
D												<u> </u>			
29 a Tota	-		84,047.									<u> </u>]	NONE
b Tota					,709.						-	ļ			
	columns (g) and (j)						• •	• •	• •		30)47.
	columns (f), (h), and	.,						•••			31	(5	1,6	590.)
	I partnership and	-		. ,									2		
	It here and include in Income or Loss										32	<u> </u>	3	2,3	357.
Part III	income or Loss	From Estate	es and Trus	IS											
33			(a) Na	me								(b) Employer identification number			
Α															
В															
	Pas	ssive Income a	and Loss					1	Nor	passive Inc	ome a	nd Lc	SS		
	(c) Passive deduction or lo	oss allowed	(d)	Passive income			(e) [Dedu	ctior	n or loss		(f) Oth	er inco	me frc	m
	(attach Form 8582 if re			n Schedule K-1			fror	m Sch	hedu	ule K-1			hedule		
Α															
В															
34 a Tota	ls														
b Tota	ls														
35 Add	columns (d) and (f)	of line 34a 🚬									35	<u> </u>			
	columns (c) and (e)							• •			36	()
	I estate and trust														
	de in the total on lin										37	<u> </u>			
Part IV	Income or Los	s From Real	Estate Mort				ts (R			s) - Residua		Jer			
38	(a) Name	(b) Employer num		Schedul	inclusion fro es Q, line 2c Istructions)					come (net loss) Iles Q, line 1b			ncome ules Q,		3b
39 Com	bine columns (d) an	d (e) only. Ent	er the result	here and inc	lude in th	e tota	l on li	ine 4	11 b	elow	39				
Part V	Summary														
40 Net	farm rental income c	or (loss) from F	orm 4835. A	lso, complet	e line 42 l	below					40				
	l income or (loss). Comb	. ,		•				<u>n 104</u> (0NR,	line 18	41		3	2,3	357.
	onciliation of farm														
	ing and fishing incom n 1065), box 14, coo														
V; an	d Schedule K-1 (Form 1	1041), box 14, c	ode F (see inst	ructions)		42									
	nciliation for real e														
	essional (see instructio where on Form 1040 o														
	nich you materially part					43									

Schedule E (Form 1040) 2016

JSA 6X1310 2.000

Self-Employment Tax

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

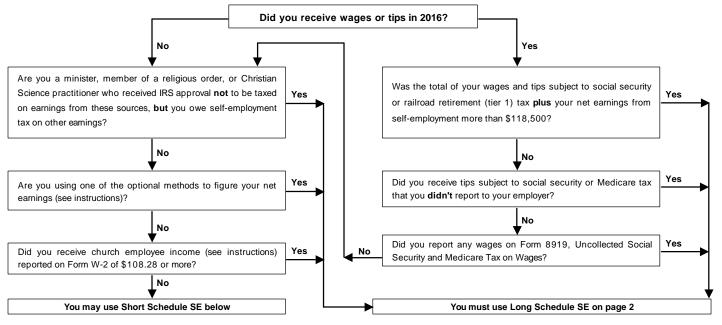
Internal Revenue Service (99)

AMY S O'ROURKE

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	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.
	Note. If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b,		
	see instructions.		
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		
For P	aperwork Reduction Act Notice, see your tax return instructions.	Sche	edule SE (Form 1040) 2016

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

6A3000 1.000

JSA

OMB No. 1545-0074

Social security number of person with self-employment income

Form	2441 0	•	Dendent Care Ex 1040, Form 1040A, or Form	•	1040 1040A		ОМВІ	No. 1545-0074
		Information about For	m 2441 and its separate in		1040NR 244	1	Attac	
	al Revenue Service (99) (s) shown on return	W	ww.irs.gov/form2441.			Your		rity number
	BERT F O'ROURKE	& AMY S O'R	JURKE					-
Par	t Persons or Orga	nizations Who Pro	ovided the Care - You		e this part.			
	(If you have more	e than two care pro	oviders, see the instruc	ctions.)				
1	(a) Care provid name	ler's	(b) (number, street, apt. r	Address no., city, state, and		dentify (SSN c	ing number r EIN)	(d) Amount paid (see instructions)
								18,385.
								2,587.
	dependent of the care was provid		••••••••••••••••••••••••••••••••••••••	← Comp	ete only Part II be lete Part III on the , you cannot file F	back		r details,
-	the instructions for Form 1							
Par 2	Information about your c	and Dependent Ca	-		reans can the ine	tructic		
		a) Qualifying person's nam			ualifying person's socia			ed expenses you
	First	a) Qualitying persons han	Last	(b) Q	security number	u		nd paid in 2016 for listed in column (a)
MOL	ТА Н	O ' ROURKE						18,385.
UUN	IRY J	O'ROURKE						2,587.
3	Add the amounts in co		Do not enter more t	han \$3,000 for	one qualifying			2,307.
Ū	person or \$6,000 for							
	from line 31					3		6,000.
4	Enter your earned incon	ne. See instructions				4	1	65,300.
5	If married filing jointly	, enter your spou	se's earned income (i	f you or your	spouse was a			
	student or was disabled,	see the instructions); all others , enter the ar	nount from line	1	5		82,837.
6	Enter the smallest of line	e 3, 4, or 5				6		6,000.
7	Enter the amount from	om Form 1040,	line 38; Form					
	1040A, line 22; or Form	1040NR, line 37 .		7	327,947.	-		
8	Enter on line 8 the de	ecimal amount sho	wn below that applies	to the amoun	t on line 7			
	If line 7 is: But not	Decimal	If line 7 is: But not	Decimal				
	Over over	amount is	Over over	amount is				
	\$0 - 15,000	.35	\$29,000 - 31,000	.27				
	15,000 - 17,000	.34	31,000 - 33,000	.26		8		v oo
	17,000 - 19,000 19,000 - 21,000	.33 .32	33,000 - 35,000 35,000 - 37,000	.25 .24		0		X .20
	21,000 - 23,000	.31	37,000 - 39,000	.23				
	23,000 - 25,000 25,000 - 27,000	.30 .29	39,000 - 41,000 41,000 - 43,000	.22 .21				
	27,000 - 29,000	.29	43,000 - No limit	.20				
9	Multiply line 6 by the		n line 8 lf vou paid		s in 2016 see			
3	the instructions				2 11 2010, 366	9		1,200.
10	Tax liability limit. Ent		om the Credit					,
	Limit Worksheet in the ir			10	59,602.			
11	Credit for child and					1		
	here and on Form 1040,	line 49; Form 1040	A, line 31; or Form 1040			11		1,200.
For I	Paperwork Reduction Act	t Notice, see your ta	ax return instructions.				Form	n 2441 (2016)

JSA 6A4400 2.000

	2	Q	0	Λ
Form	J	Ο	υ	U

Department of the Treasury

General Business Credit

OMB No. 1545-0895 6

 Information 	about	Form 380	0 and	its separate	instructions	is at	www.irs.gov/form3800).

▶ You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

Attachment Sequence No. 22 Idontifyi

4

b

Internal Re	venue Service (99)	You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.		Sequence No. 22
Name(s)	shown on return		Ide	ntifying number
		KE & AMY S O'ROURKE		
Part I		Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT)	
		ructions and complete Part(s) III before Parts I and II)		
1		ess credit from line 2 of all Parts III with box A checked	1	
2		y credits from line 2 of all Parts III with box B checked 2		
3		icable passive activity credits allowed for 2016 (see instructions)	3	NONE
4	-	of general business credit to 2016. Enter the amount from line 2 of Part III with		
-		I. See instructions for statement to attach	4	
5		eneral business credit from 2017. Enter the amount from line 2 of Part III with	F	
6		d (see instructions)4, and 5	5 6	NONE
Part I			0	NONE
7	Regular tax be			
		Enter the sum of the amounts from Form 1040, lines 44 and 46, or the		
		Imounts from Form 1040NR, lines 42 and 44		
	-	he of your return	7	54,231.
		trusts. Enter the sum of the amounts from Form 1041, Schedule G,		01,2021
		1b; or the amount from the applicable line of your return		
8	Alternative mi	··· · · ·		
	 Individuals. 	Enter the amount from Form 6251, line 35		
		s. Enter the amount from Form 4626, line 14.	8	5,425.
	 Estates and 	trusts. Enter the amount from Schedule I (Form 1041), line 56		
9	Add lines 7 an	d 8	9	59,656.
10a		edit	-	
b		ble credits (see instructions) 1,200.	100	1 054
С	Add lines 10a	and 10b	10c	1,254.
11	Net income t	ax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16	11	58,402.
••	Net income to			50,402.
12	Net regular ta	x. Subtract line 10c from line 7. If zero or less, enter -0- 12 52,977.		
	J. J. J.		1	
13	Enter 25% (.2	5) of the excess, if any, of line 12 over \$25,000 (see		
	•	13 6,994.		
14	Tentative mini			
	• Individuals.	Enter the amount from Form 6251, line 33		
	Corporation	s. Enter the amount from Form 4626, line 12 24 59,602.	-	
	 Estates and 	trusts. Enter the amount from Schedule I		
	(Form 1041), line 54		
15	-	ter of line 13 or line 14	15	59,602.
16	Subtract line 1	5 from line 11. If zero or less, enter -0	16	
17		ller of line 6 or line 16 · · · · · · · · · · · · · · · · · ·	17	
		s: See the line 17 instructions if there has been an ownership change, acquisition,		
For Pap	or reorganizat	n Act Notice, see separate instructions.		Form 3800 (2016)

lotice, see separate ар ACT

Form 3800 (2016) ROBERT F O'ROURKE & AMY S O'ROURKE

Page	2
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Part	Allowable Credit (Continued)		Ligo
	If you are not required to report any amounts on lines 22 or 24 below, skip lines 18 through 25 and en	ter -0	- on line 26.
18	Multiply line 14 by 75% (.75) (see instructions)	18	
10		10	
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 23		
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 32 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: 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.
			Form 3800 (2016)

Form	3800 (2016)			Page 3
Name	e(s) shown on return		Identifying number	,
ROE	SERT F O'ROURKE & AMY S O'ROURKE			
Pa	t III General Business Credits or Eligible Small Business Credits (see ins	struction	ns)	
Con	nplete a separate Part III for each box checked below (see instructions).			
Α	General Business Credit From a Non-Passive Activity E Reserved			
в	X General Business Credit From a Passive Activity F Reserved			
С	General Business Credit Carryforwards G Eligible Small	Busine	ess Credit Carryfor	wards
D	General Business Credit Carrybacks H Reserved			
L	If you are filing more than one Part III with box A or B checked, complete and attach first an a	additiona	al Part III combining	amounts from all Parts
	III with box A or B checked. Check here if this is the consolidated Part III	<u></u>	<u></u>	<u> ▶ </u>
	(a) Description of credit		(b)	(c)
pass	: On any line where the credit is from more than one source, a separate Part III is needed for e-through entity.	each	If claiming the credit from a pass-through entity, enter the EIN	Enter the appropriate amount
1 a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b		1b		
C		1c		
C	I Low-income housing (Form 8586, Part I only)	1d		
e	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
ç		1g		
h	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
k				
	instructions for limitation)	1k		
I	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
	n Low sulfur diesel fuel production (Form 8896)	1m		
r		1n		
c		10		
p	Energy efficient home (Form 8908)	1p		
C		1q		
r	Alternative motor vehicle (Form 8910)	1r		
S		1s		
t	Reserved	1t		
ι	Mine rescue team training (Form 8923)	1u		
v	Agricultural chemicals security (carryforward only)	1v		
	Employer differential wage payments (Form 8932)	1w		
	Carbon dioxide sequestration (Form 8933)	1x		
У		1y		
z		1z		
	a New hire retention (carryforward only) b General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1aa 1bb		
	z Other. Enhanced oil recovery (Form 8830) and certain other credits	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a		4a		
-te		4b		238.
~ C		4c		230.
c		40 4d		
e		4e		
f				
•	(Form 8846)	4f		3,907.
c	Qualified railroad track maintenance (Form 8900)	4g		
ء ۲		4h		
i	Increasing research activities (Form 6765)	4i		
i	Reserved	4j		
z		4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		4,145.
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		4,145.

Sales of Business Property (Also Involuntary Conversions and Recapture Amounts

Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2)) OMB No. 1545-0184

Attach to your tax return.

► Attach to your tax return. Internal Revenue Service Information about Form 4797 and its separate instructions is at www.irs.gov/fc									Attachment Sequence No. 27	7
Name	e(s) shown on return							Identifyir	ng number	
ROE	BERT F O'RO	OURKE & A	MY S O'RC	URKE						
					ou for 2016 on Fo	orm(s) 1099-B or 1	099-S (or			
:	substitute statemer	nt) that you are ir	ncluding on line 2,	, 10, or 20. See i	nstructions			1		
Par	t Sales or E	Exchanges of	Property Use	ed in a Trade	or Business an	d Involuntary C	onversio	ons Fro	m Other	
		ualty or Thef	ft - Most Prop	erty Held Mo	re Than 1 Year	(see instruction	s)			
2	(a) Descrip of propert		(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 o basis, p improveme expense	olus ents and	(g) Gain or (loss Subtract (f) from the sum of (d) and (e	he
2	SEE STATEM	ENT 13							-27	3.
3	Gain, if any, from F	orm 4684, line 3	9					3		
4	Section 1231 gain	from installment	t sales from Form	6252, line 26 or	37			4		
5	Section 1231 gain	or (loss) from lil	ke-kind exchanges	from Form 8824				5		
6	Gain, if any, from I		6							
7	Combine lines 2 th	rough 6. Enter t	he gain or (loss) l	nere and on the a	appropriate line as fo	ollows:		7	-27	3.
						gain or (loss) foll b lines 8, 9, 11, and				
	line 7 on line 11 b	elow and skip line recaptured in	ines 8 and 9. If li an earlier year,	ne 7 is a gain a enter the gain	and you didn't have from line 7 as a l	a loss, enter the am e any prior year sec ong-term capital ga	tion 1231			
8	Nonrecaptured net	section 1231 lo	sses from prior ye	ars. See instructi	ons			. 8		
			-		Ũ	line 7 on line 12 be ain from line 9 as a				
					•	an non nne 9 as a	•	9		
Par			osses (see ins				<u> </u>			
	Ordinary gains and			/	ide property held 1 y	ear or less).				
	oraniary game and			in ough to (inoid						
11	Loss, if any, from lir	ne 7	I					11	(27	3)
	Gain, if any, from I							12		5.
								13		
	3 Gain, if any, from line 31									
								14		
								16		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	0					17	-27	2
		0				of your return and s			27	5.
	and b below. For in					or your return and s	mp mes a			
			•		n (b)(ii), enter that p	part of the loss here	. Enter the			
	part of the loss fro	m income-produ	icing property on	Schedule A (Fo	rm 1040), line 28,	and the part of the	loss from			
						from "Form 4797,		18a		
						ere and on Form 104		18b	-27	3.

For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2016)

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Part III Gain From Disposition of Property (see instructions)	y Und	er Sections 124	5, 1250, 1252	, 12	54, and 1255	
19 (a) Description of section 1245, 1250, 1252, 1254,	or 125	5 property:			(b) Date acquired	(c) Date sold (mo.,
		,			(mo., day, yr.)	day, yr.)
B						
 C						
D						
These columns relate to the properties on lines 19A through 19	D. 🕨	Property A	Property B		Property C	Property D
20 Gross sales price (Note: See line 1 before completing.)	20					-
21 Cost or other basis plus expense of sale	21					-
22 Depreciation (or depletion) allowed or allowable	22					-
23 Adjusted basis. Subtract line 22 from line 21	23					
24 Total gain. Subtract line 23 from line 20	24					
25 If section 1245 property:						
a Depreciation allowed or allowable from line 22	25a					
b Enter the smaller of line 24 or 25a	25b					
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.						
a Additional depreciation after 1975. See instructions	26a					
b Applicable percentage multiplied by the smaller of						
line 24 or line 26a. See instructions	26b					
c Subtract line 26a from line 24. If residential rental property						
or line 24 isn't more than line 26a, skip lines 26d and 26e	26c					
d Additional depreciation after 1969 and before 1976.	26d					
e Enter the smaller of line 26c or 26d	26e					
f Section 291 amount (corporations only)	26f					
g Add lines 26b, 26e, and 26f	26g					
 27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership). a Soil, water, and land clearing expenses 	27a					
 b Line 27a multiplied by applicable percentage. See instructions 						
c Enter the smaller of line 24 or 27b						
 28 If section 1254 property: a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions 						
b Enter the smaller of line 24 or 28a						
29 If section 1255 property:						
a Applicable percentage of payments excluded from						
income under section 126. See instructions	29a					
b Enter the smaller of line 24 or 29a. See instructions						
Summary of Part III Gains. Complete proper		umns A through	D through line	29b	before aging to li	ne 30.
 30 Total gains for all properties. Add property columns <i>J</i> 31 Add property columns A through D, lines 25b, 26g, <i>J</i> 32 Subtract line 31 from line 30. Enter the portion from other than casualty or theft on Form 4797, line 6 Part IV Recapture Amounts Under Section 	A throu 27c, 28 m casu	gh D, line 24 3b, and 29b. Enter he alty or theft on Form	ere and on line 13 1 4684, line 33. E	nter	30 31 the portion from 32	
(see instructions)						
					(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allow	vable ir	prior years		33		
34 Recomputed depreciation. See instructions				34		
35 Recapture amount. Subtract line 34 from line 33. Se			to report	35		

Form 4797 (2016)

_	4797				isiness Pro				OMB No. 1545-0184
Forr						capture Amount	S		2016
			U		is 179 and 280				
	rtment of the Treasury	► Informatio	n about Form		o your tax retur	n. ions is at <i>www.ir</i> s	s aov/form	4707	Attachment Sequence No. 27
	nal Revenue Service ne(s) shown on return				-				ing number
	()				E MINIMUM	IAX		identity	ing number
	BERT F O'R				(0040 F	() 1000 D	1000 0 (
1	Enter the gross p								
Do								<u> </u> 1	
Pa						nd Involuntary C		ns Fr	om Otner
	Than Cas	ually of The	IL - MOSL PTOP			(see instruction	T		
2	(a) Descrip of proper		(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 o basis, p improveme expense o	olus nts and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	SEE STATEM	ENT 14							-276.
3	Gain, if any, from I	orm 4684, line 3	9					3	
4	Section 1231 gain	from installmen	t sales from Form	n 6252, line 26 o	37			4	
5	Section 1231 gain	or (loss) from lil	ke-kind exchanges	from Form 8824	4			5	
6	Gain, if any, from	line 32, from oth	er than casualty or	theft				6	
7	Combine lines 2 th	rough 6. Enter t	he gain or (loss)	here and on the	appropriate line as fo	ollows:		7	-276.
						e gain or (loss) foll p lines 8, 9, 11, and			
	line 7 on line 11 k	pelow and skip I re recaptured in	ines 8 and 9. If I an earlier year,	ine 7 is a gain a enter the gain	and you didn't have from line 7 as a l	a loss, enter the an e any prior year sec long-term capital ga	ction 1231		
8	Nonrecaptured net	section 1231 lo	sses from prior ye	ars. See instruct	ions			8	
9	Subtract line 8 from	n line 7. If zero o	or less, enter -0 I	f line 9 is zero, e	enter the gain from	line 7 on line 12 be	low. If line		
					•	ain from line 9 as a	•		
	capital gain on the	Schedule D filed	l with your return.	See instructions	3			9	
Pa	rt II Ordinary	Gains and Lo	osses (see ins	structions)					
10	Ordinary gains and	d losses not inclu	uded on lines 11	through 16 (incl	ude property held 1 y	/ear or less):	-		
11	Loss, if any, from li	ne7						11	(276)
12	Gain, if any, from	line 7 or amount	from line 8, if app	licable.				12	
13	Gain, if any, from li	ne 31						13	
14	Net gain or (loss) f	rom Form 4684,	lines 31 and 38a					14	
15	Ordinary gain from	installment sale	es from Form 625	2, line 25 or 36				15	
16	Ordinary gain or (I	oss) from like-kir	nd exchanges from	Form 8824				16	
17	Combine lines 10	through 16						17	-276.
18	For all except indiv and b below. For in				he appropriate line	of your return and s	skip lines a		
а		m income-produ	ucing property on	Schedule A (Fo	orm 1040), line 28,	part of the loss here and the part of the from "Form 4797,	e loss from		
			•			10111 1 01111 47 97,		18a	
b	Redetermine the g	ain or (loss) on li	ne 17 excluding t	he loss, if any, c	n line 18a. Enter he	ere and on Form 104	40, line 14	18b	-276.
For	Paperwork Reduct	ion Act Notice, s	see separate instr	uctions.					Form 4797 (2016)

ROBERT	F	0	ROURKE	&	AMY	S	O'ROURKE
Form 4797	(201	6)					ALTERN

ALTERNATIVE MINIMUM TAX

Page	2
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Part III Gain From Disposition of Property (see instructions)	-			·		T
19 (a) Description of section 1245, 1250, 1252, 1254,	or 12	55 property:			(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
Α						
В						
С						
D						
		_				
These columns relate to the properties on lines 19A through 19	D. 🕨	Property A	Property B		Property C	Property D
20 Gross sales price (Note: See line 1 before completing.)	20					
21 Cost or other basis plus expense of sale	21					
22 Depreciation (or depletion) allowed or allowable	22					
23 Adjusted basis. Subtract line 22 from line 21	. 23					
24 Total gain. Subtract line 23 from line 20	24					
5 If section 1245 property:						
a Depreciation allowed or allowable from line 22	<u>25</u> a					
b Enter the smaller of line 24 or 25a	25b					
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.						
a Additional depreciation after 1975. See instructions	. 26a					
b Applicable percentage multiplied by the smaller of						
line 24 or line 26a. See instructions	26b					
c Subtract line 26a from line 24. If residential rental property						
or line 24 isn't more than line 26a, skip lines 26d and 26e	26c					
d Additional depreciation after 1969 and before 1976	. 26d					
e Enter the smaller of line 26c or 26d	26e					
f Section 291 amount (corporations only)	26f					
g Add lines 26b, 26e, and 26f						
 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership). a Soil, water, and land clearing expenses 						
b Line 27a multiplied by applicable percentage. See instructions	27b					
c Enter the smaller of line 24 or 27b						
 If section 1254 property: a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions. 						
b Enter the smaller of line 24 or 28a	28b					
29 If section 1255 property:						
a Applicable percentage of payments excluded from						
income under section 126. See instructions	29a					
b Enter the smaller of line 24 or 29a. See instructions						
Summary of Part III Gains. Complete proper		lumns A through	D through line	29b	before going to li	ne 30.
	.,	anne / anne agin	<u> </u>			
30 Total gains for all properties. Add property columns	A thro	uah D. line 24				
Add property columns A through D, lines 25b, 26g,						
2 Subtract line 31 from line 30. Enter the portion fro						
other than casualty or theft on Form 4797, line 6		•			•	
Part IV Recapture Amounts Under Section						or Less
(see instructions)					I	1
					(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allow	vable i	n prior vears]	33		
Recomputed depreciation. See instructions				34		
35 Recapture amount. Subtract line 34 from line 33. St				35		

Alternative Minimum Tax - Individuals

OMB No. 1545-0074 \sim

▶ Information about Form 6251 and its separate instructions is at www.irs.gov/form6251. Department of the Treasury

Attach to Form 1040 or Form 1040NR.

Internal Revenue Service (99)	
Name(s) shown on Form	1040 or Form 1040NF

ROBERT F O'ROURKE & AMY S O'ROURKE

	2016						
	Attachment Sequence No. 32						
our social security number							

Pa	Alternative Minimum Taxable Income (See instructions for how to complete each line.)		
1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.)	1	256,929.
2	Medical and dental. If you or your spouse was 65 or older, enter the smaller of Schedule A (Form 1040), line 4, or 2.5% (0.025) of Form 1040, line 38. If zero or less, enter -0-	2	
3	Taxes from Schedule A (Form 1040), line 9	3	7,422.
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line .	4	
5	Miscellaneous deductions from Schedule A (Form 1040), line 27	5	13,353.
6	If Form 1040, line 38, is \$155,650 or less, enter -0 Otherwise, see instructions	6	(499.)
7	Tax refund from Form 1040, line 10 or line 21.	7	()
8	Investment interest expense (difference between regular tax and AMT)	8	3,967.
9	Depletion (difference between regular tax and AMT)	9	
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	10	
11	Alternative tax net operating loss deduction	11	()
12	Interest from specified private activity bonds exempt from the regular tax	12	· · · · ·
13	Qualified small business stock, see instructions	13	
14	Exercise of incentive stock options (excess of AMT income over regular tax income)	14	
15	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	15	
16	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6).	16	
17	Disposition of property (difference between AMT and regular tax gain or loss)	17	-3.
18	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	18	NONE
19	Passive activities (difference between AMT and regular tax income or loss)	19	-640.
20	Loss limitations (difference between AMT and regular tax income or loss)	20	
21	Circulation costs (difference between regular tax and AMT).	21	
22	Long-term contracts (difference between AMT and regular tax income).	22	
23	Mining costs (difference between regular tax and AMT)	23	
24	Research and experimental costs (difference between regular tax and AMT)	24	
25	Income from certain installment sales before January 1, 1987	25	()
26	Intangible drilling costs preference	26	
27	Other adjustments, including income-based related adjustments	27	
28	Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line		
	28 is more than \$247,450, see instructions.)	28	280,529.
Pa	rt II Alternative Minimum Tax (AMT)		
29	Exemption. (If you were under age 24 at the end of 2016, see instructions.) STMT 17		
	IF your filing status is AND line 28 is not over THEN enter on line 29		
	Single or head of household		
	Married filing jointly or qualifying widow(er) 159,700 83,800		
	Married filing separately	29	53,593.
	If line 28 is over the amount shown above for your filing status, see instructions.		
30	Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 31,		
	33, and 35, and go to line 34	30	226,936.
31	• If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter.		
	• If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends		
	on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured		
	 for the AMT, if necessary), complete Part III on the back and enter the amount from line 64 here. All others: If line 30 is \$186,300 or less (\$93,150 or less if married filing separately), multiply line 	31	59,656.
	30 by 26% (0.26). Otherwise, multiply line 30 by 28% (0.28) and subtract \$3,726 (\$1,863 if		
	married filing separately) from the result.		
22		20	
	Alternative minimum tax foreign tax credit (see instructions)	32	54.
33	Tentative minimum tax. Subtract line 32 from line 31	33	59,602.
	Add Form 1040, line 44 (minus any tax from Form 4972), and Form 1040, line 46. Subtract from the result any		
	foreign tax credit from Form 1040, line 48. If you used Schedule J to figure your tax on Form 1040, line 44,	24	
2F	refigure that tax without using Schedule J before completing this line (see instructions)	34	54,177.
	AMT. Subtract line 34 from line 33. If zero or less, enter -0 Enter here and on Form 1040, line 45 Paperwork Reduction Act Notice, see your tax return instructions.	35	5,425. Form 6251 (2016)
JSA	Paperwork Reduction Act Notice, see your tax return instructions.		FUIII UZJI (2016)

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Pa	Complete Part III only if you are required to do so by line 31 or by the Foreign Earned Income Tax W	orks	heet in the instructions.
36	Enter the amount from Form 6251, line 30. If you are filing Form 2555 or 2555-EZ, enter the amount from line 3 of the worksheet in the instructions for line 31		226,936.
37	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	37	1,231.
38	Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	38	
39	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	39	1,231.
40	Enter the smaller of line 36 or line 39	40	1,231.
41	Subtract line 40 from line 36	41	225,705.
	If line 41 is \$186,300 or less (\$93,150 or less if married filing separately), multiply line 41 by 26% (0.26). Otherwise, multiply line 41 by 28% (0.28) and subtract \$3,726 (\$1,863 if married filing separately) from the resulSTMT $.18 \triangleright$	42	59,471.
43	Enter:		
	• \$75,300 if married filing jointly or qualifying widow(er),		
		43	75,300.
44	• \$50,400 if head of household. Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0 If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	44	238,283.
45	Subtract line 44 from line 43. If zero or less, enter -0-	45	
	Enter the smaller of line 36 or line 37.	46	1,231.
47		47	
48	Subtract line 47 from line 46	48	1,231.
	• \$415,050 if single		
	• \$233,475 if married filing separately	49	466,950.
	\$466,950 if married filing jointly or qualifying widow(er)		
	• \$441,000 if head of household		
50	Enter the amount from line 45	50	
51	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 19 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0 If you are filing Form 2555 or Form 2555-EZ, see instructions for the amount to enter.	51	238,283.
52	Add line 50 and line 51	52	238,283.
53	Subtract line 52 from line 49. If zero or less, enter -0-	53	228,667.
54	Enter the smaller of line 48 or line 53	54	1,231.
55	Multiply line 54 by 15% (0.15)	55	185.
56	Add lines 47 and 54	56	1,231.
	If lines 56 and 36 are the same, skip lines 57 through 61 and go to line 62. Otherwise, go to line 57.		
57	Subtract line 56 from line 46	57	
58	Multiply line 57 by 20% (0.20)	58	
	If line 38 is zero or blank, skip lines 59 through 61 and go to line 62. Otherwise, go to line 59.		
59	Add lines 41, 56, and 57	59	
60	Subtract line 59 from line 36	60	
61	Multiply line 60 by 25% (0.25)	61	
62	Add lines 42, 55, 58, and 61	62	59,656.
63	If line 36 is \$186,300 or less (\$93,150 or less if married filing separately), multiply line 36 by 26% (0.26).		STMT 18
	Otherwise, multiply line 36 by 28% (0.28) and subtract \$3,726 (\$1,863 if married filing separately) from the result	63	59,816.
64	Enter the smaller of line 62 or line 63 here and on line 31. If you are filing Form 2555 or 2555-EZ, do not enter this amount on line 31. Instead, enter it on line 4 of the worksheet in the instructions for line 31	64	59,656.

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Form 6251 (2016)

SCHED	DULE H
(Form	1040)

Household Employment Taxes

(For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Taxes) Attach to Form 1040, 1040NR, 1040-SS, or 1041.

OMB No. 1545-1971

Department of the Treasury Internal Revenue Service (99) Name of employer

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

Socia

1.	Attachment Sequence No. 44
l secur	ity number

Employer identification number

ROBERT F O'ROURKE

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.)

Х

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

- Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2015 or 2016 to all household employees? 9 (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.
 - X Yes. Go to line 10.

For Privacy Act and Paperwork Reduction Act Notice, see the instructions. JSA 6X3023 2.000 SV2020 U468 10/05/2017 16:17:26 V16-7.1F

Schedule	H (Form 1040) 2016	ROBERI	F.	O'ROURKE	
Part II	Federal Uner	nployment	(Fl	UTA) 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."	10	Х	
11	Did you pay all state unemployment contributions for 2016 by April 18, 2017? Fiscal year filers see instructions	11		Х
12	Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?	12		Х

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		
15	Total cash wages subject to FUTA tax	15	
	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		

(a) Name of state	(b) Taxable wages (as defined in state act)	State exp	(c) erience rate eriod	(d) State experience rate	(e) Multiply col. (b) by 0.054	(f) Multiply col by col. (d		(g) Subtract col. (f) from col. (e). If zero or less,		(h) Contributions paid to state unemployment
		From	То					enter	[.] -0	fund
TX	18,385.				993.				993.	
18 Totals							18		993.	
	ns (g) and (h) of lir				1 1		93.			
	wages subject to							20		7,000.
21 Multiply line	e 20 by 6.0% (0.0	60)						21		420.
22 Multiply line	e 20 by 5.4% (0.0	54)			22	3.	40.			
	maller of line 19 c									
(Employers	s in a credit reduct	ion state mus	t use the work	sheet on p	age H-7 and cheo	k here)		23		340.
	Subtract line 23 fro	om line 21. Er	nter the result	here and g	go to line 25			24		80.
Part III Tota	I Household Em	ployment Ta	axes							
25 Enter the a	mount from line 8	If you checke	ed the " Yes " bo	ox on line	C of page 1, ente	r -0		25		2,813.
26 Add line 16	6 (or line 24) and li	ne 25						26		2,893.
X Yes.	quired to file Form Stop. Include the You may have to	amount from				on't compl	ete Par	rt IV b	elow.	

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 instruction	ons.
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	Print/Type preparer's name	Preparer's signature	Date	Check if Self-employed
Use Only	Firm's name			Firm's EIN 🕨
	Firm's address			Phone no.

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Investment Interest Expense Deduction

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



Department of the Treasury Internal Revenue Service (99)

Attach to your tax return.



	-	ying number
DBERT F O'ROURKE & AMY S O'ROURKE		
art I Total Investment Interest Expense		
Investment interest expense paid or accrued in 2016 (see instructions) SEE STATEMENT 20	1	28,782.
Disallowed investment interest expense from 2015 Form 4952, line 7		13,751.
Total investment interest expense. Add lines 1 and 2	3	42,533.
art II Net Investment Income		
a Gross income from property held for investment (excluding any net		
gain from the disposition of property held for investment) 4a 50,785.	-	
b Qualified dividends included on line 4a		
Subtract line 4b from line 4a	4c	49,554.
d Net gain from the disposition of property held for investment 4d NONE	2	
e Enter the smaller of line 4d or your net capital gain from the		
disposition of property held for investment (see instructions)	2	
Subtract line 4e from line 4d	4f	NONE
g Enter the amount from lines 4b and 4e that you elect to include in investment income (see		
instructions) SEE STATEMENT 21	4g	NONE
h Investment income. Add lines 4c, 4f, and 4g	4h	49,554.
Investment expenses (see instructions)	5	14,306.
Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0 SEE. STMT . 23 .	6	35,248.
art III Investment Interest Expense Deduction		
Disallowed investment interest expense to be carried forward to 2017. Subtract line 6 from		
line 3. If zero or less, enter -0	7	7,285.
Investment interest expense deduction. Enter the smaller of line 3 or 6. See instructions	8	35,248.
Paperwork Reduction Act Notice, see page 4.		Form 4952 (2016)

ALTERNATIVE MINIMUM TAX

OMB No. 1545-0191

Investment Interest Expense Deduction
Information about Form 4952 and its instructions is at www.irs.gov/form4952.

Department of the Treasury Internal Revenue Service (99)

Attach to your tax return.



Name(s) shown on return					ying number
ROE	BERT F O'ROURKE & AMY S O'ROURKE				
Par	t 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.
Pa	t 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.		
b	Qualified dividends included on line 4a	4b	1,231.		
C	Subtract line 4b from line 4a	1		4c	49,554.
d	Net gain from the disposition of property held for investment	4d	NONE		
е	Enter the smaller of line 4d or your net capital gain from the				
	disposition of property held for investment (see instructions)	4e	NONE		
f	Subtract line 4e from line 4d			4f	NONE
g	Enter the amount from lines 4b and 4e that you elect to include in				
	instructions)SE	ΕS	TATEMENT 25	4g	NONE
h	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	SEE STMT 27	6	48,601.	
Pa	t III Investment Interest Expense Deduction				
7	Disallowed investment interest expense to be carried forward to 2017	btract 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. Se	e ins	tructions	8	31,281.
For F	Paperwork Reduction Act Notice, see page 4.				Form 4952 (2016)

Department of the Treasury

Internal Revenue Service (99)

Net Investment Income Tax-Individuals, Estates, and Trusts ► Attach to your tax return.

OMB No. 1545-2227

b

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

Attachment Sequence No. 72

2

Name(s	s) shown on your tax return	Your so	cial security number or EIN
ROBE	ERT 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)		
1	Taxable interest (see instructions)	1	42,380.
2	Ordinary dividends (see instructions).	2	8,334.
3	Annuities (see instructions)	3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts,		
	etc. (see instructions)		
b	Adjustment for net income or loss derived in the ordinary course of		
	a non-section 1411 trade or business (see instructions) 4b		
С	Combine lines 4a and 4b	4c	32,357.
5a	Net gain or loss from disposition of property (see instructions) 5a -3, 273.	-	
b	Net gain or loss from disposition of property that is not subject to		
	net investment income tax (see instructions)	-	
С	Adjustment from disposition of partnership interest or S corporation		
	stock (see instructions)		
d	Combine lines 5a through 5c	5d	-3,537.
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)		
7	Other modifications to investment income (see instructions)		
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7	8	79,534.
Part			
9a	Investment interest expenses (see instructions) STMT 28 . 9a 35,248.	-	
b	State, local, and foreign income tax (see instructions)	-	
C	Miscellaneous investment expenses (see instructions) STMT 29 9c 13,353.		10 601
d	Add lines 9a, 9b, and 9c	9d	48,601.
10	Additional modifications (see instructions)	10 11	48,601.
11 Port	Total deductions and modifications. Add lines 9d and 10 III Tax Computation	11	48,001.
12	Net investment income. Subtract Part II, line 11 from Part I, line 8. Individuals complete lines 13-	12	30,933.
	17. Estates and trusts complete lines 18a-21. If zero or less, enter -0	12	30,933.
	Individuals: Modified adjusted gross income (see instructions) STMT 30 13 327,947.		
13			
14			
15		16	30,933.
16	Enter the smaller of line 12 or line 15		
17	include on your tax return (see instructions)	17	1,175.
	Estates and Trusts:		
18a			
b loa	Net investment income (line 12 above)	1	
b	deductions under section 642(c) (see instructions)		
~	Undistributed net investment income. Subtract line 18b from 18a (see		
С	instructions). If zero or less, enter -0-		
19a	Adjusted gross income (see instructions)		
b	Highest tax bracket for estates and trusts for the year (see	1	
U	instructions)		
с	Subtract line 19b from line 19a. If zero or less, enter -0-		
20	Enter the smaller of line 18c or line 19c.	20	
20	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (.038). Enter here		
	and include on your tax return (see instructions).	21	

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

Form 8960 (2016)

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

Keep for Your Records

	5 5a-5u - 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)
	Beginning net gains and losses		-273.	this $-3,273$.
•				amount on line 5a
	Gains and losses excluded from net investment income. Use current year	amounts for lines 2a-2g a	nd 2i.	1
(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 Amount		(
	STMT 31 ()	(/	\ <u> </u>	
(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			
(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			
(i)	positive number 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)			
	 (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			
(j)	Sum of lines 2(a) through 2(i)	264.		Enter this amount264. on line 5b

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

Keep for Your Records

		(A) Capital gains/(losses):	(B) Ordinary gains/	Total of columns (A)+(B)
		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	(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	
4	Adjustment for gains and losses attributable to the disposition of inte	rests in partnerships an	d 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 postion 4444(a)(4)(b) applies			
	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)	(i) Enter the amount of net loss from the disposition of a			
Net	partnership or S corporation included in line 5a to which			
osses	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)	(i) Enter the amount of gain recognized in the current year			
eferred	attributable to payments received on an installment sale			
Sales	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)			Enter this
	(iii)			Enter this amount on line 5c
Su	m of items reported on lines 5a-5c		·	
d lines 1,	2(j), and 3(d)		273.	Enter this -3,537 amount on line 5d
IP or	the amount of gain for NIIT purposes is less than the amount $3(c)(iii)$ should be a negative number.			
	the amount of loss for NIIT purposes is less than the amount 3(c)(iii) should be a positive number.	ot loss for regular in	come tax purposes, the	e entry on lines 3(a)(iii), 3(b)

Form 5884						
(Rev. December 2016)						
Department of the Treasury						
Internal Revenue Service						
Name(s) shown on return						

Work Opportunity Credit

OMB No. 1545-0219

Attach to your tax return.

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

Attachment Sequence No. 77

Name	e(s) shown on return	Identifying nu	Imber
ROE	BERT F O'ROURKE & AMY S O'ROURKE		
1	Enter on the applicable line below the total qualified first- or second-year wages pair 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.		
а	Qualified first-year wages of employees who worked for you at least 120 hours but fewer than 400 hours \$ x 25% (0.1)	25) 1a	
b	Qualified first-year wages of employees who worked for you at least 400 hours	40) 1b	
с	Qualified second-year wages of employees certified as long-term family assistance recipients \$x 50% (0.1)	₅₀₎ 1c	
2	Add lines 1a, 1b, and 1c. See instructions for the adjustment you must make to salaries and wages		
3	Work opportunity credit from partnerships, S corporations, cooperatives, estates, and trusts (see instructions).		238.
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.	e	238.
5	Amount allocated to patrons of the cooperative or beneficiaries of the estate or true (see instructions)		
6	Cooperatives, estates, and trusts, subtract line 5 from line 4. Report this amount o Form 3800, Part III, line 4b		
For F	Paperwork Reduction Act Notice, see separate instructions.		Form 5884 (Rev. 12-2016)

Form	6	7	8	1	

Gains and Losses From Section 1256 Contracts and Straddles

OMB No. 1545-0644

6

2

▶ Information about Form 6781 and its instructions is at www.irs.gov/form6781.

Department of the Treasury Internal Revenue Service	
Name(s) shown on tax return	<u>ר</u>

Department of Internal Revenu		hation abo		Attach to y			www.irs.go	ov/tor	<i>m6781.</i>		Attachment Sequence No. 82
Name(s) show										Ident	tifying number
ROBERT	F O'ROURKE & AM	YSO	' ROURI	KΕ							
Check all app	licable boxes (see instructions	i). A	Mixe	d straddle el	ection		С	:	Mixed stra	ddle ac	count election
		B		ddle-by-strac	dle identifie	cation e	lection D		Net section	n 1256	contracts loss election
Part I	Section 1256 Contracts	s Marke	d to Mai	rket							
	(a) Identification of	account			(b) (l	Loss)		(c) Gain		
1 CAMPR	II LIMITED								2.6	54.	
2 Add the	e amounts on line 1 in columr	ns (b) and ((c)	. 2 ()		20	54.	
3 Net gai	n or (loss). Combine line 2, co	lumns (b)	and (c) 🔒							3	264.
	099-B adjustments. See inst									4	264
	ne lines 3 and 4									5	264.
Note: instruc	f line 5 shows a net gain, sk	ip line 6 a	and enter t	he gain on li	ine 7. Partr	nerships	and S co	rporat	ions, see		
	have a net section 1256 co	ontracto lo	vec and et	acked box		ntor th	o omount	of lo	ss to bo		
	back. Enter the loss as a posit									6	
Garrioa			Ji ii you ui			· · ·					
7 Combir	ne lines 5 and 6									7	264.
	erm capital gain or (loss). N										
	Form 8949 (see instructions)									8	106.
-	erm capital gain or (loss). M		•	. ,							1 5 0
Part II	Form 8949 (see instructions) Gains and Losses From	Straddl	es Atta	h a senara	te statem	ent list	ing each	strac	Idle and its	9 	<u>158.</u>
	Losses From Straddle						ing cuon	onac		oomp	
	Description of property	(b) Date entered into or acquired	(c) Date closed out or sold	(d) Gross sales price		basis Is se of	(f) Loss. If column (e) is more than (d), enter difference. Otherwise, enter -0-		(g) Unrecogniz gain on offsetting positions	J	(h) Recognized loss. If column (f) is more than (g), enter difference. Otherwise, enter -0-
10							enter -o-				
11a Enter	the short-term portion of loss	es from li	ne 10, col	umn (h), her	e and inclu	de on l	ine 4 of S	Schedu	ule D or on		
	3949 (see instructions)									<u>11a</u>	(
	the long-term portion of losse		-	()							
	3949 (see instructions) • Gains From Straddles									11b	(
Section D	· Gains From Strauties	(b) Date									(f) Gain. If column
(a)	Description of property	entered into or acquired	(c) Date closed out or sold		(d) Gross sales price			basis	or other plus of sale		(d) is more than (e), enter difference. Otherwise, enter -0-
12											
13a Enter	the short-term portion of gain	ns from lii	ne 12, col	umn (f), here	e and inclu	de on li	ine 4 of S	chedu	le D or on		
b Enter	3949 (see instructions) the long-term portion of gain	s from lin	e 12, colu	mn (f), here	and includ	e on lin	ie 11 of S	Schedu	le D or on	13a	
Form 8	3949 (see instructions)	<u></u>		<u></u>			<u></u>	<u></u>	<u></u>	13b	
Part III	Unrecognized Gains Fr	om Pos	itions He	eid on Las	t Day of	Tax Ye	ear. Mer	no Er	ntry Only (see in	,
(4	a) Description of property		(b) Dat acquire		c) Fair mark business da				st or other bas s adjusted	sis	(e) Unrecognized gain. If column (c) is more than (d), enter difference. Otherwise, enter -0-
14											

For Paperwork Reduction Act Notice, see instructions.

Department of the Treasury Internal Revenue Service (99)

Name(s) shown on return

Passive Activity Loss Limitations

OMB No. 1545-1008

6

20

Attachment

See separate instructions.

Attach to Form 1040 or Form 1041.

▶ Information about Form 8582 and its instructions is available at www.irs.gov/form8582.

B2. Sequence No. 88 Identifying number

ROB	ERT F O'ROURKE & AMY S O'ROURKE		
Part			
T art	Caution: Complete Worksheets 1, 2, and 3 before completing Part I.		
Renta	I Real Estate Activities With Active Participation (For the definition of active participation, see		
	al Allowance for Rental Real Estate Activities in the instructions.)		
1a	Activities with net income (enter the amount from Worksheet 1,		
Iα	column (a))		
h	Activities with net loss (enter the amount from Worksheet 1, column		
N N	(b))		
с	Prior years unallowed losses (enter the amount from Worksheet 1,		
U			
Ь	column (c)) 1c () Combine lines 1a, 1b, and 1c	1d	
	nercial Revitalization Deductions From Rental Real Estate Activities	Tu	
	Commercial revitalization deductions from Worksheet 2, column (a) 2a () Prior year unallowed commercial revitalization deductions from		
b			
	Worksheet 2, column (b) 2b ()	20	(
-	Add lines 2a and 2b	2c	()
3a	Activities with net income (enter the amount from Worksheet 3,		
	column (a)) 3a 84,047.		
D	Activities with net loss (enter the amount from Worksheet 3, column		
	(b))	-	
С	Prior years unallowed losses (enter the amount from Worksheet 3,		
	column (c))		
d		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 	-	
	on: If your filing status is married filing separately and you lived with your spouse at any time during	the y	rear, do not complete
-	l or Part III. Instead, go to line 15.		
Part	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.		
8	Subtract line 7 from line 6		
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.	10	
	If line 2c is a loss, go to Part III. Otherwise, go to line 15.		
Part	Special Allowance for Commercial Revitalization Deductions From Rental Real Estate	Acti	vities
	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			
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	-	
10	instructions to find out how to report the losses on your tax return.	16	6,254.
For Pa	aperwork Reduction Act Notice, see instructions.		Form 8582 (2016)

^{JSA} 6X5500 2.000 SV2020 U468 10/05/2017 16:17:26 V16-7.1F **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 soll 1	Currei	nt year		Prior years			Overall gain or loss		
Name of activity	(a) Net income (line 1a) (b) Net lo (line 1b)			s (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 (S	See instru	ctions.)						
Name of activity	(a) Currei deductions		ur	(b) Prior year nallowed deductions (line 2b)		(0	(c) Overall loss		
Total. Enter on Form 8582, lines 2a and 2b ▶									
Worksheet 3 - For Form 8582,	Lines 3a, 3b, and	3c (See in	structior	าร.)		1			
Name of activity		nt year		Prior yea		Overal		II gain or loss	
	(a) Net income (line 3a)	(b) Net (line	3b)	(c) Unallo loss (line	wed 3c)	(d) G		(e) Loss	
CAMPR II LIMITED	21,724.		273.			21,451			
IMPERIAL ARMS LLC	60, 202	5	,981.			60	202	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 worksh	eet if an amount	is shown	on Forr	n 8582, line	e 10 or	14 (See ir	nstructio	ns.)	
Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) L	oss	(b) Rat	io	(c) Special allowance		(d) Subtract column (c) from column (a)	
Total				1.00					
Worksheet 5 - Allocation of Una	allowed Losses (S	ee instruc	tions.)						
Name of activity	Form or sc and line nu to be repor (see instrue	imber ted on	(a)	Loss		(b) Ratio	(c) Unallowed loss	
IMPERIAL ARMS LLC	SCH E,	28		5,981.	1.	000000	00		

5,981.

►

1.00

Form 8582 (2016)

Form 8582 (2016)					Page 3
Worksheet 6 - Allowed Loss	es (See instructio	ns.)			
Name of activit	у	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	th Losses Repor	ted on Two or More	5,981. Forms or Schedule	es (See instructions.)	5,981.
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					
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-				
	· · · · ·		4.00		
Total	<u></u>		1.00		

Form 8582 (2016)

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Form	OJOZ

Department of the Treasury Internal Revenue Service (99)

Name(s) shown on return

ALTERNATIVE MINIMUM TAX

Passive Activity Loss Limitations

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

OMB No. 1545-1008

Identifying number	er
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ROB	ERT F O'ROURKE & AMY S O'ROURKE		
Par	2016 Passive Activity Loss Caution: Complete Worksheets 1, 2, and 3 before completing Part I.		
	al Real Estate Activities With Active Participation (For the definition of active participation, see ial Allowance for Rental Real Estate Activities in the instructions.)		
1a	Activities with net income (enter the amount from Worksheet 1, column (a))		
b	Activities with net loss (enter the amount from Worksheet 1, column		
с	(b))		
d	column (c)) 1c () Combine lines 1a, 1b, and 1c	1d	
	mercial Revitalization Deductions From Rental Real Estate Activities	14	
2a			
b		-	
Ň	Worksheet 2, column (b) 2b (
c	Add lines 2a and 2b	2c	()
-	ther Passive Activities		<u> </u>
3a	Activities with net income (enter the amount from Worksheet 3,		
00	column (a))		
h	Activities with net loss (enter the amount from Worksheet 3, column		
		-	
c			
d	$\operatorname{column}(c)$ $\operatorname{column}(c)$ $\operatorname{column}(c)$ $\operatorname{column}(c)$	24	77 160
		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		•
Caut	ion: If your filing status is married filing separately and you lived with your spouse at any time during If or Part III. Instead, go to line 15.	the y	/ear, do not complete
1			
Par	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.		
8	Subtract line 7 from line 6		
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.	10	
	If line 2c is a loss, go to Part III. Otherwise, go to line 15.		
Par	Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions		vities
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	
Par			
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	- -	
10	instructions to find out how to report the losses on your tax return.	16	6,257.
For P	aperwork Reduction Act Notice, see instructions.		Form 8582 (2016)

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ALTERNATIVE MINIMUM TAX

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

	Currei	Prior ye	ars	Overall gain or loss					
Name of activity	(a) Net income (line 1a)		et loss e 1b)	(c) Unallo loss (line		(d) Gain		(e) Loss	
Total. Enter on Form 8582, lines									
1a, 1b, and 1c ►									
Worksheet 2 - For Form 8582,	· · · · · · · · · · · · · · · · · · ·		uctions.)	(1) 5					
Name of activity	(a) Currei deductions		II	(b) Pr nallowed ded	ior yea		(0	c) Overall loss	
		(inic zu)	u		aotion	5 (iiiic 2.5)			
Total. Enter on Form 8582, lines									
2a and 2b▶ Worksheet 3 - For Form 8582,	Lines 3a 3b and	3c (See i	nstruction	ns)					
			11511 401101						
Name of activity	Currei	nt year		Prior yea	ars		overall g	verall gain or loss	
	(a) Net income (line 3a)		et loss e 3b)	(c) Unallo loss (line				(e) Loss	
CAMPR II LIMITED	21,679.		276.			21,403.			
IMPERIAL ARMS LLC	61 500		5,981.			C1 D C		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 worksh	neet if an amount	is showı	n on For	m 8582, line	e 10 or	14 (See in	structio	ons.)	
Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) I	Loss	(b) Rat	io	(c) Sp allowa		(d) Subtract column (c) from column (a)	
Total	►	ee instru	ctions)	1.00					
	Form or sc								
Name of activity	and line nu to be repor (see instrue	imber ted on	(a)	(a) Loss (b) Ratio		((c) Unallowed loss		
IMPERIAL ARMS LLC	SCH E,	28		5,981.	1	.00000	0		
	1								

5,981

1.00

Form 8582 (2016)

55A 6X5510 2.000

Form 8582	2 (2016)
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ALTERNATIVE MINIMUM TAX

Page 🕻

Worksheet 6 - Allowed Losse	es (See instructio	ons.)			
Name of activit	y	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 Wit	h Losses Repor	ted on Two or More	Forms or Schedul	es (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 z	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 z	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 z	zero or less, enter -0-	•			
Total			1.00		
Total			1.00		

Form 8582 (2016)

JSA 6X5511 2.000

Form 8582-CR	8582-CR Passive Activity Credit Limitations				OMB No. 1545-1034
(Rev. January 2012)	► See separate instruction	ıs.			Attachment
Department of the Treasury Internal Revenue Service	► Attach to Form 1040 or 1	041.			Sequence No. 89
Name(s) shown on return				Identi	ifying number
	JRKE & AMY S O'ROURKE				
	stivity Credits you have credits from a publicly traded partnership, see Pub	licly T	raded Partnerships (PT	'Ps) ir	n the
	Real Estate Activities With Active Participation (Of me Housing Credits) (See Lines 1a through 1c in the instr				
1a Credits from Wor	ksheet 1, column (a)	1a		-	
b Prior year unallow	red credits from Worksheet 1, column (b)	1b		-	
Property Placed in (See Lines 2a throug	1b ts From Rental Real Estate Activities and Low-Inco Service Before 1990 (or From Pass-Through Interests h 2c in the instructions.) ksheet 2, column (a).	Acq	ousing Credits for uired Before 1990)	1c	
b Prior year unallow	ved credits from Worksheet 2, column (b)	2b		-	
c Add lines 2a and	2b			2c	
Low-Income Housing in the instructions.)	g Credits for Property Placed in Service After 1989 (See L	ines 3a through 3c	20	
3a Credits from Wor	ksheet 3, column (a)	3a			
b Prior year unallow	ved credits from Worksheet 3, column (b)	3b			
c Add lines 3a and	<u>3b</u>			3c	
	tivity Credits (See Lines 4a through 4c in the instructions.				
4a Credits from Wor	ksheet 4, column (a)	4a	4,145.	-	
b Prior year unallow	ved credits from Worksheet 4, column (b)	4b	NONE	-	4,145.
	4b			4c 5	4,145.
	butable to net passive income (see instructions)			6	22,123.
	om line 5. If line 6 is more than or equal to line 5, enter			7	
	atus is married filing separately and you lived with your s				
	complete Part II, III, or IV. Instead, go to line 37.		, ,		
	lowance for Rental Real Estate Activities With Activities to the set of the s		•		
8 Enter the smaller	of line 1c or line 7			8	
	f married filing separately, see instructions	9			
	adjusted gross income, but not less than zero (see				
,	ne 10 is equal to or more than line 9, skip lines 11				
	nter -0- on line 16	10		-	
	rom line 9	11		-	
	by 50% (.50). Do not enter more than \$25,000. If arately, see instructions	12			
• •	, if any, from line 10 of Form			1	
	13a				
	, if any, from line 14 of Form				
	13b				
	1 13b	13c		-	
14 Subtract line 13c	from line 12	14			
	butable to the amount on line 14 (see instructions)			15	
	of line 8 or line 15			16	3582-CR (Rev. 01-2012)
i of Faperwork Reduction	n Act Notice, see instructions.				JJUZ-UN (Kev. 01-2012

JSA 6X5520 1.000

Form	n 8582-CR (Rev. 01-2012) ROBERT F O'ROURKE & AMY S O'ROURKE		Page 2
Pa	ITT III Special Allowance for Rehabilitation Credits From Rental Real Estate Act Credits for Property Placed in Service Before 1990 (or From Pass-Through Note: Complete this part only if you have an amount on line 2c. Otherwise, go to Part IV.	Interests Acq	
17 18 19	Enter the amount from line 7 Enter the amount from line 16 Subtract line 18 from line 17. If zero, enter -0- here and on lines 30 and 36, and the Part V	n go to 19	
20 21	Enter the smaller of line 2c or line 19 Enter \$250,000. If married filing separately, see instructions to find out if you can skip lines 21 through 26	20	
22	Enter modified adjusted gross income, but not less than zero. (See instructions for line 10.) If line 22 is equal to or more than line 21, skip lines 23 through 29 and enter -0- on line 3022		
23 24 25a	Subtract line 22 from line 21 23 Multiply line 23 by 50% (.50). Do not enter more than \$25,000. If 24 married filing separately, see instructions 24 Enter the amount, if any, from line 10 10		
b	of Form 858225aD Enter the amount, if any, from line 1425bof Form 858225b		
26 27	Add lines 25a and 25b25cSubtract line 25c from line 2426Enter the tax attributable to the amount on line 26 (see instructions)27		
28 29	Enter the amount, if any, from line 18 28 28 Subtract line 28 from line 27	29	
30 Pa	Enter the smaller of line 20 or line 29 Int IV Special Allowance for Low-Income Housing Credits for Property Placed in Note: Complete this part only if you have an amount on line 3c. Otherwise, go to Part V.	Service After	1989
31 32 33 34 35	If you completed Part III, enter the amount from line 19. Otherwise, subtract line 16 from line Enter the amount from line 30 Subtract line 32 from line 31. If zero, enter -0- here and on line 36 Enter the smaller of line 3c or line 33 Tax attributable to the remaining special allowance (see instructions)	32 33 34	
36 Pa	Enter the smaller of line 34 or line 35		
37	Passive Activity Credit Allowed. Add lines 6, 16, 30, and 36. See instructions to find out report the allowed credit on your tax return and how to allocate allowed and unallowed or you have more than one credit or credits from more than one activity. If you have any from a publicly traded partnership, see Publicly Traded Partnerships (PTPs) in the instructions	credits if / credits	4,145.
Ра	rt VI Election To Increase Basis of Credit Property		
38 39 40	If you disposed of your entire interest in a passive activity or former passive activity in a fu elect to increase your basis in credit property used in that activity by the unallowed credit property, check this box. See instructions Name of passive activity disposed of ► Description of the credit property for which the election is being made ►	that reduced y	our basis in the
44	Amount of unallowed credit that reduced your basis in the property		
41			582-CR (Rev. 01-2012)

JSA

	0016	Credit for Employer Social Security and Medicare Ta	xes	OMB No. 1545-0123
Form	8846	Paid on Certain Employee Tips		2016
	rtment of the Treasury	► Attach to your tax return.		Attachment
-	al Revenue Service e(s) shown on return	Information about Form 8846 and its instructions is at www.irs.gov/form8846.	Identi	Sequence No. 98
		DURKE & AMY S O'ROURKE		
Not	e: Claim this cr	edit only for employer social security and Medicare taxes paid by a food of stomary for providing food or beverages. See the instructions for line 1.	or bev	verage establishment
1	•	by employees for services on which you paid or incurred employer social		
	security and M	edicare taxes during the tax year (see instructions)	1	
2	Tips not subje	ct to the credit provisions (see instructions)	2	
3	Creditable tips	. Subtract line 2 from line 1	3	
4		by 7.65% (0.0765). If you had any tipped employees whose wages exceeded \$118,500, see instructions and check here ►	4	
5		bloyer social security and Medicare taxes paid on certain employee tips ips and S corporations	5	3,907.
	All others, repo	nd 5. Partnerships and S corporations, report this amount on Schedule K. ort this amount on Form 3800, Part III, line 4f	6	3,907.
For I	Paperwork Reduction	on Act Notice, see instructions.		Form 8846 (2016)

Form **2106**

Employee Business Expenses

OMB No. 1545-0074

b

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Attach to Form 1040 or Form 1040NR.

 Department of the Treasury Internal Revenue Service (99)
 Information about Form 2106 and its separate instructions is available at www.irs.gov/form2106.
 Attachment Sequence No.
 129

 Your name
 Occupation in which you incurred expenses
 Social security number

 ROBERT F O'ROURKE
 MEMB OF US CONGRESS
 Image: Construction of the security number

Part I	Employee	Business	Expenses an	d Reimbursements
--------	----------	----------	-------------	------------------

Step 1 Enter Your Expenses			Column A Other Than Meals and Entertainment	Column B Meals and Entertainment		
1 2 3	Vehicle expense from line 22 or line 29. (Rural mail carriers: See instructions.) Parking fees, tolls, and transportation, including train, bus, etc., that didn't involve overnight travel or commuting to and from work Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Don't include meals and entertainment	1 2 3				
4	Business expenses not included on lines 1 through 3. Don't include meals and entertainment <u>SEE STATEMENT</u> 35	4	3,000.			
5 6	Meals and entertainment expenses (see instructions) Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	5	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 weren't			
	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, er Schedule A (Form 1040), line 21 (or on Schedule A (Form 1040NR), line 7 reservists, qualified performing artists, fee-basis state or local government of individuals with disabilities: See the instructions for special rules on where to	10	3,000.		
For F	Paperwork Reduction Act Notice, see your tax return instructions.		Form 2106 (2016)		

1	2106 (2016) ROBERT F O'ROUF	RKE								Pag	e 2
Par											
	ion A - General Information (You n	nust c	complete this section it	you			(a) Vehicle 1	(b) Veh	nicle 2	
are c	laiming vehicle expenses.)							, (b) Vol		
11	Enter the date the vehicle was placed	l in se	rvice		11			L			
12	Total miles the vehicle was driven du	ring 2	016		12		miles			mi	iles
13	Business miles included on line 12 .				13		miles			mi	iles
14	Percent of business use. Divide line 1	3 by	line 12		14		%	L			%
15	Average daily roundtrip commuting di	stanc	e		15		miles			mi	iles
16	Commuting miles included on line 12				16		miles	<u> </u>		mi	iles
17	Other miles. Add lines 13 and 16 and	subti	ract the total from line	12	17		miles	<u> </u>		mi	iles
18	Was your vehicle available for person	al us	e during off-duty hours?					. L	Yes	No)
19	Do you (or your spouse) have anothe	r vehi	cle available for person	al use?				. L	Yes	No)
20	Do you have evidence to support you								Yes)
	If "Yes," is the evidence written?								Yes	No)
	ion B - Standard Mileage Rate (Se							on or S	Section	C.)	
	Multiply line 13 by 54¢ (0.54). Enter	the re						<u> </u>			
Sect	ion C - Actual Expenses		(a) Ve	hicle 1			(b) \	/ehicle	e 2		
23	Gasoline, oil, repairs, vehicle										
	insurance, etc.	23									_
24 a	Vehicle rentals	24a						_			
b	Inclusion amount (see instructions)	24b									
	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	-				-				
	Depreciation (see instructions)	28	-				-				
29	Add lines 27 and 28. Enter total										
	here and on line 1.	29									
Sect	ion D - Depreciation of Vehicles (U	Jse th			ehicle	and				vehicle.)
			(a) Vehic	le 1			(b) \	/ehicle	32		
30	Enter cost or other basis (see										
	instructions)	30						_			
31											
	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	-				-				
	Add lines 31 and 34	35						_			
36	Enter the applicable limit explained	20									
	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	20									
		38									

Form **2106** (2016)

SOURCES OF COMPENSATION

OWNER-	- DESCRIPTION	TOTAL	FEDERAL	SOC. SEC.	MEDICARE
SHIP		WAGES	WITHHELD	WITHHELD	WITHHELD
	WAGES				
S	STANTON STREET TECHNOLOGY	37,386.	NONE	1,611.	
T	HOUSE OF REP -MEMBER SERV	165,300.	25,675.	7,347.	
	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	

PSHIP, S CORP. & ESTATE/TRUST QUALIFIED DIVIDENDS	
CAMPR II LIMITED	435.
TOTAL PASS THROUGH QUALIFIED DIVIDENDS	435.
TOTAL TO 1040, LINE 9B	1,231.
	===========

796.

SOURCES OF OTHER INCOME _____ MISC. OTHER INCOME SUBJECT TO S.E. TAX -----S 12,000. PROJECT VIDA S 36,906. COUNCIL ON REGIONAL ECONOMIC EXPANSION _____ 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 KCOS 13 PASO DEL NORTE FOUNDATION TRINITY FIRST WEEKDAY SCHOOL	538. 60. 100. 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 MORGAN STANLEY ADVISORY FEES	15,666. 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

TOTAL TO SCHEDULE A, LINE 28

950. ______ 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.	
б.	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.
	=======================================	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 C LINE 5 - SHORT-TERM GAIN (LOSS) FROM PARTNERSHIPS, S CORPORATIONS,	
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 LINE 12 - LONG-TERM GAIN (LOSS) FROM PARTNERSHIPS, S CORPORATIONS,	ONE YEAR 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 _____ _____ CAPITAL NAME OF PAYER GAINS _____ _____ MORGAN STANLEY & CO. INCORPORATED 1,700. _____ SUBTOTAL FROM CONSOLIDATED-1099 1,700. _____ TOTAL TO SCHEDULE D, LINE 13 1,700.

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ROBERT F O'ROURKE & AMY S O'ROURKE EL PASO, TX 79902

SUPPLEMENT TO SCHEDULE E

INCOME OR LOSS FROM PARTNERSHIPS AND S CORPORATIONS

	(B)	(C)		(E)	(F)	(G)	(H)	(I)	(J)
(A)	P/	F	(D)	NOT	PASSIVE	PASSIVE	NONPASSIVE	NONPASSIVE	NONPASSIVE
NAME	S	P	EIN	AT-RISK	LOSS	INCOME	LOSS	SEC 179	INCOME
CAMPR INVESTMENT PARTNERSHIP	Ρ								NONE
CAMPR II LIMITED	Ρ					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: ID NUMBER:	CAMPR INVESTMENT PARTNERSHIP		
	DESCRIPTION	PASSIVE	NONPASSIVE
ALLOWABLE I	NCOME/LOSS		NONE
K-1 NAME: ID NUMBER:	CAMPR II LIMITED		
	DESCRIPTION	PASSIVE	NONPASSIVE
	COME OR LOSS ESTATE INCOME OR LOSS		

ALLOWABLE INCOME/LOSS	21,724.
OTHER DEDUCTIONS	69.
LESS:	
OTHER INCOME (LOSS)	-15,330.
OTHER PORTFOLIO INCOME	9.
PLUS:	
RENTAL REAL ESTATE INCOME OR LOSS	-5.

K-1 NAME: STANTON STREET TECHNOLOGY GROUP INC

ID NUMBER:

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

CONTINUED...

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:

DESCRIPTION	PASSIVE NONPASSIVE
RENTAL REAL ESTATE INCOME OR LOSS	-5,981.
ALLOWABLE INCOME/LOSS	-5,981. ====================================
K-1 NAME: PEPPERTREE SQUARE, LTD ID NUMBER:	
DESCRIPTION	PASSIVE NONPASSIVE
RENTAL REAL ESTATE INCOME OR LOSS LESS:	69,903.

SECTION 754 DEPRECIATION

ALLOWABLE INCOME/LOSS

7,580. 62,323. ROBERT F O'ROURKE & AMY S O'ROURKE

SUPPLEMENT TO SCHEDULE SE

SPOUSE'S NET SELF-EMPLOYMENT INCOME

NET NONFARM PROFIT OR (LOSS)

MISCELLANEOUS INCOME SUBJECT TO SE TAX

48,906. -----48,906. -----

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

ROBERT F O'ROURKE & AMY S O'ROURKE

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

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

STATEMENT 13

ROBERT F O'ROURKE & AMY S O'ROURKE

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

C) (D)		COST OR OTHER	
	(E)	BASIS PLUS	
ATE GROSS			(G)
OLD SALES PRIC	E ALLOWED	EXPENSE OF SAL	E LOSS/GAIN

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 PEPPERTREE SQUARE, LTD	21,724. 62,323.	21,679. 61,728.	 -45. -595.
TOTAL TO FORM 6251, LINE 19			 -640. ========

PASSIVE ACTIVITY - INCOME AND LOSS DETAIL		
	REGULAR INC./LOSS	INC./LOSS
ACTIVITY – CAMPR II LIMITED		
ORDINARY INCOME OR LOSS RENTAL REAL ESTATE INCOME OR LOSS PLUS: OTHER INCOME LESS: OTHER DEDUCTIONS	37,119. -5. -15,321. 69.	
REGULAR INCOME OR LOSS BEFORE LIMITATIONS PLUS: POST-86 DEPRECIATION ADJUSTMENT POST-86 DISPOSITION GAIN OR LOSS OTHER INCOME LESS: OTHER DEDUCTIONS	21,724.	37,114. -45. -3. -15,321. 69.
AMT INCOME OR LOSS BEFORE LIMITATIONS		21,676.
ALLOWABLE INCOME OR LOSS	21,724.	
ACTIVITY – PEPPERTREE SQUARE, LTD		
RENTAL REAL ESTATE INCOME OR LOSS LESS: OTHER DEDUCTIONS	69,903. 7,580.	
REGULAR INCOME OR LOSS BEFORE LIMITATIONS PLUS: POST-86 DEPRECIATION ADJUSTMENT LESS: OTHER DEDUCTIONS		69,903. -595. 7,580.
AMT INCOME OR LOSS BEFORE LIMITATIONS		61,728.
ALLOWABLE INCOME OR LOSS		61,728.

LINE 29 - EXEMPTION WORKSHEET

===	=======================================		
1.	<pre>\$53,900. IF SINGLE OR HEAD OF HOUSEHOLD \$83,800. IF MARRIED FILING JT. OR QUAL. WIDOW(ER) \$41,900. IF MARRIED FILING SEPARATELY</pre>		83,800.
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) \$ 79,850. IF MARRIED FILING SEPARATELY	159,700.	
4. 5.	LINE 2 LESS LINE 3 MULTIPLY LINE 4 BY 25%	120,829.	30,207.
6.	EXEMPTION AMOUNT (LINE 1 LESS LINE 5)		53,593.

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

SUPPLEMENT TO SCHEDULE H

NAME OF EMPLOYEE	CASH N SOC. SEC. TAX	WAGES SUBJEC MEDICARE TAX	FUTA	FEDERAL INCOME TAX W/H	ADVANCE EIC PAYMENTS
	18,385.	18,385.	7,000.	NONE	
TOTAL	18,385.	18,385.	7,000.	 NONE =======	

STATEMENT 19

DETAIL OF INVESTMENT INTEREST EXPENSE

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

GAIN FROM INVESTMENT PROPERTIES

		SHORT TE LOSS	GAIN		M GAIN
CAP. GAIN DIST SCHEDULE D FORM 6781		3,943.	106.	1,985.	1,700. 158.
TOTAL		3,943.	106.	1,985.	1,858.
NET GAIN - PROP	ERTY HELD FOR 3	INVESTMENT - FO	DRM 4952 LINE		NONE
	CO INCLUDE QUAL			NCOME	
GROSS INCOME EX ORDINARY GAIN -			Г		
TOTAL INCOM	IE BEFORE CAPIT	AL GAIN	-		49,554.
TOTAL INVESTMEN INVESTMENT EXPE			952 LN. 3	42,533. 14,306.	
TOTAL EXPEN	ISES		-		56,839.
EXCESS TOTAL EX	PENSES OVER TO	TAL INCOME			7,285.
QUALIFIED DIVID	ENDS				1,231.
NET LONG-TERM C NET SHORT-TERM				NONE 3,837.	
NET CAPITAL GAI	Ν		-		NONE
NET CAPITAL GAI	N YOU MAY ELEC'	I TO REPORT AS	ORDINARY		NONE

CONTINUED...

STATEMENT 21

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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 - FORM 4952 LINE 4G

NONE

DETAIL OF INVESTMENT INCOME MINUS EXPENSES

SUPPLEMENT TO FORM 4952

1. CHILD'S INCOME FROM FORM 8814 73. 2. INTEREST INCOME 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. ==============

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.

STATEMENT 24

SUPPLEMENT TO FORM 4952 - AMT

GAIN FROM INVESTMENT PROPERTIES - AMT

			TERM GAIN		
CAP. GAIN DIST SCHEDULE D FORM 6781		3,943.	106.	1,985.	158.
TOTAL			106.		
NET GAIN - PROP	ERTY HELD FOR	INVESTMENT -	FORM 4952 LINE 4D		NONE =======
ELEC.TO INCLU	JDE QUAL.DIV.&	NET CAP.GAIN	AS INV.INC AMT		
GROSS INCOME EX ORDINARY GAIN -					
TOTAL INCOM	1E BEFORE CAPIT	AL GAIN			49,554.
TOTAL INVESTMEN INVESTMENT EXPE			4952 LINE 3	31,281. 953.	
TOTAL EXPEN	ISES				32,234.
EXCESS TOTAL EX	PENSES OVER TO	TAL INCOME			NONE
QUALIFIED DIVID	ENDS				1,231.
NET LONG-TERM C NET SHORT-TERM				NONE 3,837.	
NET CAPITAL GAI	Ν				NONE
NET CAPITAL GAI QUALIFIED DIVID			AS ORDINARY UDE IN INV. INC.		NONE NONE
NET CAPITAL GAI QUALIFIED DIVID					NONE NONE
		CONTINUEI	D	S	TATEMENT 25

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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 2A.LESS: INTEREST RECLASSIFIED AS SELF-CHARGED	73.
3. PRIVATE ACTIVITY BONDS 2. 4. DIVIDEND INCOME 2. 5. ANNUITIES 2.	,456.
6. ROYALTY INCOME	,256.
8. GROSS INVESTMENT INCOME9. QUALIFIED DIVIDENDS	50,785. 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 13. NET GAIN FROM INVESTMENT PROPERTY 14. LINE 13 LESS LINE 12 15. INVESTMENT INCOME ELECTION	NONE NONE NONE
16. TOTAL INVESTMENT INCOME	49,554.
17. ROYALTY EXPENSES 18. INVESTMENT EXPENSES 19. PRIVATE ACTIVITY BONDS	953.
20. TOTAL INVESTMENT EXPENSES	953.
21. TOTAL NET INVESTMENT INCOME	48,601.

SUPPLEMENT TO FORM 8960 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.

	II INVESTMENT EXPENSES ALLOCABLE TO INVESTM FICATIONS	ENT INCOME AND
	9C MISCELLANEOUS INVESTMENT EXPENSES	
1		
⊥.	AMOUNT OF MISCELLANEOUS ITEMIZED DEDUCTIONS BEFORE	
	THE APPLICATION OF SECTION	
	67 LIMITATION	17,865.
2	AMOUNT OF ALL MISCELLANEOUS	17,805
۷.	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
	DIVIDE LINE 2 BY LINE 1	0.74743913
	FORM 4952 LINE 5 RECALCULATED FOR	
	NII BEFORE SECTION 67 LIMITATION	17,865
	MULTIPLY LINE 4 TIMES LINE 5	13,353
	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.
	ITEMIZED DEDUCTION LIMITATION FOR NII	35,770.
	SMALLER OF LINE 8 OR LINE 9	13,353.
	DIVIDE LINE 10 BY LINE 8	1.0000000
	MULTIPLY LINE 7 TIMES LINE 11	13,353.
	ADJUSTMENT FROM ORGANIZER	
	MISCELLANEOUS INVESTMENT EXPENSES	
	FOR NII AFTER APPLICATION OF	
	SECTION 67 AND SECTION 68	
	LIMITATIONS. ADD LINE 12 AND	
	LINE 13	13,353.

SUPP:	LEMENT TO FORM 8960	
	III TAX COMPUTATION 13 MODIFIED ADJUSTED GROSS INCOME	
2.	ENTER YOUR ADJUSTED GROSS INCOME FOREIGN EARNED INCOME EXCLUSION: ENTER YOUR FOREIGN EARNED INCOME	327,947.
(B)	EXCLUSION (FROM LINE 42 OF FORM 2555) ENTER THE DEDUCTIONS REPORTED ON LINE 44 OF FORM 2555 ALLOCABLE TO YOUR FOREIGN EARNED INCOME EXCLUSION	
3.	COMBINE LINES 2(A) AND 2(B) 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.

PART I INVESTMENT INCOME LINE 5B NET GAIN OR LOSS FROM DISPOSITION OF PROPERTY SUBJECT TO NET INVESTMENT INCOME TAX	THAT IS NOT
ACTIVITY NAME	AMOUNT
CAMPR II LIMITED	264.
SUBTOTAL SCHEDULE D	264.
TOTAL TO LINE 2A COLUMN A	264.

PASS-THROUGH WORK OPPORTUNITY CREDITS

CAMPR II LIMITED	238.	
TOTAL TO LINE 3 OF FORM	5884 238.	
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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.

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TOTAL TO LINE 5, FORM 8846

3,907. ______ 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.
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