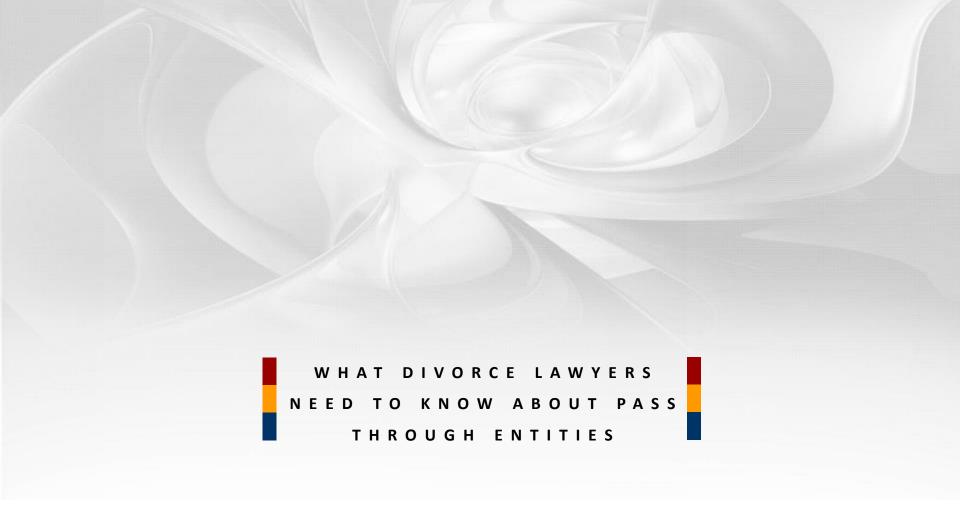


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Sources of Income – Business Income or Loss

	7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	
Income	8a	Taxable interest. Attach Schedule B if required	8a	
	b	Tax-exempt interest. Do not include on line 8a 8b		
Attach Form(s) W-2 here, Also	9a	Ordinary dividends. Attach Schedule B if required	9a	
attach Forms	b	Qualified dividends 9b		
W-2G and	10	Taxable refunds, credits, or offsets of state and local income taxes	10	
1099-R if tax	11	Alimony received	11	
was withheld.	12	Business income or (loss). Attach Schedule C or C-EZ	12	
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here	13	
If you did not	14	Other gains or (losses). Attach Form 4797	14	
get a W-2, see instructions.	15a	IRA distributions . 15a b Taxable amount	15b	
oco mondonono.	16a	Pensions and annuities 16a b Taxable amount	16b	
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
	18	Farm income or (loss). Attach Schedule F	18	
	19	Unemployment compensation	19	
	20a	Social security benefits 20a b Taxable amount	20b	
	21	Other income. List type and amount	21	
	22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶	22	



- •This Schedule reports any income or losses generated from a business being run as a sole proprietor.
- Single member LLCs can either be reported on a Schedule C or as a S Corporation.
- •This Schedule is also used to report income received as a nonemployee on a Form 1099-MISC
- Nonemployee income received is subject to self employment income tax which is calculated on Schedule SE



- This needs to be examined closely to determine if there are any personal items being expensed.
- Note: There should be no wages paid to owners on a Schedule C, as they receive the net cash profits from the business.
- •Note: There is not a balance sheet section for a Schedule C. It is important to request the balance sheet and detail back up, such as QuickBooks.



- •Since all profit is taxed at the taxpayer level, compensation is taken in the form of draws from the entity.
- Various associated forms include: Schedule SE, Form 4562, Form 4797, and others.
- •Farm income is reported separately on Schedule F.



Name of I			dule C and its separate instructions is at www.irs.gov/sc/		201	•
C I	proprietor		1040NR, or 1041; partnerships generally must file Form		Attachment Sequence No	. 09
C I				Social secur	rity number (SS)	
E F G	Principal business or profe	ssion, including prod	luct or service (see instructions)	B Enter code	e from instruction	ns
E F G	Business name. If no sepa	unto business name	lance blook	D. Employer	ID number (EIN), (rea instr.)
F G	business name. If no sepa	rate business name,	leave blank.	D Employer	ID HUMBER (ESN), E	Non upu 1
F G	Business address (includin	g suite or room no.)	·			
G	City, town or post office, s					
			☐ Accrual (3) ☐ Other (specify) ►			*******
H			of this business during 2016? If "No," see instructions for lin	nit on losses	Yes	No
			2016, check here		. •	No
			require you to file Form(s) 1099? (see instructions)		Yes	Sand
	If "Yes," did you or will you Income	file required Forms	1099?		Tes	☐ No
_		a lasta ations for the	t and shock the havil this became use seconded to you are			
			e 1 and check the box if this income was reported to you on that form was checked	1		
	Returns and allowances .		i that form was checked	2		-
	Subtract line 2 from line 1			3		
	Cost of goods sold (from I			4		
	Gross profit. Subtract lin			5		_
			line or fuel tax credit or refund (see instructions)	6		_
	Gross income. Add lines	The second secon	The driver law created retained page standarding	7		
			ess use of your home only on line 30.	1,		
	Advertising		18 Office expense (see instructions)	18		
	Car and truck expenses (so		19 Pension and profit-sharing plans	19		
-	instructions)		20 Rent or lease (see instructions):	19		_
	Commissions and fees .	10	a Vehicles, machinery, and equipment	20a		-
	Contract labor (see instruction		b Other business property	20b		
	Depletion	12	21 Repairs and maintenance	21		
	Depreciation and section 1		22 Supplies (not included in Part III) .	22		
	expense deduction (n	ot	23 Taxes and licenses	23		
	included in Part III) (si instructions)		24 Travel, meals, and entertainment:	20		
	Employee benefit progran		a Travel	24a		
	(other than on line 19)		b Deductible meals and	-		
	Insurance (other than health		entertainment (see instructions)	24b		
	Interest:		25 Utilities	25		
а	Mortgage (paid to banks, etc) 16a	26 Wages (less employment credits) .	26		
	Other	16b	27a Other expenses (from line 48)	27a		
17	Legal and professional service	s 17	b Reserved for future use	27b		
28	Total expenses before ex	penses for business	use of home. Add lines 8 through 27a	28		
29	Tentative profit or (loss). S	ubtract line 28 from li	ine 7	29		
- 1	unless using the simplified	method (see instruct	not report these expenses elsewhere. Attach Form 8829 tions). quare footage of: (a) your home:			
	and (b) the part of your ho Method Worksheet in the i		: Use the Simplified the amount to enter on line 30	30		
31	Net profit or (loss). Subtr	act line 30 from line	29.			
			r Form 1040NR, line 13) and on Schedule SE, line 2. s). Estates and trusts, enter on Form 1041, line 3.	31		
	 If a loss, you must go to 	line 32.				
32	If you have a loss, check to	ne box that describes	s your investment in this activity (see instructions).			
	on Schedule SE, line 2. () trusts, enter on Form 104	f you checked the bo	Form 1040, line 12, (or Form 1040NR, line 13) and ix on line 1, see the line 31 instructions). Estates and 1198. Your loss may be limited.	32b 🔲 5	All investment is Some investme at risk.	

art	Cost of Goods S	sold (see in	structions)							
33	Method(s) used to value closing inventory:	a 🗆 Co	et b [Lower of co	est or market	c 🗆	Other (atta	ch expla	anation)	
34	Was there any change in de	etermining qua	ntities, costs,	or valuations b	etween openin	g and closin	g inventor	12		
	If "Yes," attach explanation								Yes	☐ No
35	Inventory at beginning of ye	W						35		-1
30	inventory at beginning or ye	rar, il callerent	from last year	s closing inver	nibry, attach ex	planation .	2.2	30		_
36	Purchases less cost of item	s withdrawn fo	or personal use					36		
37	Cost of labor. Do not includ	de any amount	s paid to yours	elf			4 .	37		_
38	Materials and supplies .							38		
39	Other costs							39		
40	Add lines 35 through 39 .	1911				x 4 9 3	Ja (5)	40		
41	Inventory at end of year .	2010						41		
42	Cost of goods sold. Subtr	and the Af fee	or time 40. Ente	the sea dt base	on and on the c			42		
Part		Your Vehicl	e. Complet	te this part o	only if you a	re claimin		truck e		
	When did you place your ve Of the total number of miles								e.	
		s you drove yo	ur vehicle duri	ng 2016, enter	the number of		sed your v	ehicle fo		
44 a	Of the total number of miles	s you drove yo	ur vehicle duri	ng 2016, enter	the number of	miles you u	sed your v	ehicle fo		□ No
44 a 45	Of the total number of miles	s you drove yo	ur vehicle during (Commuting (se during off-di	ng 2016, enter see instruction uty hours? .	the number of	miles you u	sed your v	ehicle fo		
44 a 45 46	Of the total number of miles Business Was your vehicle available to	s you drove yo b for personal us we another veh	our vehicle during (Commuting (se during off-di nicle available f	ng 2016, enter see instruction uty hours? or personal us	the number of	miles you u	sed your v	ehicle fo	. Yes	□ No
44 a 45 46 47a b	Of the total number of miles Business Was your vehicle available t Do you (or your spouse) hav Do you have evidence to su If "Yes," is the evidence writ	tor personal us we another veh upport your de	our vehicle during (commuting (se during off-di cicle available f duction?	ng 2016, enter see instruction uty hours?	the number of	miles you u	c O	ther	. Yes	□ No
44 a 45 46 47a b	Of the total number of miles Business Was your vehicle available t Do you (or your spouse) hav Do you have evidence to su If "Yes," is the evidence writ	tor personal us we another veh upport your de	our vehicle during (commuting (se during off-di cicle available f duction?	ng 2016, enter see instruction uty hours?	the number of	miles you u	c O	ther	. Yes	No No
44 a 45 46 47a b	Of the total number of miles Business Was your vehicle available t Do you (or your spouse) hav Do you have evidence to su If "Yes," is the evidence writ	tor personal us we another veh upport your de	our vehicle during (commuting (se during off-di cicle available f duction?	ng 2016, enter see instruction uty hours?	the number of	miles you u	c O	ther	. Yes	No No
44 a 45 46 47a b	Of the total number of miles Business Was your vehicle available t Do you (or your spouse) hav Do you have evidence to su If "Yes," is the evidence writ	for personal us we another veh upport your de	our vehicle during (commuting (se during off-di cicle available f duction?	ng 2016, enter see instruction uty hours?	the number of	miles you u	c O	ther	. Yes	No No
44 a 45 46 47a b	Of the total number of miles Business Was your vehicle available t Do you (or your spouse) hav Do you have evidence to su If "Yes," is the evidence writ	for personal us we another veh upport your de itten? i. List belov	our vehicle during of commuting (see during off-di sicle available f duction?	ng 2016, enter see instruction uty hours? or personal us	the number of	miles you u	c O	ehicle to	. Yes	No No
44 a 45 46 47a b	Of the total number of miles Business Was your vehicle available t Do you (or your spouse) hav Do you have evidence to su If "Yes," is the evidence writ Other Expenses.	for personal us we another veh upport your de itten? i. List belov	our vehicle during of commuting (see during off-di sicle available f duction?	ng 2016, enter see instruction uty hours? or personal us	the number of	miles you u	c O	ehicle to	. Yes	No No
44 a 45 46 47a b	Of the total number of miles Business Was your vehicle available t Do you (or your spouse) hav Do you have evidence to su If "Yes," is the evidence writ Other Expenses.	b for personal us we another ver upport your de itten?	ur vehicle during Commuting (se during off-di vicle available f duction? V business 6	ng 2016, enter see instruction uty hours? or personal us	the number of his)	miles you u	e O	ehicle to	. Yes	No No
44 a 45 46 47a b	Of the total number of miles Business Was your vehicle available t Do you (or your spouse) hav Do you have evidence to su If "Yes," is the evidence writ Other Expenses.	b for personal us we another ver upport your de itten?	ur vehicle during Commuting (se during off-di vicle available f duction? V business 6	ng 2016, enter see instruction uty hours? or personal us	the number of his)	miles you u	e O	ehicle to	. Yes	No No
44 a 45 46 47a b	Of the total number of miles Business Was your vehicle available t Do you (or your spouse) hav Do you have evidence to su If "Yes," is the evidence writ Other Expenses.	b for personal us we another ver upport your de itten?	ur vehicle during Commuting (se during off-di vicle available f duction? V business 6	ng 2016, enter see instruction uty hours? or personal us	the number of his)	miles you u	e O	ehicle to	. Yes	No No
44 a 45 46 47a b	Of the total number of miles Business Was your vehicle available t Do you (or your spouse) hav Do you have evidence to su If "Yes," is the evidence writ Other Expenses.	b for personal us we another vert upport your de itten?	ur vehicle during Commuting (se during off-di vicle available f duction? V business 6	ng 2016, enter see instruction uty hours? or personal us	the number of his)	miles you u	e O	ehicle to	. Yes	No No
44 a 45 46 47a b	Of the total number of miles Business Was your vehicle available t Do you (or your spouse) hav Do you have evidence to su If "Yes," is the evidence writ Other Expenses.	b for personal us we another vert upport your de itten?	ur vehicle during Commuting (se during off-di vicle available f duction? V business 6	ng 2016, enter see instruction uty hours? or personal us	the number of his)	miles you u	e O	ehicle to	. Yes	No No
a 45 46 47a b Pelli	Of the total number of miles Business Was your vehicle available t Do you (or your spouse) hav Do you have evidence to su If "Yes," is the evidence writ Other Expenses.	b for personal us we another vert upport your de itten?	ur vehicle during Commuting (se during off-di vicle available f duction? V business 6	ng 2016, enter see instruction uty hours? or personal us	the number of his)	miles you u	e O	ehicle to	. Yes	No No
44 a 45 46 47a b	Of the total number of miles Business Was your vehicle available t Do you (or your spouse) hav Do you have evidence to su If "Yes," is the evidence writ Other Expenses.	b for personal us we another vert upport your de itten?	ur vehicle during Commuting (se during off-di vicle available f duction? V business 6	ng 2016, enter see instruction uty hours? or personal us	the number of his)	miles you u	e O	ehicle to	. Yes	No No
44 a 45 46 47a b	Of the total number of miles Business Was your vehicle available t Do you (or your spouse) hav Do you have evidence to su If "Yes," is the evidence writ Other Expenses.	b for personal us we another vert upport your de itten?	ur vehicle during Commuting (se during off-di vicle available f duction? V business 6	ng 2016, enter see instruction uty hours? or personal us	the number of his)	miles you u	e O	ehicle to	. Yes	No No
44 a 45 46 47a b	Of the total number of miles Business Was your vehicle available t Do you (or your spouse) hav Do you have evidence to su If "Yes," is the evidence writ Other Expenses.	b for personal us we another ver upport your de itten?	ur vehicle during Commuting (se during off-di vicle available f duction? V business 6	ng 2016, enter see instruction uty hours? or personal us	the number of his)	miles you u	e O	ehicle to	. Yes	No





	10	65		U.S. R	eturn of Partners	hip Incon	ne	- 1	OMB No.	1545-0123
		the Treasury se Service	For cale	endar year 2016, or tax y	year beginning 1065 and its separate instru	, 2016, ending	, 20	065.	20	16
A Pri	ncipal bus	iness activity		Name of partnership					D Employer ide	entification number
B Prin	cipal prod	luct or service	Type	Number, street, and re	oom or suite no. If a P.O. box, see	the instructions.			E Date busin	ess started
C Bu	siness co	de number	Print	City or town, state or	province, country, and ZIP or foreign	gn postal code			F Total assets instructions	
									S	
G H I J	Check Numbe Check	er of Schedules	method: iles K-1. s C and I	(6) Technical ter (1) Cash Attach one for each p M-3 are attached	(2) Final return (3) minimation - also check (1) or (2) Accrual (3) erson who was a partner at an expenses on lines 1a through	Other (specify) I y time during th	e tax year			Д
Gau	JOH. W.C.		A STATE OF THE STA	ANNA DESPUSACIONES CO		11 22 Delow. Ge	e ule manucio	ns for it	iore illionik	TOUR.
	1a		A. Marian	sales		1a				
	b					1b				
	C				a			1c		
	2	_		The second secon	25-A)			2		
	3				1c			3		_
Income		The state of the s			rtnerships, estates, and tru	The state of the state of		5		_
ğ	5				le F (Form 1040))			6		_
Ĕ	6	-		Control of the Contro	II, line 17 (attach Form 479					$\overline{}$
	7		The same of the same	THE RESIDENCE OF THE PARTY AND THE	it)			7		
_	8			ss). Combine lines				8		
the instructions for Imfallons			_		rtners) (less employment c			_		
2	10			Additional Visiting and Parties and				10		
÷	11							11		
200	12							12		_
8	13							13		
-	14							14		
2	15					Lead		15		
	16a			and the second s	n 4562)	16a		40		
	ь			The state of the s	5-A and elsewhere on return			16c		
Deductions	17	The second secon	71		as depletion.)			17		
Ħ	18							18		
ž	19							19		
ĕ	20							20		
					s shown in the far right colu	imn for lines 9	through 20.	21		_
	22				Subtract line 21 from line 8					-
Sig Hei		knowled is based	ge and be on all info	elief, it is true, correct, and crimation of which prepare	ave examined this return, including d complete. Declaration of prepare er has any knowledge.	(other than gener	al partner or limite	d liability	company mer sy the IRS discuss sparer shown bek	miber manager)
			e prepare	Man to the second secon	Preparer's signature		Date		- IF	TIN
Pai Pre	d parer				incheses a selection			self-e	mployed	
Hee	Only	Firm's no	ime 🕨					Firm's	EIN -	

AZARS

Form 1065 (2016)

	065 (2016)					F	Page 2
Sch	edule B Other Information						
1	What type of entity is filing this return? Check the ap	and the same of th	40.00			Yes	No
а		Domestic limit					
C	☐ Domestic limited liability company d ☐ Foreign partnership f	Domestic limit Other ▶	ed liability partn	ership			
2	At any time during the tax year, was any partner in	Total Control Control	disconneded of	ntitu a martnarchi	n (including	-	-
-	an entity treated as a partnership), a trust, an S corpo						
	or a nominee or similar person?	· · · · · · ·			ou pararer,		
3	At the end of the tax year:	3 4 3 3 2 2 2					
	Did any foreign or domestic corporation, partnership	in fincluding any e	entity treated as	a nartnershin) tr	nist or tax-		
a	exempt organization, or any foreign government own						
	loss, or capital of the partnership? For rules of const						
	B-1, Information on Partners Owning 50% or More of	of the Partnership					
b	Did any individual or estate own, directly or indirect	lly, an interest of	50% or more in	the profit, loss, o	or capital of		
	the partnership? For rules of constructive ownership		s. If "Yes," attac	ch Schedule B-1,	Information		
	on Partners Owning 50% or More of the Partnership						
4	At the end of the tax year, did the partnership:			Carlotte Control			
а	Own directly 20% or more, or own, directly or indire						
	stock entitled to vote of any foreign or domest instructions. If "Yes," complete (i) through (iv) below		For rules of (constructive own	ership, see		
	matructions. If Yes, complete (i) through (iv) below				* * * *		
	(i) Name of Corporation		r Identification er (if any)	(iii) Country of Incorporation	(iv) Perc Owned in Vi		
_		Number	ar (in arriy)	incorporation	1200		300
		_			_		
_		-			1	_	_
ь	Own directly an interest of 20% or more, or own, dire	ectly or indirectly.	an interest of 50	0% or more in the	profit, loss.		
	or capital in any foreign or domestic partnership (in						
	interest of a trust? For rules of constructive ownership	o, see instructions.	. If "Yes," compl	ete (i) through (v) t	pelow		
	(i) Name of Entity	(ii) Employer Identification	(iii) Type of	(iv) Country of	(v) M Percenta	taximur	m ned in
	My marine or survey	Number (If any)	Entity	Organization	Percenta Profit, Lo	ss, or C	Capital
				-	_		
				-	_		
				-	_		
						T.,	L
5	Did the and only file From 9900 Filesting of Deat	manufactural Tax	. T			Yes	No
3	Did the partnership file Form 8893, Election of Part section 6231(a)(1)(B)(iii) for partnership-level tax trea						
	more details						
6	Does the partnership satisfy all four of the following	conditions?					
а	The partnership's total receipts for the tax year were		00.				
b		The state of the s					
C	Schedules K-1 are filed with the return and furnis	shed to the part	ners on or bef	ore the due date	(including		
	extensions) for the partnership return.						
d	The partnership is not filing and is not required to file	Schedule M-3					
	If "Yes," the partnership is not required to complete	Schedules L, M-	1, and M-2; Iter	n F on page 1 of	Form 1065;		
	or Item L on Schedule K-1.						L
7	Is this partnership a publicly traded partnership as de				2 2 2 3		
8	During the tax year, did the partnership have any				the terms	_	
	modified so as to reduce the principal amount of the						
9	Has this partnership filed, or is it required to file, F		ial Advisor Disc	losure Statement,	to provide	_	
	information on any reportable transaction?						
10	At any time during calendar year 2016, did the partnership			Control of the Contro			
	account in a foreign country (such as a bank account, sec						
	exceptions and filing requirements for FinCEN Form 114	, reput of roreign	Dank and Final	icial Accounts (FBA	ury. II Tes,		



Form 1065 (2016) Page 3 Other Information (continued) Schedule B Yes No 11 At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report 12a Is the partnership making, or had it previously made (and not revoked), a section 754 election? See instructions for details regarding a section 754 election. b Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes." attach a statement showing the computation and allocation of the basis adjustment. See instructions . . . c Is the partnership required to adjust the basis of partnership assets under section 743(b) or 734(b) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes." attach a statement showing the computation and allocation of the basis adjustment. See instructions 13 Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than disregarded entities wholly 14 At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities, enter the number of Forms 8858 attached. See instructions 16 Does the partnership have any foreign partners? If "Yes." enter the number of Forms 8805. Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership. 17 Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return. 18a Did you make any payments in 2016 that would require you to file Form(s) 1099? See instructions 19 Enter the number of Form(s) 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations, attached to this return. Enter the number of partners that are foreign governments under section 892. 21 During the partnership's tax year, did the partnership make any payments that would require it to file Form 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474)? Was the partnership a specified domestic entity required to file Form 8938 for the tax year (See the Instructions for Designation of Tax Matters Partner (see instructions) Enter below the general partner or member-manager designated as the tax matters partner (TMP) for the tax year of this return:

Name of designated TMP	Identifying number of TMP
If the TMP is an entity, name of TMP representative	Phone number of TMP
Address of designated TMP	

Form 1065 (2016)



Sched	ule K	Partners' Distributive Share Items	Total amou	int
	1	Ordinary business income (loss) (page 1, line 22)	1	
	2	Net rental real estate income (loss) (attach Form 8825)	2	
	3a	Other gross rental income (loss)		
	b	Expenses from other rental activities (attach statement) 3b		
	C	Other net rental income (loss). Subtract line 3b from line 3a	3c	
6	4	Guaranteed payments	4	
Income (Loss)	5	Interest income	5	
3	6	Dividends: a Ordinary dividends	6a	
9		b Qualified dividends 6b		
5	7	Royalties	7	
2	8	Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8	
_	9a	Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9a	_
	b	Collectibles (28%) gain (loss) 9b	ad .	_
			-	
	C		40	
	10	Net section 1231 gain (loss) (attach Form 4797)	10	_
	11	Other income (loss) (see instructions) Type ▶	11	
2		Section 179 deduction (attach Form 4562)		_
ž	1	Contributions	13a	_
ž	b	Investment interest expense	13b	_
9	C	Section 59(e)(2) expenditures: (1) Type ▶ (2) Amount ▶	13c(2)	
Self- Employ- Deductions ment	d	Other deductions (see instructions) Type ▶	13d	
8	14a	Net earnings (loss) from self-employment	14a	
유민	100	Gross farming or fishing income	14b	
S III S	C	Gross nonfarm income	14c	
	15a	Low-income housing credit (section 42(j)(5))	15a	
90	b	Low-income housing credit (other)	15b	
등	C	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	15c	
Credits	d	Other rental real estate credits (see instructions) Type	15d	
0	е	Other rental credits (see instructions) Type	15e	
	f	Other credits (see instructions) Type ▶	15f	
	16a	Name of country or U.S. possession ▶		
60	D	Gross income from all sources	16b	
Ë	C	Gross income sourced at partner level	16c	
衰		Foreign gross income sourced at partnership level	10000	
20	d	Passive category ▶ e General category ▶ 1 Other ▶	16f	
Foreign Transactions		Deductions allocated and apportioned at partner level		
E	g	Interest expense ► h Other	16h	
=		Deductions allocated and apportioned at partnership level to foreign source income		
<u></u>	i	Passive category > (General category > k Other >	16k	
.5	1	Total foreign taxes (check one): ► Paid ☐ Accrued ☐	161	
-	m	Reduction in taxes available for credit (attach statement)	16m	
	n	Other foreign tax information (attach statement)		
Alternative Minimum Tax (AMT) Items	17a	Post-1986 depreciation adjustment	17a	
a H	b	Adjusted gain or loss	17b	
き 三 き	c	Depletion (other than oil and gas)	17c	
B 5 C	d		17d	
A z e	e	Oil, gas, and geothermal properties—deductions	17e	
223	f	Other AMT items (attach statement)	17f	
	18a		18a	
Other Information	ь		18b	
at	c	Nondeductible expenses	18c	
E		Distributions of cash and marketable securities	19a	
2		Distributions of other property	19b	
ŧ	20a		20a	
2	b		20b	
5	C	Investment expenses 12	200	
		Other items and amounts (attach statement)		



Form 10	065 (2016)							Page 5
Analy	ysis of Net Incom							
1		Combine Schedule						
	Schedule K, lines 1	2 through 13d, and					1	
2	Analysis by partner type:	(i) Corporate	(ii) Individual (active)	2 - 2	dividual ssive)	(iv) Partnership	(v) Exempt Organization	(vi) Nominee/Other
a	General partners							
b	Limited partners						And the same	
Sch	edule L Balar	ce Sheets per B	looks	Begin	ning of ta	x year	End of ta	ax year
	A	ssets		(a)		(b)	(c)	(d)
1	Cash							
2a	Trade notes and ac	counts receivable .						
b	Less allowance for	bad debts	4.4					
3	Inventories							
4	U.S. government o	bligations						
5	Tax-exempt securi	ties						
6		ts (attach statemen	*					
7a	Loans to partners (o	- Charles and the second	partners)					
Ь	Mortgage and real							
8		(attach statement)						
9a		The second second						
	Less accumulated							
10a								
ь		depletion						
11		nortization)			_			
12a								
ь								
13	Other assets (attac Total assets	AND REPORT OF THE PROPERTY OF					-	
14		s and Capital					-	
15		The state of the s						
16	THE RESERVE OF THE PARTY OF THE	ands payable in less th					+	
17		ities (attach stateme				_	+	
18		ins	The second secon					
19a	Loans from partners							
ь								
20		ach statement)						
21		counts						
22	Total liabilities and							
Sch		conciliation of In						
1	77.	te. The partnership per books		6		recorded on books th		
				- "		edule K, lines 1 through		
2		chedule K, lines 1, 2, 3 nd 11, not recorded of		а		xempt interest \$		
	books this year (itemiz	el:	an I					
3	Guaranteed payn	nents (other tha	ın	7	Deduc	tions included on S	chedule K, lines	
4		on books this yes Schedule K, lines		а	agains	t book income this ciation \$	year (itemize):	
а	Depreciation \$	or (normal).		8		nes 6 and 7		
	Travel and entertain	nment \$		9		e (loss) (Analysis		
5	Add lines 1 through	personnencesso	***			line 1). Subtract lin		
_			el Capital Acc	ounte	(2000)	, mic 1). Cookings in	o montaic o .	
1		alysis of Partners	_	ounts 6	Dietrik	outions: a Cash		
2		i:a Cash		- 0	Distric	b Property		
2	Capital Continuoted	b Property		7	Other	decreases (itemize		
3	Net income (loss) n	per books						
4	Other increases (ite	emize):	13	8		nes 6 and 7		
	the state of the s		100	9		e at end of year. Subtra		-



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	nedule K-1 rm 1065)	2016	P	Partner's Share of Deductions, Cred	f Cui	rrent Year Income, and Other Items
	rtment of the Treasury nal Revenue Service	For calendar year 2016, or tax year beginning, 2016	1	Ordinary business income (loss)	15	Credits
	torris Chara of Inco	ending, 20	2	Net rental real estate income (loss)		
	rtner's Share of Inco	See back of form and separate instructions.	3	Other net rental income (loss)	16	Foreign transactions
	Part I Information Ab	out the Partnership	4	Guaranteed payments		
A	Partnership's employer identific	ation number	5	Interest income	-	
В	Partnership's name, address, ci	tu state and ZID code	- "	Interess Income		
	Tarthursey a Harring accordacy, or	y, state, and all social	6a	Ordinary dividends		
			6b	Qualified dividends		
С	IRS Center where partnership fil	ed return	7	Royalties		
D	Check if this is a publicly tra	aded partnership (PTP)	8	Net short-term capital gain (loss)		
E	Information Ab	out the Partner	9a	Net long-term capital gain (loss)	17	Alternative minimum tax (AMT) item
	Taron a tourning number		9b	Collectibles (28%) gain (loss)		
F	Partner's name, address, city, s	tate, and ZIP code	9c	Unrecaptured section 1250 gain		
			10	Net section 1231 gain (loss)	18	Tax-exempt income and nondeductible expenses
G	General partner or LLC member-manager	Limited partner or other LLC member	11	Other income (loss)		
н	Domestic partner	Foreign partner			-	
11	What type of entity is this partner	r?				
12		n (IRA/SEP/Keogh/etc.), check here	12	Section 179 deduction	19	Distributions
J	Partner's share of profit, loss, ar Beginning	nd capital (see instructions): Ending	13	Other deductions	-	
	Profit	% %	1.5	Other deductions	20	Other information
	Loss	% %				
	Capital	% %	_		-	
K	Partner's share of liabilities at ye	or and				
"	Nonrecourse		14	Self-employment earnings (loss)		
	Qualified nonrecourse financing					
	Recourse	. \$				
L	Partner's capital account analys	Edu:	*84	ee attached statement for ad	dition	al information
-	Beginning capital account analys			oo attached statement for ad-	410011	ar information.
	Capital contributed during the y		1			
	Current year increase (decrease		1			
	Withdrawals & distributions		=			
	Ending capital account	. \$	Ö			
	Tax basis GAA	D Castin 70/Aller	S Us			
	Other (explain)	P Section 704(b) book	For IRS Use Only			
	Did the nectors and the to	who will be said as too.	I.E			
М	Did the partner contribute proper Yes No If "Yes," attach statement (s	1.4				

MAZARS





Department of the Treasury

1120S U.S. Income Tax Return for an S Corporation

 Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.
 Information about Form 1120S and its separate instructions is at www.irs.gov/form1120s. 20**16**

For	calend	dar year 2016 d	or tax yea	r beginning			-	2016,	endin	g				, 20		
A S	election	effective date		Name								\neg	D Employe	r identificat	tion num	ber
			TYPE													
		activity code see instructions)	OR	Number, street,	and room or sa	uite no. If a P.O.	box	, see ins	truction	is.			E Date inco	rporated		
_			PRINT	City or town, sta	ate or province,	country, and Z	IP or	foreign (postal	code			F Total asse	ets (see inst	ructions)	
-	_	h. M-3 attached					_					_	\$			
H	Check i Enter t	torporation elections: (t) Final reduction	etum (2) hareholde or busine	Name change rs who were sh ss income and e	(3) A areholders d	ddress change uring any pa	rt of	(4) [c year	ied retu	m (5		S election to	ermination o		-
	b	Returns and al	llowances					1b								
0	C	Balance. Subtr	ract line 1	b from line 1a									1c			
ncome	2	Cost of goods	sold (atta	ch Form 1125-	A)								2			
ŏ	3	Gross profit. S	ubtract lin	e 2 from line 1					- A				3			
=	4	Net gain (loss)	from Forn	n 4797, line 17	(attach Form	4797) .							4			
	5	Other income	(loss) (see	instructions - a	ttach staten	nent)							5			
	6	Total income	(loss). Ad	d lines 3 throug	jh 5							-	6			
(8)	7	Compensation	of officer	s (see instruction	ons-attach	Form 1125-E)						7			
pou	8	Salaries and w	ages (less	employment o	redits) .								8			
nita	9	Repairs and m	aintenanc	e									9			
instructions for limitations)	10	Bad debts .											10			
for	11	Rents											11			
OUS	12	Taxes and lice	nses										12			
ucti	13	Interest											13			
Istu	14	Depreciation n	ot claime	on Form 1125	-A or elsewh	ere on return	n (at	tach Fo	orm 45	562)			14			
9	15			ct oil and gas									15		1	
998)	16			The first of the same									16			
13	17	Pension, profit	-sharing.	etc. plans .									17			_
Deductions	18	Employee ben	-										18			
ct	19	Other deduction										3	19			
d	20			lines 7 through									20			
ŏ	21			me (loss). Sub									21			_
	22a			e or LIFO recap				1	-						-	_
	b			orm 1120S) .		The same of the sa		22b	-							
ts	c	Add lines 22a								1 20 2	75.73		22c			
and Payments	23a			ents and 2015		A House of the last		1								_
Ę	b			7004				23b	+-							
Pa	c			d on fuels (atta				-	-							
P	d	Add lines 23a		and the second second				-	_	g 0		_	23d			
a	24		-	ee instructions)									24			
Lax	25			3d is smaller th								-	25			
-	26	Charles and an art	7	d is larger than		THE RESIDENCE OF THE PARTY OF T		AND THE REAL PROPERTY.	the state of		155		26			
	27			6 Credited to				, onto			efunded		27			_
_				lare that I have exam			panyi	na sahedi	ules and					owledge and	belief, it i	s true.
Sig		Signature of	ete. Declaratio	on of preparer (other	than taxpayer) is	Date	matio	n of which	h prepar	er has an	y knowled	ige.	May the IRS	discuss this parer shown t	return	
ne	16	Print/Type pre		10	Preparer's		•	ine		Date		_		IPTIN		
Pai Pre	d epare		pensor is rediff		rispara s	-granut				Date			Check self-employe	if		

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Phone no.

ch	edule B Other Info	rmation (see instructions)									
1	Check accounting meth		4.4.4.4			Yes	No				
2	See the instructions and a Business activity >	d enter the:	b Product or se	rvice >							
3	At any time during the	tax year, was any shareholder on? If "Yes," attach Schedule B	of the corporation	a disregarded entity,	a trust, an estate, or a						
	At the end of the tax yes		i, inclination on c	ortain onarcholocid or i	ar o corporation						
а	Own directly 20% or m foreign or domestic cor	ore, or own, directly or indirect poration? For rules of construc	tive ownership, see	instructions. If "Yes,"	complete (i) through (v)						
	(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage of Stock Owned	(v) If Percentage in (iv) is 100 Date (if any) a Qualified Su Subsidiary Election Wa	bchapt	er S				
	Our discretives interes	1 1 2007	ath as badlasath, as	interest of 500/ or ma	to the specific least on						
D	capital in any foreign or	t of 20% or more, or own, dire- domestic partnership (including tructive ownership, see instructi	an entity treated as	s a partnership) or in the	beneficial interest of a						
	(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Ow Loss, or Capital		Profit,				
а	If "Yes," complete lines (i) Total shares of res	stricted stock									
h	(ii) Total shares of no	n-restricted stock ar, did the corporation have any	outstanding stock	actions warrants or sin	nilar ineta monte?						
U			outstanding stock	options, warrants, or sir	mar instruments? .						
	If "Yes," complete lines (i) Total shares of sto	(i) and (ii) below. ock outstanding at the end of th	o tay waar b								
				***************	*********						
	Has this corporation f	ock outstanding if all instrument iled, or is it required to file, intable transaction?	Form 8918, Mater	ial Advisor Disclosure	Statement, to provide						
		rporation issued publicly offered									
		tion may have to file Form 828									
3	asset with a basis de the hands of a C corp from prior years, enter	was a C corporation before it etermined by reference to the poration and (b) has net unrea the net unrealized built-in ga	e basis of the assalized built-in gain in reduced by net	set (or the basis of a in excess of the net re	ny other property) in ecognized built-in gain n from prior years (see						
9		earnings and profits of the corpo			\$						
	Does the corporation sa	atisfy both of the following cond	litions?								
a	The corporation's total	receipts (see instructions) for the	e tax year were less	than \$250,000							
b		assets at the end of the tax year									
		is not required to complete Sc									
		d the corporation have any no									
1		reduce the principal amount of									
	If "Yes," enter the amou	int of principal reduction \$	**************	******************************	*******************						
2	If "Yes," enter the amou During the tax year, was	at at adaptical restriction \$	diary election termin	nated or revoked? If "Ye	s," see instructions .			A	Z	٨	D

Schedu	ıle K	Shareholders' Pro Rata Share Items	Total amount
	1	Ordinary business income (loss) (page 1, line 21)	1
	2	Net rental real estate income (loss) (attach Form 8825)	2
	3a	Other gross rental income (loss)	
	b	Expenses from other rental activities (attach statement) 3b	
	С	Other net rental income (loss). Subtract line 3b from line 3a	3c
SS	4	Interest income	4
ncome (Loss)	5	Dividends: a Ordinary dividends	5a
9		b Qualified dividends	
E .	6	Royalties	6
2	7	Net short-term capital gain (loss) (attach Schedule D (Form 1120S))	7
_	8a	Net long-term capital gain (loss) (attach Schedule D (Form 1120S))	8a
	b	Collectibles (28%) gain (loss) 8b	
	c	Unrecaptured section 1250 gain (attach statement) 8c	
	9	Net section 1231 gain (loss) (attach Form 4797)	9
	10	Other income (loss) (see instructions) Type ▶	10
60	11	Section 179 deduction (attach Form 4562)	11
Deductions	12a	Charitable contributions	12a
15	b	Investment interest expense	12b
큥	c	Section 59(e)(2) expenditures (1) Type ▶ (2) Amount ▶	12c(2)
å	d	Other deductions (see instructions) Type ▶	12d
	13a	Low-income housing credit (section 42(i)(5))	13a
	b	Low-income housing credit (other)	13b
40	c	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	13c
ŧ	d	Other rental real estate credits (see instructions) Type	
Credits	e	Other rental credits (see instructions) Type	13e
•	f	Biofuel producer credit (attach Form 6478)	13f
		Other credits (see instructions) Type	
	14a		13g
	-	***************************************	145
	b		14b
	C	Gross income sourced at shareholder level	14c
		Foreign gross income sourced at corporate level	444
	d	Passive category	14d
Foreign Transactions	e	General category	14e
#	f	Other (attach statement)	14f
88		Deductions allocated and apportioned at shareholder level	***
2	g	Interest expense	14g
-	h	Other	14h
-60		Deductions allocated and apportioned at corporate level to foreign source income	1.11
ore	i	Passive category	14i
II.	j	General category	14j
	k	Other (attach statement)	14k
		Other information	2.00
	1	Total foreign taxes (check one): ▶ ☐ Paid ☐ Accrued	141
	m	Reduction in taxes available for credit (attach statement)	14m
	n	Other foreign tax information (attach statement)	
×	15a		15a
Alternative Minimum Tax (AMT) Items	b	Adjusted gain or loss	15b
um Ite	C	Depletion (other than oil and gas)	15c
MT	d	Oil, gas, and geothermal properties—gross income	15d
4 E	e	Oil, gas, and geothermal properties—deductions	15e
	f	Other AMT items (attach statement)	15f
Items Affecting Shareholder Basis	16a	Tax-exempt interest income	16a
Side	b	Other tax-exempt income	16b
Aff.	c	Nondeductible expenses	16c
re la m	d	Distributions (attach statement if required) (see instructions)	16d
E E	_		



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Schedule K		Shareholders' Pro Rata Share Items (continued)				Total amount			
Other	17a	Investment income				17a			
	b Investment expenses					17b			
						17c			
T ST	d	Other items and amounts (attach statemen							
Recon-	18	Income/loss reconciliation. Combine the column. From the result, subtract the sum	of the amounts on	lines 11 through 12		18			
Sche	edule L Balance Sheets per Books		Beginning of tax year			Enc	of tax year		
		Assets	(a)	(b)	(c)		(d)	
1	Cash .								
2a		tes and accounts receivable							
b	Less allo	wance for bad debts ()	()		
3	Inventori	es							
4	U.S. gov	ernment obligations							
5	Tax-exer	mpt securities (see instructions)							
6	Other cu	rrent assets (attach statement)							
7	Loans to	shareholders							
8	Mortgage	e and real estate loans							
9	Other inv	vestments (attach statement)							
10a	Buildings	s and other depreciable assets							
b	Less acc	cumulated depreciation ()	()		
11a	Depletab	ole assets							
b	Less accumulated depletion)	()		
12	Land (ne	t of any amortization)							
13a	Intangible	e assets (amortizable only)							
b	Less acc	cumulated amortization ()	()		
14	Other as	sets (attach statement)							
15		sets							
16	Accounts	s payable							
17		es, notes, bonds payable in less than 1 year							
18		rrent liabilities (attach statement)			7				
19	Loans fro	om shareholders							
20	Mortgage	es, notes, bonds payable in 1 year or more							
21		bilities (attach statement)							
22		tock			()				
23	Additiona	al paid-in capital			10				
24		l earnings			1				
25		nts to shareholders' equity (attach statement)							
26		st of treasury stock		()		()
27		pilities and shareholders' equity			1				

Form 1120S (2016)



Form 1	120S (2016)			Page 5		
Sch	Reconciliation of Income (Loss) Note: The corporation may be required					
1 2	Net income (loss) per books	5 Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize): a Tax-exempt interest \$				
3 a b	Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 14l (itemize): Depreciation \$ Travel and entertainment \$ Add lines 1 through 3	7 / 8	6 Deductions included on Schedule K, lines 1 through 12 and 14l, not charged against book income this year (itemize): a Depreciation \$ 7 Add lines 5 and 6			
Sch	edule M-2 Analysis of Accumulated Adjustr Undistributed Taxable Income Programme Prog			, and Shareholders'		
		(a) Accumulated adjustments account	(b) Other adjustments account	(c) Shareholders' undistributed taxable income previously taxed		
1	Balance at beginning of tax year					
2	Ordinary income from page 1, line 21					
4	Other additions		1			
5	Other reductions)(
6	Combine lines 1 through 5		, T	4		
7	Distributions other than dividend distributions					
8	Balance at end of tax year. Subtract line 7 from line 6					

Form 1120S (2016)



			Final K-1 Amended	K-1	OMB No. 1545-0123
chedule K-1 form 1120S)	2016	Pa	Shareholder's Share Deductions, Credits	of C	current Year Income, Other Items
epartment of the Treasury ternal Revenue Service	For calendar year 2016, or tax year beginning, 2016		Ordinary business income (loss)	13	Credits
	ending, 20	2	Net rental real estate income (loss)		
hareholder's Share redits, etc.	e of Income, Deductions, ▶ See back of form and separate instructions.	3	Other net rental income (loss)		
Part I Information	About the Corporation	4	Interest income		
A Corporation's employer ide	ntification number	5a	Ordinary dividends		
3 Corporation's name, address	ss, city, state, and ZIP code	5b	Qualified dividends	14	Foreign transactions
		6	Royalties		
		7	Net short-term capital gain (loss)		
IRS Center where corporati	on filed return	8a	Net long-term capital gain (loss)		
Part Information	About the Shareholder	8b	Collectibles (28%) gain (loss)		
Shareholder's identifying nu	umber	8c	Unrecaptured section 1250 gain		
E Shareholder's name, addre	ss, city, state, and ZIP code	9	Net section 1231 gain (loss)		
		10	Other income (loss)	15	Alternative minimum tax (AMT) items
F Shareholder's percentage of ownership for tax year .					
		11	Section 179 deduction	16	Items affecting shareholder basis
		12	Other deductions		
5					
A 100 P 100					
5				17	Other information
	21		* See attached statement f	or an	Iditional information

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