

Form

1040

U.S. Individual Income Tax Return

(99)

2016

OMB No. 1545-0074

IRS Use Only - Do not write or staple in this space.

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

, 2016, ending

, 20

See separate instructions.

Your first name and initial

W. FELTON

Last name

NORWOOD

Your social security number

Spouse's social security number

If a joint return, spouse's first name and initial

MARY

Last name

NORWOOD

Home address (number and street). If you have a P.O. box, see instructions.

3371 HABERSHAM RD NW

Apt. no.

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

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

ATLANTA, GA 30305

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.

Foreign country name

Foreign province/state/county

Foreign postal code

You Spouse

Filing Status

1 Single

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

3 Married filing separately. Enter spouse's SSN above

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

5 Qualifying widow(er) with dependent child

Check only one box.

Exemptions

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

b Spouse

c Dependents:

(1) First name

Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) if child under age 17 qualifying for child tax credit

Boxes checked on 8a and 8b

2

No. of children on 8c 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

2

d Total number of exemptions claimed

If more than four dependents, see instructions and check here

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2

STMT 5

7

48,293.

8a Taxable interest. Attach Schedule B if required

8a

125.

b Tax-exempt interest. Do not include on line 8a

8b

10,625.

9a Ordinary dividends. Attach Schedule B if required

9a

12,428.

b Qualified dividends

9b

6,416.

10 Taxable refunds, credits, or offsets of state and local income taxes

10

11 Alimony received

11

12 Business income or (loss). Attach Schedule C or C-EZ

12

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here

13

13,808.

14 Other gains or (losses). Attach Form 4797

14

2,741.

15a IRA distributions

15a

96,000.

b Taxable amount

15b

92,293.

16a Pensions and annuities

16a

b Taxable amount

16b

0.

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

17

18 Farm income or (loss). Attach Schedule F

18

19 Unemployment compensation

19

20a Social security benefits

20a

25,578.

b Taxable amount

20b

21,741.

21 Other income. List type and amount

SEE STATEMENT 1

21

2,083.

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income

22

193,512.

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

120.

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

120.

37 Subtract line 36 from line 22. This is your adjusted gross income

37

193,392.

610001 11 30 16

LHA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2016)

For the year Jan. 1-Dec. 31, 2015, or other tax year beginning , 2015, ending , 20 **See separate instructions.**

Your first name and initial W. FELTON	Last name NORWOOD	Your social security number [REDACTED]
If a joint return, spouse's first name and initial MARY B.	Last name NORWOOD	Spouse's social security number [REDACTED]
Home address (number and street). If you have a P.O. box, see instructions. 3371 HABERSHAM RD NW		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. ATLANTA, GA 30305		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. <input checked="" type="checkbox"/> You <input checked="" type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	

Filing Status

1 Single

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

3 Married filing separately. Enter spouse's SSN above and full name here. ▶

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

5 Qualifying widow(er) with dependent child

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

If more than four dependents, see instructions and check here

d Total number of exemptions claimed **2**

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	50,786.
8a Taxable interest. Attach Schedule B if required	8a	137.
b Tax-exempt interest. Do not include on line 8a	8b	18,998.
9a Ordinary dividends. Attach Schedule B if required	9a	13,447.
b Qualified dividends	9b	6,685.
10 Taxable refunds, credits, or offsets of state and local income taxes	10	1,583.
11 Alimony received	11	
12 Business income or (loss). Attach Schedule C or C-EZ	12	2,756.
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	3,975.
14 Other gains or (losses). Attach Form 4797	14	-327.
15a IRA distributions	15a	
b Taxable amount	15b	96,000.
16a Pensions and annuities	16a	
b Taxable amount	16b	
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	1,536.
18 Farm income or (loss). Attach Schedule F	18	
19 Unemployment compensation	19	
20a Social security benefits	20a	25,571.
b Taxable amount	20b	21,735.
21 Other income. List type and amount NC, LLC	21	4,923.
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income	22	196,551.

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	195.
28 Self-employed SEP, SIMPLE, and qualified plans	28	
29 Self-employed health insurance deduction	29	2,259.
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	2,454.
37 Subtract line 36 from line 22. This is your adjusted gross income	37	194,097.

Form **1040** U.S. Individual Income Tax Return ⁽⁹⁹⁾ **2014** OMB No 1545-0074 IRS Use Only - Do not write or staple in this space

For the year Jan. 1-Dec. 31, 2014, or other tax year beginning _____, 2014, ending _____, 20

See separate instructions.

Your first name and initial: **W. FELTON** Last name: **NORWOOD** Your social security number: _____

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

Home address (number and street). If you have a P.O. box, see instructions. **3371 HABERSHAM RD NW** Apt. no. _____

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. **ATLANTA, GA 30305**

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

You Spouse

Filing Status

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

Exemptions

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

c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) if child under age 17 qualifying for child tax credit
(1) First name	Last name			

If more than four dependents, see instructions and check here

d Total number of exemptions claimed **2**

Income	7	8a	9a	10	11	12	13	14	15a	16a	17	18	19	20a	20b	21	22	
7 Wages, salaries, tips, etc. Attach Form(s) W-2																		50,778.
8a Taxable interest. Attach Schedule B if required																		147.
b Tax-exempt interest. Do not include on line 8a		8b																24,670.
9a Ordinary dividends. Attach Schedule B if required																		14,743.
b Qualified dividends		9b																6,090.
10 Taxable refunds, credits, or offsets of state and local income taxes				STMT 2	STMT 3													1,857.
11 Alimony received																		
12 Business income or (loss). Attach Schedule C or C-EZ																		
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>																		1,467.
14 Other gains or (losses). Attach Form 4797																		-994.
15a IRA distributions		15a																96,000.
16a Pensions and annuities		16a																
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E																		994.
18 Farm income or (loss). Attach Schedule F																		
19 Unemployment compensation																		
LSE 20a Social security benefits		20a																27,668.
b Taxable amount																		23,896.
21 Other income. List type and amount																		
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income																		188,888.

Adjusted Gross Income	23	24	25	26	27	28	29	30	31a	32	33	34	35	36	37
23 Educator expenses															
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ															
25 Health savings account deduction. Attach Form 8889															
26 Moving expenses. Attach Form 3903															
27 Deductible part of self-employment tax. Attach Schedule SE															
28 Self-employed SEP, SIMPLE, and qualified plans															
29 Self-employed health insurance deduction															
30 Penalty on early withdrawal of savings															
31a Alimony paid b Recipient's SSN															
32 IRA deduction															
33 Student loan interest deduction															
34 Tuition and fees. Attach Form 8917															
35 Domestic production activities deduction. Attach Form 8903															
36 Add lines 23 through 35															
37 Subtract line 36 from line 22. This is your adjusted gross income															188,888.

Form **1040** U.S. Individual Income Tax Return ⁽⁹⁹⁾ **2013** OMB No. 1545-0074 IRS Use Only - Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2013, or other tax year beginning _____, 2013, ending _____, 20

Your first name and initial: **W. FELTON** Last name: **NORWOOD** Your social security number: **[REDACTED]**

If a joint return, spouse's first name and initial: **MARY B.** Last name: **NORWOOD** Spouse's social security number: **[REDACTED]**

Home address (number and street). If you have a P.O. box, see instructions. **3371 HABERSHAM RD NW** Apt. no. _____

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. **ATLANTA, GA 30305**

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

Presidential Election Campaign: You Spouse

Filing Status

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

Exemptions

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

c Dependents:		(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
(1) First name	Last name			

If more than four dependents, see instructions and check here

d Total number of exemptions claimed: **2**

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	
8a	Taxable interest. Attach Schedule B if required	8a	113.
b	Tax-exempt interest. Do not include on line 8a	8b	25,250.
9a	Ordinary dividends. Attach Schedule B if required	9a	10,669.
b	Qualified dividends	9b	5,692.
10	Taxable refunds, credits, or offsets of state and local income taxes	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	-822.
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	
14	Other gains or (losses). Attach Form 4797	14	-140.
15a	IRA distributions	15a	
b	Taxable amount	15b	96,000.
16a	Pensions and annuities	16a	
b	Taxable amount	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	1,141.
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits	20a	24,779.
b	Taxable amount	20b	21,062.
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	128,023.

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	128,023.

For the year Jan. 1-Dec. 31, 2012, or other tax year beginning 2012, ending 2012. See separate instructions. Your first name and initial: W. FELTON, Last name: NORWOOD. Spouse's first name and initial: MARY B., Last name: NORWOOD. Home address: 3371 HABERSHAM RD NW, Apt. no. ATLANTA, GA 30305. Foreign country name, Foreign province/state/county, Foreign postal code.

Filing Status: 1 Single, 2 Married filing jointly (even if only one had income), 3 Married filing separately, 4 Head of household, 5 Qualifying widow(er) with dependent child. Check only one box.

Exemptions: 6a Yourself, 6b Spouse. c Dependents table with columns for (1) First name, Last name, (2) Social security number, (3) Relationship to you, (4) Child under age 17. d Total number of exemptions claimed: 2.

Income: 7 Wages, salaries, tips, etc. 8a Taxable interest: 275. 8b Tax-exempt interest: 29,351. 9a Ordinary dividends: 4,503. 9b Qualified dividends: 2,802. 10-14 Other income. 15a IRA distributions: 96,000. 15b Taxable amount: 95,743. 16a Pensions and annuities. 16b Taxable amount. 17 Rental real estate, royalties, etc. 17 Taxable amount: 1,749. 18 Farm income. 19 Unemployment compensation. 20a Social security benefits: 24,359. 20b Taxable amount: 20,705. 21 Other income. 22 Total income: 188,401.

Adjusted Gross Income: 23 Educator expenses. 24 Business expenses. 25 Health savings account deduction. 26 Moving expenses. 27 Self-employment tax. 28-35 Deductions. 36 Add lines 23 through 35. 37 Subtract line 36 from line 22. This is your adjusted gross income: 188,401.

Form **1040** U.S. Individual Income Tax Return (99) **2011** OMB No. 1545-0074 IRS Use Only - Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2011, or other tax year beginning . 2011, ending . 20 See separate instructions.

Your first name and initial **W. FELTON** Last name **NORWOOD** Your social security number **██████████**

If a joint return, spouse's first name and initial **MARY B.** Last name **NORWOOD** Spouse's social security number **██████████**

Home address (number and street). If you have a P.O. box, see instructions. **3371 HABERSHAM RD NW** Apt. no. **▲ Make sure the SSN(s) above and on line 6c are correct.**

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. **ATLANTA, GA 30305** 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

Foreign country name Foreign province/county Foreign postal code

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) 5 Qualifying widow(er) with dependent child

3 Married filing separately. Enter spouse's SSN above and full name here. ▶

Exemptions

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

b Spouse

(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

If more than four dependents, see instructions and check here ▶

d Total number of exemptions claimed **2**

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

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

Name, Address, and SSN

P R I N T
 For the year Jan. 1-Dec. 31, 2010, or other tax year beginning _____, 2010, ending _____, 20

Your first name and initial: **W. FELTON** Last name: **NORWOOD**
 Your social security number: _____

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

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.: _____
3371 HABERSHAM RD NW

City, town or post office, state, and ZIP code.
ATLANTA, GA 30305

Make sure the SSN(s) above and on line 6c are correct.
 Checking a box below will not change your tax or refund.

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund You Spouse

Filing Status

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

Exemptions

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

c Dependents:

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

Boxes checked on 6a and 6b: **2**
 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: **2**

d Total number of exemptions claimed: **2**

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	838.
8a	Taxable interest. Attach Schedule B if required	8a	202.
b	Tax-exempt interest. Do not include on line 8a	8b	29,161.
9a	Ordinary dividends. Attach Schedule B if required	9a	2,214.
b	Qualified dividends	9b	1,512.
10	Taxable refunds, credits, or offsets of state and local income taxes	10	812.
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	-3,000.
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
b	Taxable amount	15b	96,000.
16a	Pensions and annuities	16a	39,224.
b	Taxable amount	16b	0.
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	-10,490.
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits	20a	23,516.
b	Taxable amount	20b	19,989.
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	106,565.

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	One-half 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 31a and 32 through 35	36	
37	Subtract line 36 from line 22. This is your adjusted gross income	37	106,565.

Label (See instructions on page 14.) Use the IRS label. Otherwise, please print or type. Presidential Election Campaign	For the year Jan. 1-Dec. 31, 2009, or other tax year beginning _____, 2009, ending _____, 20____	OMB No. 1545-0074	
	Your first name and initial W. FELTON	Last name NORWOOD	Your social security number _____
	If a joint return, spouse's first name and initial MARY B.	Last name NORWOOD	Spouse's social security number _____
	Home address (number and street). If you have a P.O. box, see page 14. 3371 HABERSHAM RD NW		Apt. no. _____
City, town or post office, state, and ZIP code. If you have a foreign address, see page 14. ATLANTA, GA 30305		You must enter ▲ your SSN(s) above. ▲ Checking a box below will not change your tax or refund.	

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 14) You Spouse

Filing Status

1 Single
 2 Married filing jointly (even if only one had income)
 3 Married filing separately. Enter spouse's SSN above and full name here.
 4 Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here.
 5 Qualifying widow(er) with dependent child (see page 16)

Exemptions

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

(1) First name		Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) If qualifying child for child tax credit (see page 17)

If more than four dependents, see page 17 and check here

d Total number of exemptions claimed **2**

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	34,551.
8a	Taxable interest. Attach Schedule B if required	8a	249.
b	Tax-exempt interest. Do not include on line 8a	8b	28,131.
9a	Ordinary dividends. Attach Schedule B if required	9a	1,899.
b	Qualified dividends (see page 22)	9b	1,897.
10	Taxable refunds, credits, or offsets of state and local income taxes	10	0.
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	-3,000.
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
b	Taxable amount	15b	96,000.
16a	Pensions and annuities	16a	
b	Taxable amount	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	-15,028.
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation in excess of \$2,400 per recipient (see page 27)	19	
20a	Social security benefits	20a	23,519.
b	Taxable amount (see page 27)	20b	19,991.
21	Other income. List type and amount (see page 29)	21	
22	Add the amounts in the far right column for lines 7 through 21. This is your total income	22	134,662.

Adjusted Gross Income

23	Educator expenses (see page 29)	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	One-half of self-employment tax. Attach Schedule SE	27	
28	Self-employed SEP, SIMPLE, and qualified plans	28	
29	Self-employed health insurance deduction (see page 30)	29	
30	Penalty on early withdrawal of savings	30	
31a	Alimony paid b Recipient's SSN <input type="checkbox"/>	31a	
32	IRA deduction (see page 31)	32	
33	Student loan interest deduction (see page 34)	33	
34	Tuition and fees deduction. Attach Form 8917	34	
35	Domestic production activities deduction. Attach Form 8903	35	
36	Add lines 23 through 31a and 32 through 35	36	
37	Subtract line 36 from line 22. This is your adjusted gross income	37	134,662.

Label (See instructions on page 14.) Use the IRS label. Otherwise, please print or type. Presidential Election Campaign

Form fields for personal information: Your first name and initial (W. FELTON), Last name (NORWOOD), Spouse's first name and initial (MARY B.), Last name (NORWOOD), Home address (3371 HABERSHAM RD NW), City, town or post office, state, and ZIP code (ATLANTA, GA 30305), and Social Security numbers.

Filing Status section with checkboxes for Single, Married filing jointly (checked), Married filing separately, Head of household, and Qualifying widow(er).

Exemptions section including checkboxes for Yourself (checked), Spouse (checked), and Dependents. Includes a table for dependent information.

Income section table with columns for line number, description, and amount. Includes lines 7 through 22.

Adjusted Gross Income section table with columns for line number, description, and amount. Includes lines 23 through 37.

Form **1065**
Department of the Treasury
Internal Revenue Service

U.S. Return of Partnership Income

OMB No. 1545-0099

2011

For calendar year 2011, or tax year beginning 1/1/2011, ending 5/5/2011
▶ See separate instructions.

A Principal business activity Communication	Print or type.	Name of partnership Norwood Communications, LLC			D Employer identification number 58-2614437
B Principal product or service Service		Number, street, and room or suite no. If a P.O. box, see the instructions. 3371 Habersham Road NW			E Date business started 1/1/2000
C Business code number 541519		City or town Atlanta	State GA	ZIP code 30305	F Total assets (see the instructions) \$ 0

G Check applicable boxes: (1) Initial return (2) Final return (3) Name change (4) Address change (5) Amended return
(6) Technical termination - also check (1) or (2)

H Check accounting method: (1) Cash (2) Accrual (3) Other (specify) _____

I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year _____ **2**

J Check if Schedules C and M-3 are attached

Caution. Include **only** trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

Income	1a Merchant card and third-party payments (including amounts reported on Form(s) 1099-K). For 2011, enter -0-	1a	0		
	b Gross receipts or sales not reported on line 1a (see instructions)	1b	14,711		
	c Total. Add lines 1a and 1b	1c	14,711		
	d Returns and allowances plus any other adjustments to line 1a (see instructions)	1d			
	e Subtract line 1d from line 1c	1e	14,711		
	2 Cost of goods sold (attach Form 1125-A)	2	8,041		
3 Gross profit. Subtract line 2 from line 1e	3			6,670	
4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)	4				
5 Net farm profit (loss) (attach Schedule F (Form 1040))	5				
6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)	6			-301	
7 Other income (loss) (attach statement)	7				
8 Total income (loss). Combine lines 3 through 7	8			6,369	
Deductions (see the instructions for limitations)	9 Salaries and wages (other than to partners) (less employment credits)	9			
	10 Guaranteed payments to partners	10			
	11 Repairs and maintenance	11			
	12 Bad debts	12			
	13 Rent	13			
	14 Taxes and licenses	14			
	15 Interest	15			
	16a Depreciation (if required, attach Form 4562)	16a	284		
	b Less depreciation reported on Form 1125-A and elsewhere on return	16b			
	16c Total depreciation. Subtract line 16b from line 16a	16c			284
	17 Depletion (Do not deduct oil and gas depletion.)	17			
	18 Retirement plans, etc.	18			
	19 Employee benefit programs	19			
	20 Other deductions (attach statement)	20			8,719
	21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20	21			9,003
22 Ordinary business income (loss). Subtract line 21 from line 8	22			-2,634	

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member manager) is based on all information of which preparer has any knowledge.

CLIENT COPY

Signature of general partner or limited liability company member manager _____ Date _____

Paid Preparer Use Only

Print/Type preparer's name: Stephen Bancroft
Preparer's signature: *Stephen L. Bancroft*
Date: 2/29/2012

Check if self-employed PTIN: P00142002
Firm's name: Steve Bancroft, CPA
Firm's EIN: 58-1846204
Firm's address: 4095 Clairmont Road
City: Atlanta State: GA Phone no. (770) 455-1644
ZIP code: 30341-3223

Final K-1

Amended K-1

Schedule K-1 (Form 1065)

2011

Department of the Treasury Internal Revenue Service

For calendar year 2011, or tax year beginning 01/01, 2011 ending 05/05, 20 11

Partner's Share of Income, Deductions, Credits, etc. See back of form and separate instructions.

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

Table with 4 columns: Line number, Description, Amount, and Code. Rows include Ordinary business income (loss), Net rental real estate income (loss), Other net rental income (loss), Guaranteed payments, Interest income, Ordinary dividends, Qualified dividends, Royalties, Net short-term capital gain (loss), Net long-term capital gain (loss), Collectibles (28%) gain (loss), Unrecaptured section 1250 gain, Net section 1231 gain (loss), Other income (loss), Section 179 deduction, Other deductions, Self-employment earnings (loss).

Part I Information About the Partnership

Form section for Part I containing fields A (Employer ID), B (Partnership name and address), C (IRS Center), and D (Publicly traded partnership checkbox).

Part II Information About the Partner

Form section for Part II containing fields E (Partner ID), F (Partner name and address), G (Partner type), H (Domestic/Foreign partner), I (Entity type), J (Share of profit/loss/capital table), K (Share of liabilities), and L (Capital account analysis table).

For IRS Use Only section containing a note: *See attached statement for additional information.

U.S. Return of Partnership Income

2010

For calendar year 2010, or tax year beginning _____, ending _____
▶ See separate instructions.

A Principal business activity Communication	Print or type.	Name of partnership Norwood Communications, LLC			D Employer identification number 58-2614437
B Principal product or service Service		Number, street, and room or suite no. If a P.O. box, see the instructions. 3371 Habersham Road NW			E Date business started 1/1/2000
C Business code number 541519		City or town Atlanta	State GA	ZIP code 30305	F Total assets (see the instructions) \$ 32,311

- G** Check applicable boxes: (1) Initial return (2) Final return (3) Name change (4) Address change (5) Amended return (6) Technical termination - also check (1) or (2)
- H** Check accounting method: (1) Cash (2) Accrual (3) Other (specify) _____
- I** Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year _____
- J** Check if Schedules C and M-3 are attached _____

Caution. Include **only** trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

Income	1a Gross receipts or sales	1a	62,369		
	b Less returns and allowances	1b			1c 62,369
	2 Cost of goods sold (Schedule A, line 8)				2
	3 Gross profit. Subtract line 2 from line 1c				3 62,369
	4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)				4
	5 Net farm profit (loss) (attach Schedule F (Form 1040))				5
	6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)				6
	7 Other income (loss) (attach statement)				7
8 Total income (loss). Combine lines 3 through 7				8 62,369	
Deductions (see the instructions for limitations)	9 Salaries and wages (other than to partners) (less employment credits)				9
	10 Guaranteed payments to partners				10
	11 Repairs and maintenance				11
	12 Bad debts				12
	13 Rent				13 20,504
	14 Taxes and licenses				14 30
	15 Interest				15
	16a Depreciation (if required, attach Form 4562)	16a	2,510		
	b Less depreciation reported on Schedule A and elsewhere on return	16b			16c 2,510
	17 Depletion (Do not deduct oil and gas depletion.)				17
	18 Retirement plans, etc.				18
	19 Employee benefit programs				19
	20 Other deductions (attach statement)				20
	21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20				21 54,311
22 Ordinary business income (loss). Subtract line 21 from line 8				22 77,355	
				22 -14,986	

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member manager) is based on all information of which preparer has any knowledge.

Signature of general partner or limited liability company member manager

Date

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only	Print/Type preparer's name Stephen L. Bancroft	Preparer's signature <i>Stephen L. Bancroft</i>	Date 2/16/2011	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00142002
	Firm's name ▶ Steve Bancroft CPA			Firm's EIN ▶ 58-1846204	
	Firm's address ▶ 4095 Clairmont Road			Phone no. (770) 455-1644	
	City Atlanta	State GA		ZIP code 30341-3233	

For Paperwork Reduction Act Notice, see separate instructions.

Schedule K-1 (Form 1065)

2010

Department of the Treasury Internal Revenue Service

For calendar year 2010, or tax year beginning _____, 2010 ending _____, 20 _____

Partner's Share of Income, Deductions, Credits, etc. See back of form and separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number 58-2614437
B Partnership's name, address, city, state, and ZIP code Norwood Communications, LLC 3371 Habersham Road NW Atlanta GA 30305
C IRS Center where partnership filed return Cincinnati, OH 45999-0011
D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's identifying number Partner: 1
F Partner's name, address, city, state, and ZIP code Mary B Norwood 3371 Habersham Road NW Atlanta, GA 30305

G General partner or LLC member-manager (checked) Limited partner or other LLC member
H Domestic partner (checked) Foreign partner
I What type of entity is this partner? Active Individual
J Partner's share of profit, loss, and capital (see instructions):
Beginning Ending
Profit 70.000000% 70.000000%
Loss 70.000000% 70.000000%
Capital 70.000000% 70.000000%

K Partner's share of liabilities at year end:
Nonrecourse \$ 14,000
Qualified nonrecourse financing \$
Recourse \$

L Partner's capital account analysis:
Beginning capital account \$ 18,775
Capital contributed during the year \$
Current year increase (decrease) \$ -10,158
Withdrawals & distributions \$ ()
Ending capital account \$ 8,617

Did the partner contribute property with a built-in gain or loss?
Yes No (checked)
If "Yes", attach statement (see instructions)

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

Table with 4 columns: Line number, Description, Amount, and Code. Includes rows for Ordinary business income (loss) -10,490, Net rental real estate income (loss), Other net rental income (loss), Guaranteed payments, Interest income, Ordinary dividends, Qualified dividends, Royalties, Net short-term capital gain (loss), Net long-term capital gain (loss) 57, Collectibles (28%) gain (loss), Unrecaptured section 1250 gain, Net section 1231 gain (loss), Other income (loss) 36, Section 179 deduction, Other deductions 210, Other information 458, Self-employment earnings (loss) -10,490, and a total of 43,658.

*See attached statement for additional information.

For IRS Use Only

U.S. Return of Partnership Income

OMB No. 1545-0099

For calendar year 2009, or tax year beginning _____, ending _____
▶ See separate instructions.

2009

A Principal business activity Communication	Use the IRS label. Otherwise, print or type.	Name of partnership Norwood Communications, LLC	D Employer identification number 58-2614437
B Principal product or service Service		Number, street, and room or suite no. If a P.O. box, see the instructions. 3371 Habersham Road NW	E Date business started 1/1/2000
C Business code number 541519		City or town State ZIP code Atlanta GA 30305	F Total assets (see the instructions) \$ 46,823

- G** Check applicable boxes: (1) Initial return (2) Final return (3) Name change (4) Address change (5) Amended return
(6) Technical termination - also check (1) or (2)
- H** Check accounting method: (1) Cash (2) Accrual (3) Other (specify) ▶ _____
- I** Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year ▶ _____ **2**
- J** Check if Schedules C and M-3 are attached

Caution. Include **only** trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

Income	1a Gross receipts or sales	1a	58,394		
	b Less returns and allowances	1b	501		1c 57,893
	2 Cost of goods sold (Schedule A, line 8)				2
	3 Gross profit. Subtract line 2 from line 1c				3 57,893
	4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)				4
	5 Net farm profit (loss) (attach Schedule F (Form 1040))				5
	6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)				6
	7 Other income (loss) (attach statement)				7
8 Total income (loss). Combine lines 3 through 7				8 57,893	
Deductions <small>(see the instructions for limitations)</small>	9 Salaries and wages (other than to partners) (less employment credits)				9
	10 Guaranteed payments to partners				10
	11 Repairs and maintenance				11
	12 Bad debts				12
	13 Rent				13
	14 Taxes and licenses				14 394
	15 Interest				15
	16a Depreciation (if required, attach Form 4562)	16a	749		
	b Less depreciation reported on Schedule A and elsewhere on return	16b			16c 749
	17 Depletion (Do not deduct oil and gas depletion.)				17
	18 Retirement plans, etc.				18
19 Employee benefit programs				19	
20 Other deductions (attach statement)				20 78,219	
21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20				21 79,362	
22 Ordinary business income (loss). Subtract line 21 from line 8				22 -21,469	

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member manager) is based on all information of which preparer has any knowledge.

CLIENT COPY

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Signature of general partner or limited liability company member manager _____ Date _____

Paid Preparer's Use Only	Preparer's signature <i>Stephen L. Bancroft</i>	Date 3/4/2010	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN P00142002
	Firm's name (or yours if self-employed), address, and ZIP code Steve Bancroft, CPA 4095 Clairmont Road Atlanta	State GA	EIN 58-1846204	Phone no. (770) 455-1644
			ZIP code 30341-3233	

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Final K-1

Amended K-1

Schedule K-1 (Form 1065)

2009

Department of the Treasury Internal Revenue Service

For calendar year 2009, or tax year beginning _____, 2009 ending _____, 20__

Partner's Share of Income, Deductions, Credits, etc. See back of form and separate instructions.

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

Table with 4 columns: Line number, Description, Column number, and Amount. Includes rows for Ordinary business income (loss), Net rental real estate income (loss), Other net rental income (loss), Guaranteed payments, Interest income, Ordinary dividends, Qualified dividends, Royalties, Net short-term capital gain (loss), Net long-term capital gain (loss), Collectibles (28%) gain (loss), Unrecaptured section 1250 gain, Net section 1231 gain (loss), Other income (loss), Section 179 deduction, Other deductions, Self-employment earnings (loss), and Distributions.

Part I Information About the Partnership

Part I Information About the Partnership. A Partnership's employer identification number: 58-2614437. B Partnership's name, address, city, state, and ZIP code: Norwood Communications, LLC, 3371 Habersham Road NW, Atlanta, GA 30305. C IRS Center where partnership filed return: Cincinnati, OH 45999-0011. D Check if this is a publicly traded partnership (PTP): []

Part II Information About the Partner

Part II Information About the Partner. E Partner's identifying number: Partner: 2. F Partner's name, address, city, state, and ZIP code: Wayne Breivogel, 507 Mirramont Place, Woodstock, GA 30189. G [X] General partner or LLC member-manager. H [X] Domestic partner. I What type of entity is this partner? Active Individual. J Partner's share of profit, loss, and capital (see instructions): Beginning Ending Profit 30.000000% 30.000000% Loss 30.000000% 30.000000% Capital 30.000000% 30.000000%. K Partner's share of liabilities at year end: Nonrecourse \$ 6,000. L Partner's capital account analysis: Beginning capital account \$ 15,319. Ending capital account \$ 8,048. M Did the partner contribute property with a built-in gain or loss? [X] No.

*See attached statement for additional information.

For IRS Use Only. Barcode area.

U.S. Return of Partnership Income

OMB No 1545-0099

2008

For calendar year 2008, or tax year beginning _____, ending _____
 ▶ See separate instructions.

A Principal business activity Communication	Use the IRS label. Otherwise, print or type.	Name of partnership Norwood Communications, LLC	D Employer identification number 58-2614437
B Principal product or service Service		Number, street, and room or suite no. If a P.O. box, see the instructions 3371 Habersham Road NW	E Date business started 1/1/2000
C Business code number 541519		City or town State ZIP code Atlanta GA 30305	F Total assets (see the instructions) \$ 71,060

- G** Check applicable boxes: (1) Initial return (2) Final return (3) Name change (4) Address change (5) Amended return (6) Technical termination - also check (1) or (2)
- H** Check accounting method: (1) Cash (2) Accrual (3) Other (specify) ▶ _____
- I** Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year ▶ _____
- J** Check if Schedule M-3 attached

Caution. Include **only** trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

Income	1a Gross receipts or sales	1a 110,747	1c 110,747
	b Less returns and allowances	1b	
	2 Cost of goods sold (Schedule A, line 6)		2
	3 Gross profit. Subtract line 2 from line 1c		3 110,747
	4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)		4
	5 Net farm profit (loss) (attach Schedule F (Form 1040))		5
	6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)		6
	7 Other income (loss) (attach statement)		7
8 Total income (loss). Combine lines 3 through 7		8 110,747	
Deductions (see the instructions for limitations)	9 Salaries and wages (other than to partners) (less employment credits)		9
	10 Guaranteed payments to partners		10
	11 Repairs and maintenance		11
	12 Bad debts		12
	13 Rent		13
	14 Taxes and licenses		14 807
	15 Interest		15
	16a Depreciation (if required, attach Form 4562)	16a 505	
	b Less depreciation reported on Schedule A and elsewhere on return	16b	
	17 Depletion (Do not deduct oil and gas depletion.)		16c 505
	18 Retirement plans, etc.		17
	19 Employee benefit programs		18
	20 Other deductions (attach statement)		19
	21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20		20 81,723
	22 Ordinary business income (loss). Subtract line 21 from line 8		21 83,035
		22 27,712	

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member manager) is based on all information of which preparer has any knowledge.

CLIENT COPY

Signature of general partner or limited liability company member manager _____ Date _____

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer's Use Only

Preparer's signature *Stephen L. Bancroft* Date 3/11/2009 Check if self-employed Preparer's SSN or PTIN P00142002

Firm's name (or yours if self-employed), address, and ZIP code ▶ Steve Bancroft, CPA 4095 Clairmont Road Atlanta State GA EIN ▶ 58-1846204 Phone no. 770-455-1644 ZIP code 30341-3233

Schedule K-1
(Form 1065)

Department of the Treasury
Internal Revenue Service

2008

For calendar year 2008, or tax
year beginning _____, 2008
ending _____, 20__

**Partner's Share of Income, Deductions,
Credits, etc.** See back of form and separate instructions.

Final K-1

Amended K-1

OMB No. 1545-0047

Part I Information About the Partnership

A Partnership's employer identification number
58-2614437

B Partnership's name, address, city, state, and ZIP code
Norwood Communications, LLC
3371 Habersham Road NW
Atlanta GA 30305

C IRS Center where partnership filed return
Cincinnati, OH 45999-0011

D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's identifying number Partner: 1

F Partner's name, address, city, state, and ZIP code
Mary B Norwood
3371 Habersham Road NW
Atlanta, GA 30305

G General partner or LLC member-manager Limited partner or other LLC member

H Domestic partner Foreign partner

I What type of entity is this partner? Active Individual

J Partner's share of profit, loss, and capital (see instructions):

	Beginning	Ending
Profit	70.0%	70.0%
Loss	70.0%	70.0%
Capital	70.0%	70.0%

K Partner's share of liabilities at year end:

Nonrecourse \$ 14,000

Qualified nonrecourse financing \$

Recourse \$

L Partner's capital account analysis:

Beginning capital account \$ 20,816

Capital contributed during the year \$

Current year increase (decrease) \$ 14,925

Withdrawals & distributions \$ ()

Ending capital account \$ 35,741

Tax basis GAAP Section 704(b) book
 Other (explain)

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items			
1	Ordinary business income (loss)	15	Credits
	19,398		
2	Net rental real estate income (loss)		
3	Other net rental income (loss)	16	Foreign transactions
4	Guaranteed payments		
5	Interest income		
6a	Ordinary dividends		
6b	Qualified dividends		
7	Royalties		
8	Net short-term capital gain (loss)		
9a	Net long-term capital gain (loss)	17	Alternative minimum tax (AMT) items
		A	-9
9b	Collectibles (28%) gain (loss)		
9c	Unrecaptured section 1250 gain		
10	Net section 1231 gain (loss)	18	Tax-exempt income and nondeductible expenses
11	Other income (loss)		
12	Section 179 deduction		
	2,376		
13	Other deductions		
		19	Distributions
		20	Other information
14	Self-employment earnings (loss)		
A	19,398		
C	77,523		

*See attached statement for additional information.

For IRS Use Only

For Paperwork Reduction Act Notice, see Instructions for Form 1065.
(HTA)

U.S. Return of Partnership Income

For calendar year 2007, or tax year beginning _____ ending _____
▶ See separate instructions.

OMB No 1545-0099

2007

A Principal business activity Communication	Use the IRS label. Otherwise, print or type.	Name of partnership Norwood Communications, LLC	D Employer identification number 58-2614437
B Principal product or service Service		Number street and room or suite no. If a P O box, see the instructions 3371 Habersham Road NW	E Date business started 1/1/2000
C Business code number 541519		City or town State ZIP code Atlanta GA 30305	F Total assets (see the instructions) \$ 53,238

G Check applicable boxes: (1) Initial return (2) Final return (3) Name change (4) Address change (5) Amended return

H Check accounting method: (1) Cash (2) Accrual (3) Other (specify) ▶ _____

I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year ▶ _____ **2**

J Check if Schedule M-3 attached

Caution. Include only trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

Income	1a Gross receipts or sales	1a	90,276		
	b Less returns and allowances	1b			
	2 Cost of goods sold (Schedule A, line 8)			1c	90,276
	3 Gross profit. Subtract line 2 from line 1c			3	90,276
	4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)			4	
	5 Net farm profit (loss) (attach Schedule F (Form 1040))			5	
	6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)			6	
	7 Other income (loss) (attach statement)			7	
8 Total income (loss). Combine lines 3 through 7			8	90,276	
Deductions (see the instructions for limitations)	9 Salaries and wages (other than to partners) (less employment credits)			9	
	10 Guaranteed payments to partners			10	
	11 Repairs and maintenance			11	
	12 Bad debts			12	
	13 Rent			13	
	14 Taxes and licenses			14	
	15 Interest			15	287
	16a Depreciation (if required, attach Form 4562)	16a	841		
	b Less depreciation reported on Schedule A and elsewhere on return	16b		16c	841
	17 Depletion (Do not deduct oil and gas depletion.)			17	
	18 Retirement plans, etc.			18	
	19 Employee benefit programs			19	
	20 Other deductions (attach statement)			20	
	21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20			21	81,254
22 Ordinary business income (loss). Subtract line 21 from line 8			22	82,382	

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. Declaration of preparer (other than general partner or limited liability company member manager) is based on all information of which preparer has any knowledge.

Signature of general partner or limited liability company member manager: Stephen L. Bancroft Date: 11/17/2017

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer's Use Only

Preparer's signature: Stephen L. Bancroft Date: 11/17/2017 Check if self-employed Preparer's SSN or PTIN: P00142002

Firm's name (or yours if self-employed): Steve Bancroft, CPA EIN: 58-1846204

address and ZIP code: 3432 Hardee Avenue Phone no: 770-455-1644
Atlanta State GA ZIP code: 30341-3312

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Final K-1

Amended K-1

**Schedule K-1
(Form 1065)**

2007

Department of the Treasury
Internal Revenue Service

For calendar year 2007, or tax
year beginning _____, 2007
ending _____, 20__

**Partner's Share of Income, Deductions,
Credits, etc.** ▶ See back of form and separate instructions.

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items	
1 Ordinary business income (loss) 5,526	15 Credits
2 Net rental real estate income (loss)	16 Foreign transactions
3 Other net rental income (loss)	
4 Guaranteed payments	
5 Interest income	17 Alternative minimum tax (AMT) items A 94
6a Ordinary dividends	
6b Qualified dividends	
7 Royalties	
8 Net short-term capital gain (loss)	18 Tax-exempt income and nondeductible expenses
9a Net long-term capital gain (loss)	
9b Collectibles (28%) gain (loss)	
9c Unrecaptured section 1250 gain	19 Distributions A 2,788
10 Net section 1231 gain (loss)	
11 Other income (loss)	20 Other information
12 Section 179 deduction	
13 Other deductions	
14 Self-employment earnings (loss) A 5,526 C 63,193	

For IRS Use Only

*See attached statement for additional information.

Part I Information About the Partnership

A Partnership's employer identification number
58-2614437

B Partnership's name, address, city, state, and ZIP code
Norwood Communications, LLC
3371 Habersham Road NW
Atlanta GA 30305

C IRS Center where partnership filed return
Ogden, UT 84201-0011

D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's identifying number Partner: 1

F Partner's name, address, city, state, and ZIP code
Mary B Norwood
3371 Habersham Road NW
Atlanta, GA 30305

G General partner or LLC member-manager Limited partner or other LLC member

H Domestic partner Foreign partner

I What type of entity is this partner? Active Individual

J Partner's share of profit, loss, and capital

	Beginning	Ending
Profit	70.0%	70.0%
Loss	70.0%	70.0%
Capital	70.0%	70.0%

K Partner's share of liabilities at year end

Nonrecourse	\$ 16,450
Qualified nonrecourse financing	\$
Recourse	\$

L Partner's capital account analysis

Beginning capital account	\$ 17,490
Capital contributed during the year	\$
Current year increase (decrease)	\$ 6,114
Withdrawals & distributions	\$ (2,788)
Ending capital account	\$ 20,816

Tax basis GAAP Section 704(b) book
 Other (explain)

U.S. Return of Partnership Income

OMB No 1545-0099

2006

For calendar year 2006, or tax year beginning ending
▶ See separate instructions.

A Principal business activity Communication	Use the IRS label. Otherwise, print or type.	Name of partnership Norwood Communications, LLC	D Employer identification no. 58-2614437
B Principal product or service Service		Number, street and room or suite no. If a P.O. box, see the instructions 3371 Habersham Road NW	E Date business started 1/1/2000
C Business code number 541519		City or town State ZIP code Atlanta GA 30305	F Total assets (see the instructions) \$ 54,398

G Check applicable boxes: (1) Initial return (2) Final return (3) Name change (4) Address change (5) Amended return

H Check accounting method: (1) Cash (2) Accrual (3) Other (specify) ▶

I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year **2**

J Check if Schedule M-3 required (attach Schedule M-3)

Caution. Include only trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

Income	1a Gross receipts or sales	1a 89,358	1c 89,358
	b Less returns and allowances	1b	
	2 Cost of goods sold (Schedule A, line 8)		2 27,939
	3 Gross profit. Subtract line 2 from line 1c		3 61,419
	4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)		4
	5 Net farm profit (loss) (attach Schedule F (Form 1040))		5
	6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)		6
	7 Other income (loss) (attach statement)		7
8 Total income (loss). Combine lines 3 through 7		8 61,419	
Deductions (see the instructions for limitations)	9 Salaries and wages (other than to partners) (less employment credits)		9
	10 Guaranteed payments to partners		10 20,000
	11 Repairs and maintenance		11
	12 Bad debts		12
	13 Rent		13
	14 Taxes and licenses		14 178
	15 Interest		15
	16a Depreciation (if required, attach Form 4562)	16a 1,223	
	b Less depreciation reported on Schedule A and elsewhere on return	16b	16c 1,223
	17 Depletion (Do not deduct oil and gas depletion.)		17
	18 Retirement plans, etc.		18 1,850
	19 Employee benefit programs		19
	20 Other deductions (attach statement)		20 52,659
21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20		21 75,910	
22 Ordinary business income (loss). Subtract line 21 from line 8		22 -14,491	
23 Credit for federal telephone excise tax paid (attach Form 8913)		23	

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member manager) is based on all information of which preparer has any knowledge.

▶ Signature of general partner or limited liability company member manager ▶ Date

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer's Use Only	Preparer's signature <i>Stephen L. Bancroft</i>	Date 3/17/2007	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN P00142002
	Firm's name (or yours if self-employed), address and ZIP code Steve Bancroft, CPA 3432 Hardee Avenue Atlanta	State GA	EIN ▶ 58-1843204	Phone no 770-455-1644
			ZIP code 30341-3312	

**Schedule K-1
(Form 1065)**

Department of the Treasury
Internal Revenue Service

2006

For calendar year 2006, or tax
year beginning _____, 2006
ending _____, 20__

**Partner's Share of Income, Deductions,
Credits, etc.** ▶ See back of form and separate instructions.

651106

Final K-1

Amended K-1

OMB No 1545-0099

Part I Information About the Partnership

A Partnership's employer identification number
58-2614437

B Partnership's name, address, city, state, and ZIP code
Norwood Communications, LLC
3371 Habersham Road NW
Atlanta GA 30305

C IRS Center where partnership filed return
Ogden, UT

D Check if this is a publicly traded partnership (PTP)

E Tax shelter registration number, if any _____

F Check if Form 8271 is attached

Part II Information About the Partner

G Partner's identifying number Partner: 1

H Partner's name, address, city, state, and ZIP code
Mary B Norwood
3371 Habersham Road NW
Atlanta, GA 30305

I General partner or LLC member-manager Limited partner or other LLC member

J Domestic partner Foreign partner

K What type of entity is this partner? Active Individual

L Partner's share of profit, loss, and capital

	Beginning	Ending
Profit	70.0%	70.0%
Loss	70.0%	70.0%
Capital	70.0%	70.0%

M Partner's share of liabilities at year end

Nonrecourse	\$	20,588
Qualified nonrecourse financing	\$	
Recourse	\$	

N Partner's capital account analysis

Beginning capital account	\$	28,955
Capital contributed during the year	\$	
Current year increase (decrease)	\$	-11,465
Withdrawals & distributions	\$	()
Ending capital account	\$	17,490

Tax basis GAAP Section 704(b) book
 Other (explain)

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

1 Ordinary business income (loss)	-10,144	16 Credits
2 Net rental real estate income (loss)		
3 Other net rental income (loss)		16 Foreign transactions
4 Guaranteed payments	10,000	
5 Interest income		
6a Ordinary dividends		
6b Qualified dividends		
7 Royalties		
8 Net short-term capital gain (loss)		
9a Net long-term capital gain (loss)		17 Alternative minimum tax (AMT) items
9b Collectibles (28%) gain (loss)		A 111
9c Unrecaptured section 1250 gain		
10 Net section 1231 gain (loss)		18 Tax-exempt income and nondeductible expenses
11 Other income (loss)		
12 Section 179 deduction		19 Distributions
13 Other deductions		
14 Self-employment earnings (loss)		20 Other information

*See attached statement for additional information.

For IRS Use Only

U.S. Return of Partnership Income
For calendar year 2005, or tax year beginning _____ ending _____
▶ See separate instructions.

OMB No 1545-0046
2005

A Principal business activity Communication	Use the IRS label. Otherwise, print or type.	Name of partnership Norwood Communications, LLC			D Employer identification no. 58-2614437
B Principal product or service Service		Number, street, and room or suite no. If a P.O. box, see the instructions 3371 Habersham Road NW			E Date business started 1/1/2000
C Business code number 541519		City or town Atlanta	State GA	ZIP code 30305	F Total assets (see the instructions) \$ 68,339

G Check applicable boxes (1) Initial return (2) Final return (3) Name change (4) Address change (5) Amended return

H Check accounting method: (1) Cash (2) Accrual (3) Other (specify) ▶ _____

I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year ▶ _____ **2**

Caution. Include only trade or business income and expenses on lines 1a through 22 below. See the instructions for more information

Income	1a Gross receipts or sales	1a	84,389				
	b Less returns and allowances	1b	0	1c	84,389		
	2 Cost of goods sold (Schedule A, line 8)	2	33,346				
	3 Gross profit. Subtract line 2 from line 1c	3	51,043				
	4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)	4	0				
	5 Net farm profit (loss) (attach Schedule F (Form 1040))	5	0				
	6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)	6	0				
	7 Other income (loss) (attach statement)	7	0				
8 Total income (loss). Combine lines 3 through 7	8	51,043					
Deductions <small>(see the instructions for limitations)</small>	9 Salaries and wages (other than to partners) (less employment credits)	9	0				
	10 Guaranteed payments to partners	10	0				
	11 Repairs and maintenance	11	0				
	12 Bad debts	12	0				
	13 Rent	13	0				
	14 Taxes and licenses	14	0				
	15 Interest	15	520				
	16a Depreciation (if required, attach Form 4562)	16a	429				
	b Less depreciation reported on Schedule A and elsewhere on return	16b	0	16c	429		
	17 Depletion (Do not deduct oil and gas depletion.)	17	0				
	18 Retirement plans, etc.	18	0				
	19 Employee benefit programs	19	0				
	20 Other deductions (attach statement)	20	34,592				
	21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20	21	35,541				
22 Ordinary business income (loss). Subtract line 21 from line 8	22	15,502					

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member) is based on all information of which preparer has any knowledge.

Signature of general partner or limited liability company member manager: Stephen L. Bancroft Date: 3/15/2006

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer's Use Only

Preparer's signature: Stephen L. Bancroft Date: 3/15/2006 Check if self-employed Preparer's SSN or PTIN: P00142002

Firm's name (or yours if self-employed): Steve Bancroft, CPA EIN: 58-1846204

address and ZIP code: 3432 Hardee Avenue Atlanta, GA 30341-3312

Phone no: 770-455-1644

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Final K-1

Amended K-1

2005

Schedule K-1 (Form 1065)

Department of the Treasury Internal Revenue Service

For calendar year 2005 or tax year beginning 2005 ending 20

Partner's Share of Income, Deductions, Credits, etc. See back of form and separate instructions.

Part I Information About the Partnership
A Partnership's employer identification number 58-2614437
B Partnership's name, address, city, state, and ZIP code Norwood Communications, LLC 3371 Habersham Road NW Atlanta GA 30305
C IRS Center where partnership filed return Ogden, UT
D Check if this is a publicly traded partnership (PTP)
E Tax shelter registration number, if any
F Check if Form 8271 is attached

Part II Information About the Partner
G Partner's identifying number Partner: 1
H Partner's name, address, city, state, and ZIP code Mary B Norwood 3371 Habersham Road NW Atlanta, GA 30305
I General partner or LLC member-manager Limited partner or other LLC member
J Domestic partner Foreign partner
K What type of entity is this partner? Active Individual
L Partner's share of profit, loss, and capital
Beginning Ending
Profit 70% 70%
Loss 70% 70%
Capital 70% 70%
M Partner's share of liabilities at year end
Nonrecourse \$ 18,882
Qualified nonrecourse financing \$ 0
Recourse \$ 0

N Partner's capital account analysis
Beginning capital account \$ 23,198
Capital contributed during the year \$ 0
Current year increase (decrease) \$ 5,757
Withdrawals & distributions \$ ()
Ending capital account \$ 28,955
Tax basis GAAP Section 704(b) book Other (explain)

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items
Table with 20 rows and 2 columns. Row 1: Ordinary business income (loss) 10,851. Row 2: Net rental real estate income (loss) 0. Row 3: Other net rental income (loss) 0. Row 4: Guaranteed payments 0. Row 5: Interest income 0. Row 6a: Ordinary dividends 0. Row 6b: Qualified dividends 0. Row 7: Royalties 0. Row 8: Net short-term capital gain (loss) 0. Row 9a: Net long-term capital gain (loss) 0. Row 9b: Collectibles (28%) gain (loss) 0. Row 9c: Unrecaptured section 1250 gain 0. Row 10: Net section 1231 gain (loss) 0. Row 11: Other income (loss) 0. Row 12: Section 179 deduction 899. Row 13: Other deductions 0. Row 14: Self-employment earnings (loss) 0. Row 15: Credits & credit recapture 0. Row 16: Foreign transactions 0. Row 17: Alternative minimum tax (AMT) items A -134. Row 18: Tax-exempt income and nondeductible expenses 0. Row 19: Distributions 0. Row 20: Other information 0.

*See attached statement for additional information. For IRS Use Only

U.S. Return of Partnership Income

OMB No 1545-0099

2004

For calendar year 2004, or tax year beginning _____, and ending _____
▶ See separate instructions.

A Principal business activity
Communication
B Principal product or service
Service
C Business code number
541519

Use the IRS label. Otherwise, print or type.
Name of partnership
Norwood Communications, LLC
Number, street, and room or suite no. If a P.O. box, see page 14 of the instructions.
3371 Habersham Road NW
City or town State ZIP code
Atlanta GA 30305

D Employer identification no.
58-2614437
E Date business started
1/1/2000
F Total assets (see page 14 of the instructions)
\$ **0**

G Check applicable boxes: (1) Initial return (2) Final return (3) Name change (4) Address change (5) Amended return
H Check accounting method: (1) Cash (2) Accrual (3) Other (specify) _____
I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year _____

Caution: Include only trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

Income	1 a Gross receipts or sales	1a	153,808	1c	153,574
	b Less returns and allowances	1b	234		
	2 Cost of goods sold (Schedule A, line 8)	2		38,000	
	3 Gross profit. Subtract line 2 from line 1c	3		115,574	
	4 Ordinary income (loss) from other partnerships, estates, and trusts (attach schedule)	4		0	
	5 Net farm profit (loss) (attach Schedule F (Form 1040))	5		0	
	6 Net gain (loss) from Form 4797, Part II, line 17	6		0	
	7 Other income (loss) (attach statement)	7		0	
8 Total income (loss). Combine lines 3 through 7	8		115,574		
Deductions (see page 16 of the instructions for limitations)	9 Salaries and wages (other than to partners) (less employment credits)	9		0	
	10 Guaranteed payments to partners	10		0	
	11 Repairs and maintenance	11		0	
	12 Bad debts	12		0	
	13 Rent	13		0	
	14 Taxes and licenses	14		314	
	15 Interest	15		0	
	16 a Depreciation (if required, attach Form 4562)	16a	429		
	b Less depreciation reported on Schedule A and elsewhere on return	16b	0		429
	17 Depletion (Do not deduct oil and gas depletion.)	17		0	
	18 Retirement plans, etc.	18		0	
	19 Employee benefit programs	19		0	
	20 Other deductions (attach statement)	20		69,566	
	21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20	21		70,309	
22 Ordinary business income (loss). Subtract line 21 from line 8	22		45,265		

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member) is based on all information of which preparer has any knowledge.

Signature of general partner or limited liability company member manager: _____ Date: _____

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer's Use Only

Preparer's signature: Stephen L. Bancroft Date: 3/15/2005 Check if self-employed: Preparer's SSN or PTIN: P00142002

Firm's name (or yours if self-employed): Steve Bancroft, CPA EIN: 58-1846204

address, and ZIP code: 3432 Hardee Avenue Phone no. 770-455-1644

Atlanta State GA ZIP code 30341-3312

Schedule K-1 (Form 1065)

2004

Department of the Treasury Internal Revenue Service Tax year beginning 2004 and ending 20

Partner's Share of Income, Deductions, Credits, etc. See back of form and separate instructions.

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items. Table with 20 rows including Ordinary business income (31,885), Net rental real estate income (0), Interest income (0), and Self-employment earnings (80,902).

For IRS Use Only

*See attached statement for additional information.

Part I Information About the Partnership

Form fields for Part I: A Partnership's employer identification number (58-2614437), B Partnership's name, address, city, state, and ZIP code (Norwood Communications, LLC, 3371 Habersham Road NW, Atlanta, GA 30305), C IRS Center where partnership filed return (Ogden, UT), D-F checkboxes for PTP, tax shelter, and Form 8271.

Part II Information About the Partner

Form fields for Part II: G Partner's identifying number (Partner: 1), H Partner's name, address, city, state, and ZIP code (Mary B Norwood, 3371 Habersham Road NW, Atlanta, GA 30305), I-J checkboxes for partner type (Domestic partner checked), K What type of entity is this partner? (Active Individual), L Partner's share of profit, loss, and capital (Beginning/Ending table), M Partner's share of liabilities at year end, N Partner's capital account analysis (Beginning/Ending table), and checkboxes for Tax basis, GAAP, Section 704(b) book, and Other.

U.S. Return of Partnership Income
For calendar year 2003, or tax year beginning _____, and ending _____
▶ See separate instructions.

OMB No 1545-0099

2003

A Principal business activity Communication	Use the IRS label. Otherwise, print or type.	Name of partnership Norwood Communications, LLC	D Employer identification no. 58-2614437
B Principal product or service Service		Number, street, and room or suite no. If a P.O. box, see page 14 of the instructions. 3371 Habersham Road NW	E Date business started 1/1/2000
C Business code number 541519		City or town State ZIP code Atlanta GA 30305	F Total assets (see page 14 of the instructions) \$ 0

G Check applicable boxes: (1) Initial return (2) Final return (3) Name change (4) Address change (5) Amended return

H Check accounting method: (1) Cash (2) Accrual (3) Other (specify) ▶

I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year ▶ 2

Caution: Include only trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

Income	1 a Gross receipts or sales	1a	76,353	1c	76,353
	b Less returns and allowances	1b	0		76,353
	2 Cost of goods sold (Schedule A, line 8)	2	25,156		25,156
	3 Gross profit. Subtract line 2 from line 1c	3	51,197		51,197
	4 Ordinary income (loss) from other partnerships, estates, and trusts (attach schedule)	4	0		0
	5 Net farm profit (loss) (attach Schedule F (Form 1040))	5	0		0
	6 Net gain (loss) from Form 4797, Part II, line 18	6	0		0
	7 Other income (loss) (attach schedule)	7	5,680		5,680
8 Total income (loss). Combine lines 3 through 7	8	56,877		56,877	
Deductions (see page 15 of the instructions for limitations)	9 Salaries and wages (other than to partners) (less employment credits)	9	0		0
	10 Guaranteed payments to partners	10	0		0
	11 Repairs and maintenance	11	0		0
	12 Bad debts	12	0		0
	13 Rent	13	0		0
	14 Taxes and licenses	14	312		312
	15 Interest	15	0		0
	16 a Depreciation (if required, attach Form 4562)	16a	715	16c	715
	b Less depreciation reported on Schedule A and elsewhere on return	16b	0		715
	17 Depletion (Do not deduct oil and gas depletion.)	17	0		0
	18 Retirement plans, etc.	18	0		0
19 Employee benefit programs	19	0		0	
20 Other deductions (attach schedule)	20	55,975		55,975	
21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20	21	57,002		57,002	
22 Ordinary income (loss) from trade or business activities. Subtract line 21 from line 8	22	-125		-125	

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member) is based on all information of which preparer has any knowledge.

▶ Signature of general partner or limited liability company member ▶ Date

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer's Use Only

Preparer's signature ▶ <i>Stephen L. Bancroft</i>	Date 6/15/2004	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN P00142002
Firm's name (or yours if self-employed), address and ZIP code ▶ Steve Bancroft, CPA 3432 Hardee Avenue Atlanta	State GA	EIN 58-1846204	Phone no. 770-455-1644
	State GA	ZIP code 30341-3312	

For Paperwork Reduction Act Notice, see separate instructions.

SCHEDULE K-1 (Form 1065)

Partner's Share of Income, Credits, Deductions, etc.

See separate instructions.

2003

Department of the Treasury Internal Revenue Service

For calendar year 2003 or tax year beginning 2003, and ending 20

Partner's identifying number, Partnership's identifying number, Partner's name, address, and ZIP code, Partnership's name, address, and ZIP code

A This partner is a general partner limited partner
B What type of entity is this partner? Active Individual
C Is this partner a domestic or a foreign partner?
D Enter partner's percentage of Profit sharing Loss sharing Ownership of capital
E IRS Center where partnership filed return: Ogden, UT
F Partner's share of liabilities (see instructions): Nonrecourse Qualified nonrecourse financing Other
G Tax shelter registration number
H Check here if this partnership is a publicly traded partnership as defined in section 469(k)(2)
I Check applicable boxes: (1) Final K-1 (2) Amended K-1

J Analysis of partner's capital account: Table with columns (a) Capital account at beginning of year, (b) Capital contributed during year, (c) Partner's share of lines 3, 4, and 7, (d) Withdrawals and distributions, (e) Capital account at end of year

Table with columns (a) Distributive share item, (b) Amount, (c) 1040 filers enter the amount in column (b) on: Income (Loss), Deductions, Credits

For Paperwork Reduction Act Notice, see Instructions for Form 1065.