

For the year Jan. 1-Dec. 31, 2015, or other tax year beginning _____, 2015, ending _____, 20

See separate instructions.

Your first name and initial: **BRADLEY S.** Last name: **SCHNEIDER** Your social security number: ***** ** ******

If a joint return, spouse's first name and initial: _____ Last name: _____ Spouse's social security number: ***** ** ******

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

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. _____

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

▲ Make sure the SSN(s) above and on line 6c are correct.

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

You Spouse

Filing Status

1 Single **4** Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. ▶ _____

2 Married filing jointly (even if only one had income)

3 Married filing separately. Enter spouse's SSN above and full name here. ▶ **JULIE R DANN** **5** Qualifying widow(er) with dependent child

Check only one box.

Exemptions

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

b Spouse

c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit

d Total number of exemptions claimed **1**

Boxes checked on 6a and 6b: **1**

No. of children on 6c who:
 • lived with you _____
 • did not live with you due to divorce or separation (see instructions) _____

Dependents on 6c not entered above _____

Add numbers on lines above ▶ **1**

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	STMT 4	7	13,674.
8a	Taxable interest. Attach Schedule B if required		8a	41.
b	Tax-exempt interest. Do not include on line 8a	8b	5,645.	
9a	Ordinary dividends. Attach Schedule B if required		9a	9,924.
b	Qualified dividends	9b	7,859.	
10	Taxable refunds, credits, or offsets of state and local income taxes	STMT 1 STMT 2	10	2,929.
11	Alimony received		11	
12	Business income or (loss). Attach Schedule C or C-EZ		12	51,244.
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶		13	22,752.
14	Other gains or (losses). Attach Form 4797		14	
15a	IRA distributions	15a	b Taxable amount	15b
16a	Pensions and annuities	16a	b Taxable amount	16b
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		17	-20,711.
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	79,853.

Adjusted Gross Income

23	Educator expenses	23	
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25	Health savings account deduction. Attach Form 8889	25	
26	Moving expenses. Attach Form 3903	26	
27	Deductible part of self-employment tax. Attach Schedule SE	27	
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid b Recipient's SSN ▶ _____	31a	
32	IRA deduction	32	
33	Student loan interest deduction	33	
34	Tuition and fees. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 35	36	
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37	79,853.

Tax and Credits

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-56 for tax and credits.

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 57-63 for other taxes.

Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 64-74 for payments.

Refund

Table with 3 columns: Line number, Description, and Amount. Includes lines 75-77 for refund.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes lines 78-79 for amount owed.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? [X] Yes. Complete below. [] No

Sign Here

Under penalties 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 are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Paid Preparer Use Only

Print/Type preparer's name: TERI NEWMAN; Preparer's signature: TERI NEWMAN; Date: 09/02/16; Firm's name: PLANTE & MORAN, PLLC; Firm's address: 10 S. RIVERSIDE PLAZA 9TH FLOOR CHICAGO, IL 60606

**SCHEDULE A
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on Form 1040

Itemized Deductions

Information about Schedule A and its separate instructions is at www.irs.gov/schedulea. Attach to Form 1040.

OMB No. 1545-0074

2015
Attachment
Sequence No. **07**

Your social security number

BRADLEY S. SCHNEIDER

*** ** *

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.		
1	Medical and dental expenses (see instructions)	1	
2	Enter amount from Form 1040, line 38 2	2	
3	Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1951, multiply line 2 by 7.5% (.075) instead	3	
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	
Taxes You Paid	5 State and local (check only one box):	5	
	a <input checked="" type="checkbox"/> Income taxes, or } SEE STATEMENT 7		3,601.
	b <input type="checkbox"/> General sales taxes }	6	12,680.
6	Real estate taxes (see instructions)	7	
7	Personal property taxes	8	
8	Other taxes. List type and amount ▶	9	16,281.
9	Add lines 5 through 8		
Interest You Paid	10 Home mortgage interest and points reported to you on Form 1098	10	
	11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶	11	
Note:		12	
Your mortgage interest deduction may be limited (see instructions).	12 Points not reported to you on Form 1098. See instructions for special rules	13	
	13 Mortgage insurance premiums (see instructions)	14	0.
	14 Investment interest. Attach Form 4952 if required. (See instructions.) <u>STMT 9</u>	15	
	15 Add lines 10 through 14		
Gifts to Charity	16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	5,733. STMT 8
	17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17	
If you made a gift and got a benefit for it, see instructions.	18 Carryover from prior year	18	
	19 Add lines 16 through 18	19	5,733.
Casualty and Theft Losses	20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20	
Job Expenses and Certain Miscellaneous Deductions	21 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶	21	
	22 Tax preparation fees	22	5,963.
	23 Other expenses - investment, safe deposit box, etc. List type and amount ▶	23	2,137.
	SEE STATEMENT 6	24	8,100.
	24 Add lines 21 through 23	25	79,853.
	25 Enter amount from Form 1040, line 38	26	1,597.
	26 Multiply line 25 by 2% (.02)	27	6,503.
	27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-		
Other Miscellaneous Deductions	28 Other - from list in instructions. List type and amount ▶	28	270.
	FROM K-1 - MDRJB PARTNERSHIP		270.
	29 Is Form 1040, line 38, over \$154,950?	29	28,787.
Total Itemized Deductions	<input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.		
	<input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.		
	30 If you elect to itemize deductions even though they are less than your standard deduction, check here		

SCHEDULE B
(Form 1040A or 1040)

Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on return

Interest and Ordinary Dividends

▶ Attach to Form 1040A or 1040.

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

OMB No. 1545-0074

2015
Attachment
Sequence No. **08**

BRADLEY S. SCHNEIDER

Your social security number

*** ** *

Part I
Interest

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

THE PRIVATEBANK
NATIONAL FINANCIAL SERVICES LLC
FROM K-1 - MDRJB PARTNERSHIP

Amount

11.
19.
11.

1

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

2 Add the amounts on line 1 **41.**
3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 **3**
4 Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a ... ▶ **41.**

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

Amount

Part II
Ordinary Dividends

5 List name of payer ▶
M FINANCIAL HOLDINGS INCORPORATED
CHARLES SCHWAB & CO., INC.
NATIONAL FINANCIAL SERVICES LLC
NATIONAL FINANCIAL SERVICES LLC
NATIONAL FINANCIAL SERVICES LLC

6,606.
114.
3,075.
1.
128.

5

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

6 Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a ... ▶ **9,924.**

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

Part III
Foreign Accounts and Trusts

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

7a At any time during 2015, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions **X**
If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements

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

8 During 2015, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions

Yes	No
	X
	X

527501
09-24-15

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

Schedule B (Form 1040A or 1040) 2015

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

▶ Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.
▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2015
Attachment
Sequence No. **09**

Name of proprietor

Social security number (SSN)

BRADLEY S. SCHNEIDER

-**-*

A Principal business or profession, including product or service (see instructions)

B Enter code from instructions

INSURANCE SALES

▶ **524210**

C Business name. If no separate business name, leave blank.

D Employer ID number (EIN), (see instr.)

DAVIS DANN ADLER SCHNEIDER, LLC

-***

E Business address (including suite or room no.) ▶
City, town or post office, state, and ZIP code

F Accounting method: (1) Cash (2) Accrual (3) Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit on losses Yes No

H If you started or acquired this business during 2015, check here

I Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions) Yes No

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

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	51,316.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	51,316.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	51,316.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	51,316.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8		18 Office expense	18	
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals and entertainment (see instructions)	24b	
17 Legal and professional services	17		25 Utilities	25	
18 Total expenses before expenses for business use of home. Add lines 8 through 27a	18		26 Wages (less employment credits)	26	
19 Tentative profit or (loss). Subtract line 18 from line 7	19		27 a Other expenses (from line 48)	27a	72.
20 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____ Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	20		27 b Reserved for future use	27b	
21 Net profit or (loss). Subtract line 20 from line 19.	21		28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28	72.
• If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 .			29 Tentative profit or (loss). Subtract line 28 from line 7	29	51,244.
• If a loss, you must go to line 32.			30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____ Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
32 If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12 , (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			31 Net profit or (loss). Subtract line 30 from line 29.	31	51,244.
				32a <input type="checkbox"/> All investment is at risk.	
				32b <input type="checkbox"/> Some investment is not at risk.	

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2015

**SCHEDULE D
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

▶ Attach to Form 1040 or Form 1040NR.

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

OMB No. 1545-0074

2015
Attachment
Sequence No. **12**

Name(s) shown on return

Your social security number

BRADLEY S. SCHNEIDER

*** ** *

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b	55,829.	58,081.		<2,252.>
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	808.	968.		<160.>
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions				6 ()
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 page 2				7 <2,412.>

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b	4,717.	5,075.		<358.>
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	25,000.	25,000.		0.
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824	SEE STATEMENT 12			11 23,799.
	SEE STATEMENT 13			
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12 348.
13 Capital gain distributions	SEE STATEMENT 14			13 1,375.
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on page 2				15 25,164.

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

Schedule D (Form 1040) 2015

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p> <ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22. <p>17 Are lines 15 and 16 both gains? <input checked="" type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p> <p>18 Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions</p> <p>19 Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the instructions SEE STATEMENT 15</p> <p>20 Are lines 18 and 19 both zero or blank? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Do not complete lines 21 and 22 below. <input checked="" type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Do not complete lines 21 and 22 below.</p> <p>21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of: <ul style="list-style-type: none"> • The loss on line 16 or • (\$3,000), or if married filing separately, (\$1,500) } <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p> <p>22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). <input type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.</p> </p>	<p>16</p> <p>18</p> <p>19</p> <p>21</p>	<p>22,752.</p> <p>6,220.</p> <p>()</p>
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Sales and Other Dispositions of Capital Assets

▶ **Information about Form 8949 and its separate instructions is at www.irs.gov/form8949.**
 ▶ **File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.**

Name(s) shown on return

Social security number or taxpayer identification no.
 -**-*

BRADLEY S. SCHNEIDER

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are short-term. For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis was **not** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	66 SHS. JPMORGAN CHASE & CO. ALERIAN MLP INDEX	09/29/15	12/07/15	808.	968.			<160.>
2 Totals. Add the amounts in columns (d), (e), (g) and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ▶				808.	968.			<160.>

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification no.

BRADLEY S. SCHNEIDER

-**-*

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check

Part II Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis was **not** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	CALIFORNIA ST GO BDSSER BOND	09/26/13	06/01/15	25,000.	25,000.			0.
2 Totals. Add the amounts in columns (d), (e), (g) and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ►				25,000.	25,000.			0.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

SCHEDULE E
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Supplemental Income and Loss

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

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

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

OMB No. 1545-0074

2015
Attachment
Sequence No. **13**

Name(s) shown on return

Your social security number

BRADLEY S. SCHNEIDER

-**-*

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

- A** Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions) Yes No
B If "Yes," did you or will you file required Forms 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)

A	[REDACTED]
B	
C	

1b Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
		A	1	365
B				<input type="checkbox"/>
C				<input type="checkbox"/>

Type of Property:

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

Income:	Properties:	A	B	C
3 Rents received	3	21,462.		
4 Royalties received	4			
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9	1,207.		
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest	13			
14 Repairs	14			
15 Supplies	15			
16 Taxes	16	7,882.		
17 Utilities	17			
18 Depreciation expense or depletion	18	9,246.		
19 Other (list) ▶	19			
20 Total expenses. Add lines 5 through 19	20	18,335.		
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	3,127.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22			
23a Total of all amounts reported on line 3 for all rental properties	23a	21,462.		
b Total of all amounts reported on line 4 for all royalty properties	23b			
c Total of all amounts reported on line 12 for all properties	23c			
d Total of all amounts reported on line 18 for all properties	23d	9,246.		
e Total of all amounts reported on line 20 for all properties	23e	18,335.		
24 Income. Add positive amounts shown on line 21. Do not include any losses	24			3,127.
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25			
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26			3,127.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2015

Name(s) shown on return. Do not enter name and social security number if shown on page 1.

Your social security number

BRADLEY S. SCHNEIDER

-**-*

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

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

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

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A	MDRJB PARTNERSHIP	P		**-*****	
B	LEAD-OUT THIRD SOLUTIONS INVESTMENT, LLC	P		**-*****	
C	AERODIRECT FUND III, LLC	P		**-*****	
D					

Passive Income and Loss		Nonpassive Income and Loss		
(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
A	11,574.			
B		12,930.		
C		666.		
D				
29a Totals		666.		
b Totals	11,574.		12,930.	
30 Add columns (g) and (j) of line 29a				30 666.
31 Add columns (f), (h), and (i) of line 29b				31 (24,504.)
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below				32 -23,838.

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

Passive Income and Loss		Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A			
B			
34a Totals			
b Totals			
35 Add columns (d) and (f) of line 34a			35
36 Add columns (c) and (e) of line 34b			36 ()
37 Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below			37

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

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				39

Part V Summary * ENTIRE DISPOSITION OF PASSIVE ACTIVITY

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18	41	-20,711.
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1041), box 14, code F (see instructions)	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

2015

SCHEDULE E

Name BRADLEY S. SCHNEIDER

SSN/EIN ***-**-****

Passthrough MDRJB PARTNERSHIP
PARTNERSHIP

ID **_*****

TAXPAYER

OTHER PASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E, PAGE 2								
Ordinary business income (loss)	257.							
Rental real estate income (loss)	-11,304.							
Other net rental income (loss)								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments								
Section 179 and carryover								
Disallowed section 179 expense								
Excess farm loss								
Net income (loss)	-11,047.							-11,047.
First passive other	-527.							-527.
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)								
Nonpassive other								
Total Schedule E (page 2)	-11,574.							-11,574.
FORM 4797								
Section 1231 gain (loss)	23,799.							23,799.
Section 179 recapture on disposition								
SCHEDULE D								
Net short-term cap. gain (loss)								
Net long-term cap. gain (loss)	348.							348.
Section 1256 contracts & straddles ...								
FORM 4952								
Investment interest expense - Sch. A								
Other net investment income								
ITEMIZED DEDUCTIONS								
Charitable contributions	1.							1.
Deductions related to portfolio income	1,237.							1,237.
Other								

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

2015

SCHEDULE E

Name BRADLEY S. SCHNEIDER

SSN/EIN ***-**-****

Passthrough MDRJB PARTNERSHIP

ID **-*****

TAXPAYER

PARTNERSHIP

OTHER PASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
INTEREST AND DIVIDENDS								
Interest income	11.							11.
Interest from U.S. bonds								
Ordinary dividends								
Qualified dividends								
Tax-exempt interest income								
FORM 6251								
Depreciation adjustment after 12/31/86	1,357.							1,357.
Adjusted gain or loss								
Beneficiary's AMT adjustment								
Depletion (other than oil)								
Other								
MISCELLANEOUS								
Self-employment earnings (loss)/Wages								
Gross farming & fishing inc								
Royalties								
Royalty expenses/depletion								
Undistributed capital gains credit								
Backup withholding								
Credit for estimated tax								
Cancellation of debt								
Medical insurance - 1040								
Dependent care benefits								
Retirement plans								
Qualified production activities income								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL								
Other taxes/recapture of credits								
Credits								
Casualty and theft loss								

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

2015

SCHEDULE E

Name BRADLEY S. SCHNEIDER

SSN/EIN ***-**-****

Passthrough LEAD-OUT THIRD SOLUTIONS INVESTMENT, LLC

ID **-*****

TAXPAYER

PARTNERSHIP

OTHER PASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E, PAGE 2								
Ordinary business income (loss)								
Rental real estate income (loss)								
Other net rental income (loss)								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments								
Section 179 and carryover								
Disallowed section 179 expense								
Excess farm loss								
Net income (loss)								
First passive other								
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)								
Nonpassive other	-12,930.							-12,930.
Total Schedule E (page 2)	-12,930.							-12,930.
FORM 4797								
Section 1231 gain (loss)								
Section 179 recapture on disposition								
SCHEDULE D								
Net short-term cap. gain (loss)								
Net long-term cap. gain (loss)								
Section 1256 contracts & straddles ...								
FORM 4952								
Investment interest expense - Sch. A								
Other net investment income								
ITEMIZED DEDUCTIONS								
Charitable contributions								
Deductions related to portfolio income	57.							57.
Other								

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

2015

SCHEDULE E

Name BRADLEY S. SCHNEIDER

SSN/EIN ***-**-****

Passthrough LEAD-OUT THIRD SOLUTIONS INVESTMENT, LLC

ID **-*****

TAXPAYER

PARTNERSHIP

OTHER PASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
INTEREST AND DIVIDENDS								
Interest income								
Interest from U.S. bonds								
Ordinary dividends								
Qualified dividends								
Tax-exempt interest income								
FORM 6251								
Depreciation adjustment after 12/31/86								
Adjusted gain or loss								
Beneficiary's AMT adjustment								
Depletion (other than oil)								
Other								
MISCELLANEOUS								
Self-employment earnings (loss)/Wages								
Gross farming & fishing inc								
Royalties								
Royalty expenses/depletion								
Undistributed capital gains credit								
Backup withholding								
Credit for estimated tax								
Cancellation of debt								
Medical insurance - 1040								
Dependent care benefits								
Retirement plans								
Qualified production activities income								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL								
Other taxes/recapture of credits								
Credits								
Casualty and theft loss								

INCOME FROM PASSTHROUGH STATEMENT, PAGE 1

2015

SCHEDULE E

Name BRADLEY S. SCHNEIDER

SSN/EIN ***-**-****

Passthrough AERODIRECT FUND III, LLC

ID **_*****

TAXPAYER

PARTNERSHIP

OTHER PASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
SCHEDULE E, PAGE 2								
Ordinary business income (loss)	666.							
Rental real estate income (loss)								
Other net rental income (loss)								
Intangible drilling costs/dry hole costs								
Self-charged passive interest expense								
Guaranteed payments								
Section 179 and carryover								
Disallowed section 179 expense								
Excess farm loss								
Net income (loss)	666.							666.
First passive other								
Second passive other								
Cost depletion								
Percentage depletion								
Depletion carryover								
Disallowed due to 65% limitation								
Unreimbursed expenses (nonpassive)								
Nonpassive other								
Total Schedule E (page 2)	666.							666.
FORM 4797								
Section 1231 gain (loss)								
Section 179 recapture on disposition								
SCHEDULE D								
Net short-term cap. gain (loss)								
Net long-term cap. gain (loss)								
Section 1256 contracts & straddles ...								
FORM 4952								
Investment interest expense - Sch. A								
Other net investment income								
ITEMIZED DEDUCTIONS								
Charitable contributions								
Deductions related to portfolio income								
Other								

INCOME FROM PASSTHROUGH STATEMENT, PAGE 2

2015

SCHEDULE E

Name BRADLEY S. SCHNEIDER

SSN/EIN ***-**-****

Passthrough AERODIRECT FUND III, LLC
PARTNERSHIP

ID **-*****

TAXPAYER

OTHER PASSIVE	K-1 Input	Prior Year Unallowed Basis Loss	Disallowed Due to Basis Limitation	Prior Year Unallowed At-Risk Loss	Disallowed Due to At-Risk	Prior Year Passive Loss	Disallowed Passive Loss	Tax Return
INTEREST AND DIVIDENDS								
Interest income								
Interest from U.S. bonds								
Ordinary dividends								
Qualified dividends								
Tax-exempt interest income								
FORM 6251								
Depreciation adjustment after 12/31/86	72.							72.
Adjusted gain or loss								
Beneficiary's AMT adjustment								
Depletion (other than oil)								
Other								
MISCELLANEOUS								
Self-employment earnings (loss)/Wages								
Gross farming & fishing inc								
Royalties								
Royalty expenses/depletion								
Undistributed capital gains credit								
Backup withholding								
Credit for estimated tax								
Cancellation of debt								
Medical insurance - 1040								
Dependent care benefits								
Retirement plans								
Qualified production activities income								
Passthrough adjustment to Form 1040								
Penalty on early withdrawal of savings								
NOL								
Other taxes/recapture of credits								
Credits								
Casualty and theft loss								

2015 DEPRECIATION AND AMORTIZATION REPORT

RESIDENTIAL RESIDENCE - [REDACTED]

SCHEDULE E- 1

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	RESIDENTIAL RESIDENCE	080101	SL	27.50	17	254,261.			254,261.	123,665.		9,246.
2	LAND	080101	L			13,382.			13,382.			0.
3	WINDOWS	060102	200DB	7.00	17	2,759.		828.	1,931.	1,931.		0.
	TOTAL SCH E DEPRECIATION					270,402.		828.	269,574.	125,596.		9,246.

Sales of Business Property
 (Also Involuntary Conversions and Recapture Amounts
 Under Sections 179 and 280F(b)(2))
 Attach to your tax return.

OMB No. 1545-0184

2015
 Attachment
 Sequence No. **27**

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

BRADLEY S. SCHNEIDER

Identifying number
 -**-*

1 Enter the gross proceeds from sales or exchanges reported to you for 2015 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 1

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

(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
2 MDRJB PARTNERSHIP						23,799.

3 Gain, if any, from Form 4684, line 39 **3**
4 Section 1231 gain from installment sales from Form 6252, line 26 or 37 **4**
5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 **5**
6 Gain, if any, from line 32, from other than casualty or theft **6**
7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows: **7** **23,799.**

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

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

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

Part II Ordinary Gains and Losses (see instructions)

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

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

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

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

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

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2015)

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

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)		
A					
B					
C					
D					
These columns relate to the properties on lines 19A through 19D.		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 is not 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 did not 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	27b			
c	Enter the smaller of line 24 or 27b	27c			
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)	28a			
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)	29b			

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

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

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

		(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33	
34	Recomputed depreciation (see instructions)	34	
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

DOES NOT APPLY

Form **6251**

Alternative Minimum Tax - Individuals

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service (99)

▶ **Information about Form 6251 and its separate instructions is at** www.irs.gov/form6251.

2015
Attachment
Sequence No. **32**

▶ **Attach to Form 1040 or Form 1040NR.**

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

Your social security number

BRADLEY S. SCHNEIDER

*** ** *

Part I Alternative Minimum Taxable Income

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	51,066.
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% (.025) of Form 1040, line 38. If zero or less, enter -0-	2	
3	Taxes from Schedule A (Form 1040), line 9	3	16,281.
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	6,503.
6	If Form 1040, line 38, is \$154,950 or less, enter -0-. Otherwise, see instructions	6	0.
7	Tax refund from Form 1040, line 10 or line 21	7	-2,929.
8	Investment interest expense (difference between regular tax and AMT)	8	-14.
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	SEE STATEMENT 17 2.
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	
18	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	18	
19	Passive activities (difference between AMT and regular tax income or loss)	19	SEE STATEMENT 16 1,429.
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 \$246,250, see instructions.)	28	72,338.

Part II Alternative Minimum Tax (AMT)

29	Exemption. (If you were under age 24 at the end of 2015, see instructions.)		
	IF your filing status is...	AND line 28 is not over...	THEN enter on line 29...
	Single or head of household	\$119,200	\$53,600
	Married filing jointly or qualifying widow(er)	158,900	83,400
	Married filing separately	79,450	41,700
	If line 28 is over the amount shown above for your filing status, see instructions.		
29			41,700.
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	30,638.
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 page 2 and enter the amount from line 64 here. • All others: If line 30 is \$185,400 or less (\$92,700 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,708 (\$1,854 if married filing separately) from the result.	31	3,004.
32	Alternative minimum tax foreign tax credit (see instructions)	32	
33	Tentative minimum tax. Subtract line 32 from line 31	33	3,004.
34	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 Sch J to figure your tax on Form 1040, line 44, refigure that tax without using Schedule J before completing this line (see instructions)	34	4,382.
35	AMT. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45	35	0.

519481 01-11-16 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 6251 (2015)

Part III Tax Computation Using Maximum Capital Gains Rates

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

Table with 3 columns: Line number, Description, and Amount. Rows include calculations for capital gains tax, such as 'Enter the amount from Form 6251, line 30' (36) and 'Subtract line 40 from line 36' (41).

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s) BRADLEY S. SCHNEIDER	Social Security Number ***-**-****
--	--

Form Name	Description	Income	Adjustment				
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
4797	MDRJB PARTNERSHIP						
	* REGULAR INCOME	23,799.					
	* AMT NET INCOME	23,799.					
D-	MDRJB PARTNERSHIP						
	* REGULAR INCOME	348.					
	* AMT NET INCOME	348.					
K1-	MDRJB PARTNERSHIP						
	* REGULAR INCOME	-11,574.					
	AMT ADJUSTMENTS	1,357.			1,357.		
	* AMT NET INCOME	-10,217.			1,357.		
K1-	AERODIRECT FUND III, L LC						
	* REGULAR INCOME	666.					
	AMT ADJUSTMENTS	72.			72.		
	* AMT NET INCOME	738.			72.		
C-	DAVIS DANN ADLER SCHNE IDER, LLC						
	* REGULAR INCOME	51,244.					
	* AMT NET INCOME	51,244.					

ALTERNATIVE MINIMUM TAX DEPRECIATION REPORT

Asset No.	Description	Date Acquired	AMT Method	AMT Life	AMT Cost Or Basis	AMT Accumulated	Regular Depreciation	AMT Depreciation	AMT Adjustment
	RESIDENTIAL RESIDENCE - [REDACTED]								
1	RESIDENTIAL RESIDENCE	080101	SL	27.50	254,261.	123,665.	9,246.	9,246.	0.
	** SUBTOTAL **				254,261.	123,665.	9,246.	9,246.	0.
	*** GRAND TOTAL ***				254,261.	123,665.	9,246.	9,246.	0.

**SCHEDULE H
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Household Employment Taxes

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

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

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

OMB No. 1545-1971

2015
Attachment
Sequence No. **44**

Name of employer

BRADLEY S. SCHNEIDER

Social security number
*** - ** - ****

Employer identification number
** - *****

Calendar year taxpayers having no household employees in 2015 do not have to complete this form for 2015.

A Did you pay **any one** household employee cash wages of \$1,900 or more in 2015? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions before you answer this question.)

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

B Did you withhold federal income tax during 2015 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 2014 or 2015 to **all** household employees? (**Do not** count cash wages paid in 2014 or 2015 to your spouse, your child under age 21, or your parent.)

- No. Stop.** Do not file this schedule.
- Yes.** Skip lines 1-9 and go to line 10.

Part I Social Security, Medicare, and Federal Income Taxes

1 Total cash wages subject to social security tax	1	46,536.	
2 Social security tax. Multiply line 1 by 12.4% (.124)			2 5,770.
3 Total cash wages subject to Medicare tax	3	46,536.	
4 Medicare tax. Multiply line 3 by 2.9% (.029)			4 1,350.
5 Total cash wages subject to Additional Medicare Tax withholding	5		
6 Additional Medicare Tax withholding. Multiply line 5 by 0.9% (.009)			6
7 Federal income tax withheld, if any			7 7,000.
8 Total social security, Medicare, and federal income taxes. Add lines 2, 4, 6, and 7	8		8 14,120.

9 Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 2014 or 2015 to **all** household employees? (**Do not** count cash wages paid in 2014 or 2015 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 are not required to file Form 1040, see the line 9 instructions.
- Yes.** Go to line 10.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the instructions.**

Schedule H (Form 1040) 2015

Part II Federal Unemployment (FUTA) Tax

	Yes	No
10 Did you pay unemployment contributions to only one state? (If you paid contributions to a credit reduction state, see instructions and check "No.")	X	
11 Did you pay all state unemployment contributions for 2015 by April 18, 2016? Fiscal year filers see instructions	X	
12 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?	X	

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

Section A

13 Name of the state where you paid unemployment contributions	IL	
14 Contributions paid to your state unemployment fund	14 71.	
15 Total cash wages subject to FUTA tax	15	7,000.
16 FUTA tax. Multiply line 15 by .6% (.006). Enter the result here, skip Section B, and go to line 25	16	42.

Section B

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

(a) Name of state	(b) Taxable wages (as defined in state act)	(c) State experience rate period		(d) State experience rate	(e) Multiply col. (b) by .054	(f) Multiply col. (b) by col. (d)	(g) Subtract col. (f) from col. (e). If zero or less, enter -0-.	(h) Contributions paid to state unemployment fund
		From	To					

18 Totals	18	
19 Add columns (g) and (h) of line 18	19	
20 Total cash wages subject to FUTA tax (see the line 15 instructions)	20	
21 Multiply line 20 by 6.0% (.060)	21	
22 Multiply line 20 by 5.4% (.054)	22	
23 Enter the smaller of line 19 or line 22	23	
(Employers in a credit reduction state must use the worksheet and check here)	<input type="checkbox"/>	
24 FUTA tax. Subtract line 23 from line 21. Enter the result here and go to line 25	24	

Part III Total Household Employment Taxes

25 Enter the amount from line 8. If you checked the "Yes" box on line C of page 1, enter -0-	25	14,120.
26 Add line 16 (or line 24) and line 25	26	14,162.

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

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

Address (number and street) or P.O. box if mail is not delivered to street address	Apt., room, or suite no.
--	--------------------------

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

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

Employer's signature _____ Date _____

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

Form **4952**

Department of the Treasury
Internal Revenue Service (99)

Investment Interest Expense Deduction

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

▶ Attach to your tax return.

OMB No. 1545-0191

2015

Attachment
Sequence No. **51**

Name(s) shown on return

BRADLEY S. SCHNEIDER

Identifying number

-**-*

Part I Total Investment Interest Expense

1 Investment interest expense paid or accrued in 2015 (see instructions) SEE STATEMENT 18	1	14.
2 Disallowed investment interest expense from 2014 Form 4952, line 7	2	
3 Total investment interest expense. Add lines 1 and 2	3	14.

Part II Net Investment Income

4a Gross income from property held for investment (excluding any net gain from the disposition of property held for investment) STMT 19	4a	9,965.		
b Qualified dividends included on line 4a	4b	7,859.		
c Subtract line 4b from line 4a	4c			2,106.
d Net gain from the disposition of property held for investment	4d			
e Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment (see instructions)	4e			
f Subtract line 4e from line 4d	4f			
g Enter the amount from lines 4b and 4e that you elect to include in investment income (see instructions)	4g			
h Investment income. Add lines 4c, 4f, and 4g	4h			2,106.
5 Investment expenses (see instructions) SEE STATEMENT 20	5			2,407.
6 Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0-	6			0.

Part III Investment Interest Expense Deduction

7 Disallowed investment interest expense to be carried forward to 2016. Subtract line 6 from line 3. If zero or less, enter -0- SEE STATEMENT 21	7	14.
8 Investment interest expense deduction. Enter the smaller of line 3 or 6. See instructions	8	0.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4952** (2015)

ALTERNATIVE MINIMUM TAX

Form **4952**

Department of the Treasury
Internal Revenue Service (99)

Investment Interest Expense Deduction

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

▶ Attach to your tax return.

OMB No. 1545-0191

2015

Attachment
Sequence No. **51**

Name(s) shown on return

BRADLEY S. SCHNEIDER

Identifying number

-**-*

Part I Total Investment Interest Expense

1	Investment interest expense paid or accrued in 2015 (see instructions) SEE STATEMENT 22	1	14.
2	Disallowed investment interest expense from 2014 Form 4952, line 7	2	
3	Total investment interest expense. Add lines 1 and 2	3	14.

Part II Net Investment Income

4a	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment)	4a	9,967.	
4b	Qualified dividends included on line 4a	4b	7,859.	
4c	Subtract line 4b from line 4a	4c		2,108.
4d	Net gain from the disposition of property held for investment	4d		
4e	Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment (see instructions)	4e		
4f	Subtract line 4e from line 4d	4f		
4g	Enter the amount from lines 4b and 4e that you elect to include in investment income (see instructions)	4g		
4h	Investment income. Add lines 4c, 4f, and 4g	4h		2,108.
5	Investment expenses (see instructions)	5		270.
6	Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0-	6		1,838.

Part III Investment Interest Expense Deduction

7	Disallowed investment interest expense to be carried forward to 2016. Subtract line 6 from line 3. If zero or less, enter -0-	7		0.
8	Investment interest expense deduction. Enter the smaller of line 3 or 6. See instructions	8		14.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4952** (2015)

REGULAR FORM 4952, LINE 8	0.
LESS RECOMPUTED FORM 4952, LINE 8	14.
INTEREST ADJUSTMENT - FORM 6251, LINE 8	-14.

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

Name(s) shown on return BRADLEY S. SCHNEIDER	Identifying number ***-**-****
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Part I 2015 Passive Activity Loss Caution: Complete Worksheets 1, 2, and 3 before completing Part I.

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

1a Activities with net income (enter the amount from Worksheet 1, column (a))	1a	3,127.		
b Activities with net loss (enter the amount from Worksheet 1, column (b))	1b	()		
c Prior years unallowed losses (enter the amount from Worksheet 1, column (c))	1c	()		
d Combine lines 1a, 1b, and 1c	1d		3,127.	

Commercial Revitalization Deductions From Rental Real Estate Activities

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

All Other Passive Activities

3a Activities with net income (enter the amount from Worksheet 3, column (a))	3a	76,057.		
b Activities with net loss (enter the amount from Worksheet 3, column (b))	3b	(11,574.)		
c Prior years unallowed losses (enter the amount from Worksheet 3, column (c))	3c	()		
d Combine lines 3a, 3b, and 3c	3d		64,483.	

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		67,610.	
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- If line 4 is a loss and:
- Line 1d is a loss, go to Part II.
 - Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
 - Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

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

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

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

5 Enter the smaller of the loss on line 1d or the loss on line 4	5			
6 Enter \$150,000. If married filing separately, see instructions	6	()		
7 Enter modified adjusted gross income, but not less than zero (see instructions)	7	()		
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	8	()		
9 Multiply line 8 by 50% (.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 III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities

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

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

Part IV Total Losses Allowed

15 Add the income, if any, on lines 1a and 3a and enter the total	15			
16 Total losses allowed from all passive activities for 2015. Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return	16			

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

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

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
	SEE ATTACHED STATEMENT FOR WORKSHEET 1				
Total. Enter on Form 8582, lines 1a, 1b, and 1c	3,127.				

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

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

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

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
	SEE ATTACHED STATEMENT FOR WORKSHEET 3				
Total. Enter on Form 8582, lines 3a, 3b, and 3c	76,057.	-11,574.			

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

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

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

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
Total				

**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

Name(s) shown on return BRADLEY S. SCHNEIDER	Identifying number ***-**-****
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Part I 2015 Passive Activity Loss Caution: Complete Worksheets 1, 2, and 3 before completing Part I.

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

1a Activities with net income (enter the amount from Worksheet 1, column (a))	1a	3,127.		
b Activities with net loss (enter the amount from Worksheet 1, column (b))	1b	()		
c Prior years unallowed losses (enter the amount from Worksheet 1, column (c))	1c	()		
d Combine lines 1a, 1b, and 1c	1d		3,127.	

Commercial Revitalization Deductions From Rental Real Estate Activities

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

All Other Passive Activities

3a Activities with net income (enter the amount from Worksheet 3, column (a))	3a	76,129.		
b Activities with net loss (enter the amount from Worksheet 3, column (b))	3b	(10,217.)		
c Prior years unallowed losses (enter the amount from Worksheet 3, column (c))	3c	()		
d Combine lines 3a, 3b, and 3c	3d		65,912.	

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		69,039.	
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- If line 4 is a loss and:
- Line 1d is a loss, go to Part II.
 - Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
 - Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

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

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

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

5 Enter the smaller of the loss on line 1d or the loss on line 4	5			
6 Enter \$150,000. If married filing separately, see instructions	6			
7 Enter modified adjusted gross income, but not less than zero (see instructions)	7			
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	8			
9 Multiply line 8 by 50% (.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 III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities

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

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

Part IV Total Losses Allowed

15 Add the income, if any, on lines 1a and 3a and enter the total	15			
16 Total losses allowed from all passive activities for 2015. Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return	16			

FORM 1040

STATE AND LOCAL INCOME TAX REFUNDS

STATEMENT 1

	2014	2013	2012
	ILLINOIS		
GROSS STATE/LOCAL INC TAX REFUNDS	2,929.		
LESS: TAX PAID IN FOLLOWING YEAR			
NET TAX REFUNDS ILLINOIS	2,929.		
TOTAL NET TAX REFUNDS	2,929.		

FORM 1040	TAXABLE STATE AND LOCAL INCOME TAX REFUNDS	STATEMENT 2
	2014	2013
NET TAX REFUNDS FROM STATE AND LOCAL INCOME TAX REFUNDS STMT.	2,929.	
LESS: REFUNDS-NO BENEFIT DUE TO AMT -SALES TAX BENEFIT REDUCTION		
1 NET REFUNDS FOR RECALCULATION	2,929.	
2 TOTAL ITEMIZED DEDUCTIONS BEFORE PHASEOUT	61,119.	
3 DEDUCTION NOT SUBJ TO PHASEOUT		
4 NET REFUNDS FROM LINE 1	2,929.	
5 LINE 2 MINUS LINES 3 AND 4	58,190.	
6 MULT LN 5 BY APPL SEC. 68 PCT	46,552.	
7 PRIOR YEAR AGI	199,437.	
8 ITEM. DED. PHASEOUT THRESHOLD	152,525.	
9 SUBTRACT LINE 8 FROM LINE 7 (IF ZERO OR LESS, SKIP LINES 10 THROUGH 15, AND ENTER AMOUNT FROM LINE 1 ON LINE 16)	46,912.	
10 MULT LN 9 BY APPL SEC. 68 PCT	1,407.	
11 ALLOWABLE ITEMIZED DEDUCTIONS (LINE 5 LESS THE LESSER OF LINE 6 OR LINE 10)	56,783.	
12 ITEM DED. NOT SUBJ TO PHASEOUT		
13A TOTAL ADJ. ITEMIZED DEDUCTIONS	56,783.	
13B PRIOR YR. STD. DED. AVAILABLE		
14 PRIOR YR. ALLOWABLE ITEM. DED.	59,712.	
15 SUBTRACT THE GREATER OF LINE 13A OR LINE 13B FROM LINE 14	2,929.	
16 TAXABLE REFUNDS (LESSER OF LINE 15 OR LINE 1)	2,929.	
17 ALLOWABLE PRIOR YR. ITEM. DED.	59,712.	
18 PRIOR YEAR STD. DED. AVAILABLE		
19 SUBTRACT LINE 18 FROM LINE 17	59,712.	
20 LESSER OF LINE 16 OR LINE 19	2,929.	
21 PRIOR YEAR TAXABLE INCOME	138,777.	
22 AMOUNT TO INCLUDE ON FORM 1040, LINE 10 * IF LINE 21 IS -0- OR MORE, USE AMOUNT FROM LINE 20 * IF LINE 21 IS A NEGATIVE AMOUNT, NET LINES 20 AND 21		2,929.
STATE AND LOCAL INCOME TAX REFUNDS PRIOR TO 2012		
TOTAL TO FORM 1040, LINE 10		2,929.

FORM 1040

TAX-EXEMPT INTEREST

STATEMENT 3

NAME OF PAYER	AMOUNT
NATIONAL FINANCIAL SERVICES LLC	10,374.
NFS - BOND AMORTIZATION	-2,830.
NFS - TAX EXEMPT FEES	-1,782.
NATIONAL FINANCIAL SERVICES LLC	40.
NFS - ACCRUED INTEREST PAID	-157.
TOTAL TO FORM 1040, LINE 8B	5,645.

FORM 1040

WAGES RECEIVED AND TAXES WITHHELD

STATEMENT 4

T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
T HOUSE OF REP -MEMBERS SERVICES	13,674.	2,075.	672.		949.	222.
TOTALS	13,674.	2,075.	672.		949.	222.

FORM 1040

QUALIFIED DIVIDENDS

STATEMENT 5

NAME OF PAYER	ORDINARY DIVIDENDS	QUALIFIED DIVIDENDS
M FINANCIAL HOLDINGS INCORPORATED	6,606.	6,606.
CHARLES SCHWAB & CO., INC.	114.	114.
NATIONAL FINANCIAL SERVICES LLC	3,075.	1,075.
NATIONAL FINANCIAL SERVICES LLC	128.	64.
TOTAL INCLUDED IN FORM 1040, LINE 9B		7,859.

SCHEDULE A

MISCELLANEOUS DEDUCTIONS SUBJECT TO FLOOR

STATEMENT 6

DESCRIPTION	AMOUNT
FROM K-1 - MDRJB PARTNERSHIP	967.
FROM K-1 - LEAD-OUT THIRD SOLUTIONS INVESTMENT, LLC	57.
NATIONAL FINANCIAL SERVICES LLC	976.
NATIONAL FINANCIAL SERVICES LLC	137.
TOTAL TO SCHEDULE A, LINE 23	2,137.

SCHEDULE A

STATE AND LOCAL INCOME TAXES

STATEMENT 7

DESCRIPTION	AMOUNT
HOUSE OF REP -MEMBERS SERVICES	672.
ILLINOIS PRIOR YEAR OVERPAYMENT APPLIED	2,929.
TOTAL TO SCHEDULE A, LINE 5	3,601.

SCHEDULE A	CASH CONTRIBUTIONS	STATEMENT 8
------------	--------------------	-------------

DESCRIPTION	AMOUNT 50% LIMIT	AMOUNT 30% LIMIT
MISCELLANEOUS FROM K-1 - MDRJB PARTNERSHIP	5,732. 1.	
 SUBTOTALS	 5,733.	
TOTAL TO SCHEDULE A, LINE 16		5,733.

SCHEDULE A	INVESTMENT INTEREST	STATEMENT 9
------------	---------------------	-------------

DESCRIPTION	AMOUNT
NATIONAL FINANCIAL SERVICES LLC DISALLOWED INVESTMENT INTEREST	14. -14.
 TOTAL TO SCHEDULE A, LINE 14	 0.

SCHEDULE D	SHORT-TERM CAPITAL GAINS AND LOSSES	STATEMENT 10
------------	-------------------------------------	--------------

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	COST OR OTHER BASIS	GAIN OR LOSS
NFS (6128) NEW YORK NY CIT TRANSITIONAL BOND	VARIOUS 06/11/15	10/13/15	5,268.	5,738.	-470.
NFS (1778)	VARIOUS	06/05/15	26,110. 24,451.	26,161. 26,182.	-51. -1,731.
TOTAL TO SCH D, LINE 1A			55,829.	58,081.	-2,252.

SCHEDULE D	LONG-TERM CAPITAL GAINS AND LOSSES	STATEMENT 11
------------	------------------------------------	--------------

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	COST OR OTHER BASIS	GAIN OR LOSS
NFS (6128)	VARIOUS		4,717.	5,075.	-358.
TOTAL TO SCH D, LINE 8A			4,717.	5,075.	-358.

SCHEDULE D	NET LONG-TERM GAIN OR LOSS FROM FORMS 4797, 2439, 6252, 4684, 6781 AND 8824	STATEMENT 12
------------	--	--------------

DESCRIPTION OF PROPERTY	GAIN OR LOSS	28% GAIN
FORM 4797	23,799.	
TOTAL TO SCHEDULE D, PART II, LINE 11	23,799.	

SCHEDULE D	NET LONG-TERM GAIN OR LOSS FROM PARTNERSHIPS, S CORPORATIONS, AND FIDUCIARIES	STATEMENT 13
------------	--	--------------

DESCRIPTION OF ACTIVITY	GAIN OR LOSS	28% GAIN
MDRJB PARTNERSHIP	348.	
TOTAL TO SCHEDULE D, PART II, LINE 12	348.	

SCHEDULE D	CAPITAL GAIN DISTRIBUTIONS	STATEMENT 14
------------	----------------------------	--------------

NAME OF PAYER	TOTAL CAPITAL GAIN	28% GAIN
NATIONAL FINANCIAL SERVICES LLC	1,375.	
TOTALS TO SCHEDULE D, LINE 13	1,375.	

SCHEDULE D

UNRECAPTURED SECTION 1250 GAIN

STATEMENT 15

1. IF YOU HAVE A SECTION 1250 PROPERTY IN PART III OF FORM 4797 FOR WHICH YOU MADE AN ENTRY IN PART I OF FORM 4797, ENTER THE SMALLER OF LINE 22 OR LINE 24 OF FORM 4797 FOR THAT PROPERTY. IF YOU DID NOT HAVE ANY SUCH PROPERTY, GO TO LINE 4		
2. ENTER THE AMOUNT FROM FORM 4797, LINE 26G, FOR THE PROPERTY FOR WHICH YOU MADE AN ENTRY ON LINE 1		
3. SUBTRACT LINE 2 FROM LINE 1		
4. ENTER THE TOTAL UNRECAPTURED SECTION 1250 GAIN INCLUDED ON LINE 26 OR LINE 37 OF FORM(S) 6252 FROM INSTALLMENT SALES OF TRADE OR BUSINESS PROPERTY HELD MORE THAN 1 YEAR		
5. ENTER THE TOTAL OF ANY AMOUNTS REPORTED TO YOU ON A SCHEDULE K-1 FROM A PARTNERSHIP OR AN S CORPORATION AS "UNRECAPTURED SECTION 1250 GAIN"		8,632.
6. ADD LINES 3 THROUGH 5		8,632.
7. ENTER THE SMALLER OF LINE 6 OR THE GAIN FROM FORM 4797, LINE 7	8,632.	
8. ENTER THE AMOUNT, IF ANY, FROM FORM 4797, LINE 8		
9. SUBTRACT LINE 8 FROM LINE 7. IF ZERO OR LESS, ENTER -0-		8,632.
10. ENTER THE AMOUNT OF ANY GAIN FROM THE SALE OR EXCHANGE OF AN INTEREST IN A PARTNERSHIP ATTRIBUTABLE TO UNRECAPTURED SECTION 1250 GAIN		
11. ENTER THE TOTAL OF ANY AMOUNTS REPORTED TO YOU ON A SCHEDULE K-1, FORMS 1099-DIV, OR FORM 2439 AS "UNRECAPTURED SECTION 1250 GAIN" FROM AN ESTATE, TRUST, REAL ESTATE INVESTMENT TRUST, OR MUTUAL FUND (OR OTHER REGULATED INVESTMENT COMPANY)		
12. ENTER THE TOTAL OF ANY UNRECAPTURED SECTION 1250 GAIN FROM SALES (INCLUDING INSTALLMENT SALES) OR OTHER DISPOSITIONS OF SECTION 1250 PROPERTY HELD MORE THAN 1 YEAR FOR WHICH YOU DID NOT MAKE AN ENTRY IN PART I OF FORM 4797 FOR THE YEAR OF SALE		
13. ADD LINES 9 THROUGH 12		8,632.
14. IF YOU HAD ANY SECTION 1202 GAIN OR COLLECTIBLE GAIN OR (LOSS), ENTER THE TOTAL OF LINES 1 THROUGH 4 OF THE 28% RATE GAIN WORKSHEET		
15. ENTER THE (LOSS), IF ANY, FROM SCH D, LINE 7. IF SCH D, LINE 7, IS ZERO OR A GAIN ENTER -0-	-2,412.	
16. ENTER YOUR LONG-TERM CAPITAL LOSS CARRYOVERS FROM SCHEDULE D, LINE 14, AND SCHEDULE K-1 (FORM 1041), BOX 11, CODE C		
17. COMBINE LINES 14 THROUGH 16. IF THE RESULT IS A (LOSS), ENTER IT AS A POSITIVE AMOUNT. IF THE RESULT IS ZERO OR A GAIN, ENTER -0-		2,412.
18. SUBTRACT LINE 17 FROM LINE 13. IF ZERO OR LESS, ENTER -0-. IF MORE THAN ZERO, ENTER THE RESULT HERE AND ON SCHEDULE D, LINE 19		6,220.

FORM 6251

PASSIVE ACTIVITIES

STATEMENT 16

NAME OF ACTIVITY	FORM	NET INCOME (LOSS)		ADJUSTMENT
		AMT	REGULAR	
MDRJB PARTNERSHIP	FORM 4797	23,799.	23,799.	
MDRJB PARTNERSHIP	SCH D	348.	348.	
MDRJB PARTNERSHIP	SCH E	-10,217.	-11,574.	1,357.
AERODIRECT FUND III, LLC	SCH E	738.	666.	72.
DAVIS DANN ADLER SCHNEIDER, LLC	SCH C	51,244.	51,244.	
RESIDENTIAL RESIDENCE - [REDACTED]	SCH E	3,127.	3,127.	
TOTAL TO FORM 6251, LINE 19				1,429.

FORM 6251

INTEREST FROM SPECIFIED PRIVATE ACTIVITY BONDS

STATEMENT 17

DESCRIPTION	AMOUNT
NATIONAL FINANCIAL SERVICES LLC	2.
TOTAL TO FORM 6251, LINE 12	2.

FORM 4952

INVESTMENT INTEREST EXPENSE

STATEMENT 18

DESCRIPTION	CURRENT	CARRYOVER
NATIONAL FINANCIAL SERVICES LLC	14.	
TOTALS TO FORM 4952, LINES 1 AND 2	14.	

FORM 4952

INCOME FROM PROPERTY HELD FOR INVESTMENT

STATEMENT 19

DESCRIPTION	AMOUNT
INTEREST INCOME	41.
DIVIDEND INCOME	9,924.
TOTAL TO FORM 4952, LINE 4A	9,965.

FORM 4952	INVESTMENT EXPENSES	STATEMENT 20
DESCRIPTION		AMOUNT
SCHEDULE A DEDUCTIONS		2,407.
TOTAL TO FORM 4952, LINE 5		2,407.

FORM 4952	DISALLOWED INVESTMENT INTEREST EXPENSE	STATEMENT 21
DESCRIPTION		AMOUNT
SCHEDULE A		14.
TOTAL TO FORM 4952, LINE 7		14.

FORM 4952AMT	INVESTMENT INTEREST EXPENSE	STATEMENT 22
DESCRIPTION	CURRENT	CARRYOVER
NATIONAL FINANCIAL SERVICES LLC	14.	
TOTALS TO FORM 4952AMT, LINES 1 AND 2	14.	

FORM 8582	ACTIVE RENTAL OF REAL ESTATE - WORKSHEET 1			STATEMENT 23	
NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS	
	NET INCOME	NET LOSS		GAIN	LOSS
RESIDENTIAL RESIDENCE - [REDACTED]	3,127.	0.		3,127.	
TOTALS	3,127.	0.		3,127.	

FORM 8582

OTHER PASSIVE ACTIVITIES - WORKSHEET 3

STATEMENT 24

NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS	
	NET INCOME	NET LOSS		GAIN	LOSS
MDRJB PARTNERSHIP AERODIRECT FUND III, LLC	24,147.	-11,574.		12,573.	
DAVIS DANN ADLER SCHNEIDER, LLC	666.	0.		666.	
	51,244.	0.		51,244.	
TOTALS	76,057.	-11,574.		64,483.	

FORM 8582

SUMMARY OF PASSIVE ACTIVITIES

STATEMENT 25

R R E A NAME	FORM OR SCHEDULE	GAIN/LOSS	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
MDRJB PARTNERSHIP	FORM 4797	23,799.		23,799.		
MDRJB PARTNERSHIP	SCH D	348.		348.		
MDRJB PARTNERSHIP	SCH E	-11,574.		-11,574.		11,574.
AERODIRECT FUND III, LLC	SCH E	666.		666.		
DAVIS DANN ADLER SCHNEIDER, LLC	SCH C	51,244.		51,244.		
X RESIDENTIAL RESIDENCE - [REDACTED]	SCH E					
		3,127.		3,127.		
TOTALS		67,610.		67,610.		11,574.
PRIOR YEAR CARRYOVERS ALLOWED DUE TO CURRENT YEAR NET ACTIVITY INCOME						
TOTAL						11,574.

FORM 8582

ALTERNATIVE MINIMUM TAX
ACTIVE RENTAL OF REAL ESTATE - WORKSHEET 1

STATEMENT 26

NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS	
	NET INCOME	NET LOSS		GAIN	LOSS
RESIDENTIAL RESIDENCE - ██████████ ██████████	3,127.	0.		3,127.	
TOTALS	3,127.	0.		3,127.	

FORM 8582

ALTERNATIVE MINIMUM TAX
OTHER PASSIVE ACTIVITIES - WORKSHEET 3

STATEMENT 27

NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS	
	NET INCOME	NET LOSS		GAIN	LOSS
MDRJB PARTNERSHIP	24,147.	-10,217.		13,930.	
AERODIRECT FUND III, LLC	738.	0.		738.	
DAVIS DANN ADLER SCHNEIDER, LLC	51,244.	0.		51,244.	
TOTALS	76,129.	-10,217.		65,912.	

FORM 8582AMT

SUMMARY OF PASSIVE ACTIVITIES - AMT

STATEMENT 28

R R E A -	NAME	FORM OR SCHEDULE	GAIN/LOSS	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS	
	MDRJB PARTNERSHIP	FORM 4797	23,799.		23,799.			
	MDRJB PARTNERSHIP	SCH D	348.		348.			
	MDRJB PARTNERSHIP	SCH E	-10,217.		-10,217.		10,217.	
	AERODIRECT FUND III, LLC	SCH E	738.		738.			
	DAVIS DANN ADLER SCHNEIDER, LLC	SCH C	51,244.		51,244.			
X	RESIDENTIAL RESIDENCE - [REDACTED]	SCH E						
			3,127.		3,127.			
TOTALS			69,039.		69,039.		10,217.	
PRIOR YEAR CARRYOVERS ALLOWED DUE TO CURRENT YEAR NET ACTIVITY INCOME								
TOTAL								10,217.

2015 TAX RETURN FILING INSTRUCTIONS

ILLINOIS INCOME TAX RETURN

FOR THE YEAR ENDING
DECEMBER 31, 2015

PREPARED FOR:

MR. BRADLEY SCHNEIDER AND MS. JULIE DANN
[REDACTED]

PREPARED BY:

PLANTE & MORAN, PLLC
10 S. RIVERSIDE PLAZA 9TH FLOOR
CHICAGO, IL 60606

AMOUNT OF TAX:

TOTAL TAX	\$	4,761
LESS: PAYMENTS AND CREDITS	\$	8,235
PLUS: INTEREST AND PENALTIES	\$	0
OVERPAYMENT	\$	3,474

OVERPAYMENT:

MISCELLANEOUS DONATIONS	\$	0
CREDITED TO YOUR ESTIMATED TAX	\$	3,474
REFUNDED TO YOU	\$	0

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED YOUR RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM IL-8453 TO OUR OFFICE. WE WILL THEN SUBMIT YOUR ELECTRONIC RETURN TO THE IDOR.

RETURN MUST BE MAILED ON OR BEFORE:

RETURN FORM IL-8453 TO US BY OCTOBER 17, 2016.

SPECIAL INSTRUCTIONS:

DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE IDOR.

Submission ID

2015 IL-8453 Illinois Individual Income Tax Electronic Filing Declaration

(Do not mail Form IL-8453 to the Illinois Department of Revenue unless it is requested for review.)

Step 1: Provide taxpayer information

BRADLEY S. SCHNEIDER
Print or type
First name and middle initial
Spouse's first name (and last name if different)
Last name
Mailing address
City
State
ZIP

-**-*
Social Security number
-**-*
Spouse's Social Security number
Daytime phone number

Step 2: Complete information from tax return

Table with 2 columns: Line number and Amount. Line 1: Net income from Form IL-1040, Line 11, or Schedule NR, Step 5, Line 51. Line 2: Tax from Form IL-1040, Line 13. Line 3: Illinois Income Tax withheld from Form IL-1040, Line 26 only. Line 4: Overpayment from Form IL-1040, Line 36. Line 5: Total amount due from Form IL-1040, Line 40. Line 6: Filing status: Single/head of household, Married filing jointly, Married filing separately (checked), Widowed.

Step 3: Complete direct deposit of refund or electronic funds withdrawal information (Optional)

To initiate a payment or refund transaction, the information in this Step must be included within the electronic transmission. Illinois does not support international ACH transactions. IDOR will only perform direct transactions (i.e., debit, deposit) with financial institutions located within the United States or those not funded by international funds. Electronic payments will not be accepted and refunds will be via paper check.

7 Routing no. (RN):
8 Account no. (AN):
9 Type of account: Checking, Savings
10 Date the payment is to be electronically withdrawn:
11 Electronic funds withdrawal amount: 00
12 Name on account:

Step 4: Taxpayer declaration and signature (Sign only after completing Step 2 and, if applicable, Step 3.)

- I consent that my refund may be directly deposited as designated in Step 3 and declare the information on Lines 7 through 9 is correct. I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
I authorize the Illinois Department of Revenue (IDOR) and its designated financial agent to initiate an ACH electronic funds withdrawal as designated in the electronic portion of my 2015 Illinois Individual Income Tax return. I authorize the financial institutions involved in the processing of an electronic overpayment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
[X] I do not want direct deposit of my refund, or an electronic funds withdrawal (direct debit) of my balance due.

Under penalties of perjury, I declare the information on my electronic Form IL-1040 and the information I provided to my electronic return originator (ERO) are identical. To the best of my knowledge, my return is true, correct, and complete. I consent that my return, this declaration, and accompanying information may be sent to IDOR by my ERO. I authorize IDOR to inform my ERO and/or the transmitter when my return has been accepted or rejected. If rejected, I authorize IDOR to identify the reason(s) so the return may be corrected and retransmitted if possible.

Sign here
Your signature
Date
Spouse's signature (if joint return, both must sign)
Date

Step 5: Electronic return originator (ERO) and paid preparer declaration and signature

I declare that I have examined this taxpayer's electronic Form IL-1040, the information on this Form IL-8453, and accompanying information. I have followed all requirements of this program and declare, under penalties of perjury, that to the best of my knowledge the taxpayer's return and accompanying information are true, correct, and complete.

TERI NEWMAN
ERO's signature
Date
Check if paid preparer: [X] (See instructions.)
PLANTE & MORAN, PLLC
Firm's name or your name if self-employed
10 S RIVERSIDE PLAZA 9TH FLOOR
Mailing address
CHICAGO, IL 60606
City
State
ZIP
Your Social Security number (SSN) or PTIN

Federal employer identification no. (FEIN)
(312) 207-1040
Phone number

Step 6: Attach required documents (e.g., W-2 forms, 1099 forms, IL-1310). Do not mail Form IL-8453 and these documents unless requested for review.

Illinois Department of Revenue
2015 Form IL-1040
Individual Income Tax Return or for fiscal year ending _____

Over 80% of taxpayers file electronically. It is easy and you will get your refund faster. Visit tax.illinois.gov.

Step 1: Personal Information

Do not write above this line.

-**-*

-**-*

BRADLEY S. SCHNEIDER
 JULIE R. DANN



- C** Filing status (see instructions)
 Single or head of household Married filing jointly Married filing separately Widowed
- D** Check if you or your spouse are a military veteran and want your name and address shared with the Illinois Department of Veterans' Affairs. You Spouse

Step 2: Income	1 Federal adjusted gross income from your U.S. 1040, Line 37; U.S. 1040A, Line 21; or U.S. 1040EZ, Line 4. (Whole dollars only)	1	79,853 .00
	2 Federally tax-exempt interest and dividend income from your U.S. 1040 or 1040A, Line 8b; or U.S. 1040EZ.	2	5,645 .00
	3 Other additions. Attach Schedule M.	3	.00
	4 Total income. Add Lines 1 through 3.	4	85,498 .00

↓ **Step 3:**

Base Income	5 Social Security benefits and certain retirement plan income received if included in Line 1. Attach Page 1 of federal return.	5	.00
	6 Illinois Income Tax overpayment included in U.S. 1040, Line 10.	6	2,929 .00
	7 Other subtractions. Attach Schedule M. Check if Line 7 includes any amount from Schedule 1299-C. <input type="checkbox"/>	7	.00
	8 Add Lines 5, 6, and 7. This is the total of your subtractions.	8	2,929 .00
	9 Illinois base income. Subtract Line 8 from Line 4.	9	82,569 .00

Staple W-2 and 1099 forms here

Step 4: Exemptions	10 a Number of exemptions from your federal return. <u>1</u> x \$2,150	a	2,150 .00
	b If someone can claim you as a dependent, see instructions. _____ x \$2,150	b	.00
	c Check if 65 or older: <input type="checkbox"/> You + <input type="checkbox"/> Spouse = _____ x \$1,000	c	.00
	d Check if legally blind: <input type="checkbox"/> You + <input type="checkbox"/> Spouse = _____ x \$1,000	d	.00
	Exemption allowance. Add Lines a through d.	10	2,150 .00

↑ **Step 5:**

Net Income	11 Residents: Net income. Subtract Line 10 from Line 9. <i>Skip</i> Line 12.	11	80,419 .00
	12 Nonresidents and part-year residents: Check the box that applies to you during 2015 <input type="checkbox"/> Nonresident <input type="checkbox"/> Part-year resident, and enter the Illinois base income from Sch. NR. Attach Sch. NR.	12	.00

▲ **Step 6:**

Tax	13 Residents: Multiply Line 11 by 3.75% (.0375). Cannot be less than zero. <i>Nonresidents and part-year residents:</i> Enter the tax from Schedule NR.	13	3,016 .00
	14 Recapture of investment tax credits. Attach Schedule 4255.	14	.00
	15 Income tax. Add Lines 13 and 14. Cannot be less than zero.	15	3,016 .00

▼ **Step 7:**

Tax After Non- refundable Credits	16 Income tax paid to another state while an Illinois resident. Attach Schedule CR.	16	.00
	17 Property tax and K-12 education expense credit amount from Schedule ICR. Attach Schedule ICR.	17	634 .00
	18 Credit amount from Schedule 1299-C. Attach Schedule 1299-C.	18	.00
	19 Add Lines 16, 17, and 18. This is the total of your credits. Cannot exceed the tax amount on Line 15.	19	634 .00
	20 Tax after nonrefundable credits. Subtract Line 19 from Line 15.	20	2,382 .00



	21	Tax after nonrefundable credits from Page 1, Line 20.	21	<u>2,382</u>	<u>.00</u>
Step 8:	22	Household employment tax. See instructions.	22	<u>1,745</u>	<u>.00</u>
Other	23	Use tax on internet, mail order, or other out-of-state purchases from			
Taxes		UT Worksheet or UT Table in the instructions. Do not leave blank.	23	<u>0</u>	<u>.00</u>
	24	Compassionate Use of Medical Cannabis Pilot Program Act Surcharge	24	<u></u>	<u>.00</u>
	25	Total Tax. Add Lines 21, 22, 23, and 24.	25	<u>4,127</u>	<u>.00</u>

Step 9:	26	Illinois Income Tax withheld. Attach all W-2 and 1099 forms.	26	<u>672</u>	<u>.00</u>
Payments	27	Estimated payments from Forms IL-1040-ES and IL-505-I,			
and		including any overpayment applied from a prior year return.	27	<u>6,929</u>	<u>.00</u>
Refundable	28	Pass-through withholding payments. Attach Schedule K-1-P or K-1-T.	28	<u></u>	<u>.00</u>
Credit	29	Earned Income Credit from Schedule ICR. Attach Schedule ICR.	29	<u></u>	<u>.00</u>
	30	Total payments and refundable credit. Add Lines 26 through 29.	30	<u>7,601</u>	<u>.00</u>

Step 10:	31	Overpayment. If Line 30 is greater than Line 25, subtract Line 25 from Line 30.	31	<u>3,474</u>	<u>.00</u>
Result	32	Underpayment. If Line 25 is greater than Line 30, subtract Line 30 from Line 25.	32	<u></u>	<u>.00</u>

Step 11:	33	Late-payment penalty for underpayment of estimated tax	33	<u></u>	<u>.00</u>
Underpayment	a	Check if at least two-thirds of your federal gross income is from farming.	<input type="checkbox"/>		
of Estimated	b	Check if you or your spouse are 65 or older and permanently	<input type="checkbox"/>		
Tax Penalty		living in a nursing home.			
and Donations	c	Check if your income was not received evenly during the year and you	<input type="checkbox"/>		
		annualized your income on Form IL-2210. Attach Form IL-2210.			
	d	Check if you were not required to file an Illinois Individual Income Tax	<input type="checkbox"/>		
		return in the previous tax year.			
	34	Voluntary charitable donations. Attach Schedule G.	34	<u></u>	<u>.00</u>
	35	Total penalty and donations. Add Lines 33 and 34.	35	<u></u>	<u>.00</u>

Step 12:	36	If you have an overpayment on Line 31 and this amount is greater than			
Refund or		Line 35, subtract Line 35 from Line 31. This is your remaining overpayment.	36	<u>3,474</u>	<u>.00</u>
Amount You	37	Amount from Line 36 you want refunded to you. Check one box on Line 38. See instructions.	37	<u>0</u>	<u>.00</u>
Owe	38	I choose to receive my refund by			
		<input type="checkbox"/> direct deposit - Complete the information below if you check this box.			
		Routing number _____ <input type="checkbox"/> Checking or <input type="checkbox"/> Savings			
		Account number _____			
		<input type="checkbox"/> Illinois Individual Income Tax refund debit card			
		<input type="checkbox"/> paper check			
	39	Amount to be applied to estimated tax . Subtract Line 37 from Line 36. See instructions.	39	<u>3,474</u>	<u>.00</u>
	40	If you have an underpayment on Line 32, add Lines 32 and 35. or			
		If you have an overpayment on Line 31 and this amount is less than Line 35,			
		subtract Line 31 from Line 35. This is the amount you owe. See instructions.	40	<u></u>	<u>.00</u>

Step 13: Under penalties of perjury, I state that I have examined this return, and, to the best of my knowledge, it is true, correct, and complete.

Sign and Date

Your signature	Date	Daytime phone number	Your spouse's signature	Date
<u>TERI NEWMAN</u>	<u>09/02/16</u>	<u>(312) 207-1040</u>	<u>[REDACTED]</u>	
<small>Paid preparer's signature</small>	<small>Date</small>	<small>Preparer's phone number</small>	<small>Preparer's FEIN, SSN, or PTIN</small>	

Third Party Designee

Check, and complete the designee's name and phone number below, to allow another person to discuss this return and any previous return that affects the liability reported on this return with the Illinois Department of Revenue.

TERI NEWMAN (312) 207-1040

Designee's name (please print) Designee's phone number

Form 1099-G Information

If you are unable to obtain your Form 1099-G from our website, you may check the box to receive a paper 1099-G form next year. We will mail you a 1099-G form if you meet the criteria requiring us to issue one to you.

If no payment enclosed, mail to:
ILLINOIS DEPARTMENT OF REVENUE
SPRINGFIELD IL 62719-0001

If payment enclosed, mail to:
ILLINOIS DEPARTMENT OF REVENUE
SPRINGFIELD IL 62726-0001

549002
01-07-16

ID: 2BX



Schedule ICR - Page 2

Step 3: Figure your refundable credit

Earned Income Credit

- 10 a** Enter the amount of federal EIC as shown on your U.S. 1040, Line 66a; U.S. 1040A, Line 42a; or U.S. 1040EZ, Line 8a. 10a _____ .00
- b** Multiply the amount on Line 10a by 10% (.10). 10b _____ .00
- c Illinois residents:** Enter 1.0.
Nonresidents and part-year residents: Enter the decimal from Schedule NR, Line 48. 10c _____
- d** Multiply Line 10b by the decimal on Line 10c. 10d _____ .00
- 11** Enter the amount from Line 10d here. This is your Illinois Earned Income Credit. Enter this amount on Form IL-1040, Line 29. → **11** _____ .00

Section B Continued - K-12 Education Expense Credit Worksheet (continued from Step 2, Section B)

Note. You must complete this section and attach any receipt you received from your student's school.

12 Complete the following information for each of your qualifying students. If a student attended more than one qualifying school during the calendar year, please list separately. If you need more space, attach a separate piece of paper following this format.

	A Student's name	B Social Security number	C Grade (K-12 only)	D School name (IL K-12 schools only or enter "home school," if applicable)	E School city (IL cities only)	F Total tuition, book/lab fees
a	_____	_____	_____	_____	_____	_____
b	_____	_____	_____	_____	_____	_____
c	_____	_____	_____	_____	_____	_____
d	_____	_____	_____	_____	_____	_____
e	_____	_____	_____	_____	_____	_____
f	_____	_____	_____	_____	_____	_____
g	_____	_____	_____	_____	_____	_____
h	_____	_____	_____	_____	_____	_____
i	_____	_____	_____	_____	_____	_____
j	_____	_____	_____	_____	_____	_____

- 13** Add the amounts in Column F for Lines 12a through 12j (and the amounts from Column F of any additional pages you attached). This is the total amount of your qualified **education expenses** for this year. Enter this amount here and on Step 2, Line 7a of this schedule. → **13** _____ .00



2015 IL-2210 Computation of Penalties for Individuals

Attach to your Form IL-1040

IL Attachment No. 19

Read this information first -

We encourage you to **let us figure your penalties** and send you a bill instead of completing this form yourself.

We will waive the late-payment penalty for underpayment of estimated tax if you timely paid the lesser of 100 percent of the prior year's tax liability or 90 percent of the current year's tax liability. If you elect to complete Form IL-2210, this form reflects that waiver.

The late-payment penalty for underpayment of estimated tax is based on the tax shown due on your original return. Do not use the tax shown on an amended return filed after the extended due date of the return to compute your required installments in Step 2.

Step 1: Provide the following information

BRADLEY S. SCHNEIDER

-**-*

Your name as shown on Form IL-1040

Your Social Security number

Note: If your prior year tax return was filed using a different Social Security number than the number above, enter that number here.

Step 2: Figure your required installments

	A This year	B Last year
1 Enter your total income tax and compassionate use of medical cannabis surcharge from each tax return. See instructions.	1 <u>3,016.</u>	<u>10,190.</u>
2 Enter the amount of credits from each tax return. See instructions.	2 <u>634.</u>	<u>624.</u>
3 Subtract Line 2 from Line 1.	3 <u>2,382.</u>	<u>9,566.</u>
4a Enter the total amount of this year's Illinois withholding from your W-2 and 1099 forms.	4a <u>672.</u>	
4b Enter the total amount of pass-through withholding payments made on your behalf.	4b _____	
4c Add Lines 4a and 4b and enter the result here.	4c <u>672.</u>	
5 Subtract Line 4c from Line 3.	5 <u>1,710.</u>	
6 Multiply Column A, Line 3, by 90% (.9).	6 <u>2,144.</u>	
7 If Line 5 is \$500 or less or if you are not required to make estimated tax payments, enter "0," and go to Step 3. Otherwise, enter the lesser of Column A, Line 6, or Column B, Line 3.	7 <u>2,144.</u>	
8 Divide the amount entered on Line 7 by four. This is the amount of each required installment. (If you use the annualized income installment method, see instructions.)	8 <u>536.</u>	

	Quarter 1 15th day of 4th month of tax year	Quarter 2 15th day of 6th month of tax year	Quarter 3 15th day of 9th month of tax year	Quarter 4 15th day of 1st mo. after end of tax year
9a Enter the installment due date for each quarter. See instructions.	<u>04/15/15</u>	<u>06/15/15</u>	<u>09/15/15</u>	<u>01/15/16</u>
9b Enter the required installment. See instructions.	<u>536.</u>	<u>536.</u>	<u>536.</u>	<u>536.</u>
10a Enter the amount of tax withheld.	<u>168.</u>	<u>168.</u>	<u>168.</u>	<u>168.</u>
10b Enter the amount of pass-through payments.	<u>168.</u>	<u>168.</u>	<u>168.</u>	<u>168.</u>
10c Add Lines 10a and 10b in each column.	<u>168.</u>	<u>168.</u>	<u>168.</u>	<u>168.</u>
11 Subtract Line 10c from Line 9b. If the amount is negative, use brackets.	<u>368.</u>	<u>368.</u>	<u>368.</u>	<u>368.</u>
12 If the amount on Line 13 of the previous quarter is negative, enter that amount as a positive here. Otherwise, enter "0."	Skip this line for Quarter 1.	<u>0.</u>	<u>0.</u>	<u>0.</u>
13 Subtract Line 12 from Line 11. If the amount is negative, use brackets.	<u>368.</u>	<u>368.</u>	<u>368.</u>	<u>368.</u>

Continue with Step 3 on Page 2 →



Step 3: Figure your unpaid tax



14	Enter the amount from Column A, Line 3.	14	<u>2,382.</u>
15	Enter the amount of household employment tax from Form IL-1040, Line 22.	15	<u>1,745.</u>
16	Enter the amount of use tax from Form IL-1040, Line 23.	16	<u> </u>
17	Add Lines 14 through 16. Enter the total amount here.	17	<u>4,127.</u>
18	Calculate the total amount of all payments made on or before the original due date of your tax return. Include your credit(s) carried forward from a prior year (see instructions), your total estimated payments made this year, Form IL-505-I payments, the pass-through withholding payments made on your behalf, and your withholding as shown on your W-2 and 1099 forms. Compare that total to the total of Line 9b, Quarters 1 through 4, and enter the greater amount here.	18	<u>7,601.</u>
19	Subtract Line 18 from Line 17. If the amount is <ul style="list-style-type: none"> • positive, enter that amount here. Enter this amount in Penalty Worksheet 2, Line 23, Column C and continue to Step 4. • zero or negative, enter that amount here and, if negative, use brackets. 	19	<u><3,474.></u>

Step 4: Figure your late-payment penalty

Use Penalty Worksheet 1 to figure your late-payment penalty for underpayment of estimated tax.
 Use Penalty Worksheet 2 to figure your late-payment penalty for unpaid tax.

Note You **must** follow the instructions in order to properly complete the penalty worksheets.

20 Enter the amount and the date of each payment you made. Include any credit(s) carried forward from a prior year. See instructions.

	Amount	Date paid	Amount	Date paid	Amount	Date paid
a	<u>2,929.</u>	<u>04/15/15</u>	e	<u> </u>	i	<u> </u>
b	<u>3,474.</u>	<u>04/18/16</u>	f	<u> </u>	j	<u> </u>
c	<u> </u>	<u> </u>	g	<u> </u>	k	<u> </u>
d	<u> </u>	<u> </u>	h	<u> </u>	l	<u> </u>

Penalty rates

Number of days late	Penalty rate
1 - 3002
31 or more10

Penalty Worksheet 1 - Late-payment penalty for underpayment of estimated tax

Note If you paid the required amount from Line 13 by the payment due date for each quarter, **do not** complete this worksheet.

21 Enter the unpaid amounts from Line 13, Quarters 1 through 4, on the first line of the appropriate quarters in Column C below. If you have more than four payments to apply to any quarter, use a separate piece of paper following the same format as below and attach to this form.

A	B	C	D	E	F	G	H	I
Period	Due date	Unpaid amount	Payment applied	Balance due (Col. C - Col. D)	Payment date	Number of days late	Penalty rate (See above)	Penalty
Qtr 1	<u>04/15/15</u>	<u>368.</u>	<u> </u>	<u>368.</u>	<u>04/15/15</u>	<u> </u>	<u> </u>	<u> </u>
		<u>368.</u>	<u>2,929.</u>	<u>-2,561.</u>	<u>04/15/15</u>	<u> </u>	<u> </u>	<u> </u>
Qtr 2	<u>06/15/15</u>	<u>368.</u>	<u> </u>	<u>368.</u>	<u>06/15/15</u>	<u> </u>	<u> </u>	<u> </u>
		<u>368.</u>	<u>2,561.</u>	<u>-2,193.</u>	<u>06/15/15</u>	<u> </u>	<u> </u>	<u> </u>
Qtr 3	<u>09/15/15</u>	<u>368.</u>	<u> </u>	<u>368.</u>	<u>09/15/15</u>	<u> </u>	<u> </u>	<u> </u>
		<u>368.</u>	<u>2,193.</u>	<u>-1,825.</u>	<u>09/15/15</u>	<u> </u>	<u> </u>	<u> </u>
Qtr 4	<u>01/15/16</u>	<u>368.</u>	<u> </u>	<u>368.</u>	<u>01/15/16</u>	<u> </u>	<u> </u>	<u> </u>
		<u>368.</u>	<u>1,825.</u>	<u>-1,457.</u>	<u>01/15/16</u>	<u> </u>	<u> </u>	<u> </u>

22 Add Column I, Quarters 1 through 4. This is your **late-payment penalty for underpayment of estimated tax**. Enter the total amount here and on your Form IL-1040, Line 33 (round to whole dollars). 22 0

Note You may apply any remaining overpayment from Quarter 4, Column E above to any underpayment when figuring Penalty Worksheet 2, only if the payment date in Column F is after the original due date of the return.

Step 6: Complete the annualization worksheet for Step 2, Line 9b

Complete this worksheet **only** if your income was not received evenly throughout the year and you choose to annualize your income. **Complete Lines 38 through 56 of one column before going to the next, beginning with Column A.**

	A First 3 months	B First 5 months	C First 8 months	D All 12 months
38 Enter your Illinois base income for each period. See instructions.	38 _____	_____	_____	_____
39 Annualization factors.	39 _____ 4	_____ 2.4	_____ 1.5	_____ 1
40 Multiply Line 38 by Line 39. This is your annualized income.	40 _____	_____	_____	_____
41 Exemptions. See instructions.	41 _____	_____	_____	_____
42 Subtract Line 41 from Line 40. This is your Illinois net income.	42 _____	_____	_____	_____
43 Multiply Line 42 by 3.75% (.0375).	43 _____	_____	_____	_____
44 Compassionate use of medical cannabis surcharge. See instructions.	44 _____	_____	_____	_____
45 Add Lines 43 and 44.	45 _____	_____	_____	_____
46 For each period, enter the amount you entered on Step 2, Line 2, Column A.	46 _____	_____	_____	_____
47 Subtract Line 46 from Line 45.	47 _____	_____	_____	_____
48 Applicable percentage.	48 _____ 22.5% (.225)	_____ 45% (.450)	_____ 67.5% (.675)	_____ 90% (.900)
49 Multiply Line 47 by Line 48. This is your annualized installment.	49 _____	_____	_____	_____
50 Add the amounts on Line 56 of each of the preceding columns and enter the total here.	50 _____	_____	_____	_____
51 Subtract Line 50 from Line 49. If less than zero, enter "0."	51 _____	_____	_____	_____
52 Enter the amount you would have entered in Step 2, Line 9b, if you were not annualizing.	52 _____	_____	_____	_____
53 Enter the amount from Line 55 of the preceding column.	53 _____	_____	_____	_____
54 Add Lines 52 and 53.	54 _____	_____	_____	_____
55 If Line 54 is greater than Line 51, subtract Line 51 from Line 54. Otherwise, enter "0."	55 _____	_____	_____	_____ Skip this line for Column D.
56 Enter the lesser of Line 51 or Line 54 here and on Step 2, Line 9b. This is your required installment.	56 _____	_____	_____	_____

