**FORM 6**

**FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS**

**2017**

**HANDEL DELIVERED**

**PROCESSED**

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**Hon Aaron Bean**
State Senator, 4th District
Senate
Elected Constitutional Officer
305 Bonniewood Rd
Fernandina, FL 32034-8614

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**PART A – NET WORTH**

Please enter the value of your net worth as of December 31, 2017 or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of **JUNE 8, 2018** was **$1,108,661.87**

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**PART B -- ASSETS**

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds $1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects, household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is **$55,500.00**

**ASSETS INDIVIDUALLY VALUED AT OVER $1,000:**

<table>
<thead>
<tr>
<th>DESCRIPTION OF ASSET (specific description is required - see instructions p.4)</th>
<th>VALUE OF ASSET</th>
</tr>
</thead>
<tbody>
<tr>
<td>RESIDENCE, 305 BONNIEWOOD ROAD, FERNANDINA BCH</td>
<td><strong>$500,000</strong></td>
</tr>
<tr>
<td>HOME, 2001 FRIENDLY ROAD, FERNANDINA BCH, FL</td>
<td><strong>$215,000</strong></td>
</tr>
<tr>
<td>HOME, 84164 ST. PAUL BLVD., YULEE, FL 32097</td>
<td><strong>$160,000</strong></td>
</tr>
<tr>
<td>HOME, 84042 ST. JAMES COURT, YULEE, FL 32097</td>
<td><strong>$155,000</strong></td>
</tr>
</tbody>
</table>

---

**PART C -- LIABILITIES**

See attachment

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**LIABILITIES IN EXCESS OF $1,000 (See instructions on page 4):**

<table>
<thead>
<tr>
<th>NAME AND ADDRESS OF CREDITOR</th>
<th>AMOUNT OF LIABILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>MORTGAGE, BBVA COMPASS, 1742 S. 8TH ST, FB, FL 32034</td>
<td>$209,000.00</td>
</tr>
<tr>
<td>MORTGAGE, SYNOVUS BANK, 1750 S. 14TH ST. FB, FL 32034</td>
<td>$79,870.42</td>
</tr>
<tr>
<td>MORTGAGE, SYNOVUS BANK, 1750 S. 14TH ST. FB, FL 32034</td>
<td>$57,940.41</td>
</tr>
<tr>
<td>MORTGAGE, SYNOVUS BANK, 1750 S. 14TH ST. FB, FL 32034</td>
<td>$67,832.66</td>
</tr>
</tbody>
</table>

---

**JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:**

**NAME AND ADDRESS OF CREDITOR**

**AMOUNT OF LIABILITY**

---

**NONE**

---

(Continued on reverse side)
PART D -- INCOME

Identify each separate source and amount of income which exceeded $1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2017 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission’s website.

I elect to file a copy of my 2017 federal income tax return and all W2’s, schedules, and attachments.

(If you check this box and attach a copy of your 2017 tax return, you need not complete the remainder of Part D.)

PRIMARY SOURCES OF INCOME (See instructions on page 5):

<table>
<thead>
<tr>
<th>NAME OF SOURCE OF INCOME EXCEEDING $1,000</th>
<th>ADDRESS OF SOURCE OF INCOME</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

<table>
<thead>
<tr>
<th>NAME OF BUSINESS ENTITY</th>
<th>NAME OF MAJOR SOURCES OF BUSINESS' INCOME</th>
<th>ADDRESS OF SOURCE</th>
<th>PRINCIPAL BUSINESS ACTIVITY OF SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

<table>
<thead>
<tr>
<th>BUSINESS ENTITY #1</th>
<th>BUSINESS ENTITY #2</th>
<th>BUSINESS ENTITY #3</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF BUSINESS ENTITY</td>
<td>HIGH ENERGY AUCTION COMPANY</td>
<td>AARON BEAN CONSULTING</td>
</tr>
<tr>
<td>ADDRESS OF BUSINESS ENTITY</td>
<td>305 BONNIE VIEW ROAD, FERNANDO L. B. H., FL 32034</td>
<td></td>
</tr>
<tr>
<td>PRINCIPAL BUSINESS ACTIVITY</td>
<td>ENGINEERING, AUCTION, CONSULTING, REAL ESTATE</td>
<td></td>
</tr>
<tr>
<td>POSITION HELD WITH ENTITY</td>
<td>VICE-PRESIDENT</td>
<td>OWNER</td>
</tr>
<tr>
<td>I OWN MORE THAN A 5% INTEREST IN THE BUSINESS</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>NATURE OF MY OWNERSHIP INTEREST</td>
<td>AARON 3 ABIGAIL 10% OWNERS</td>
<td>SOLE PROPRIETOR</td>
</tr>
</tbody>
</table>

PART F - TRAINING

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto are true, accurate, and complete.

STATE OF FLORIDA COUNTY OF 

Sworn to (or affirmed) and subscribed before me this __ day of June, __20__, by Aaron Bean.

(Signature of Notary Public--State of Florida) 

(Print, Type, or Stamp Commissioned Name of Notary Public) 

Personally Known OR Produced Identification 

Type of Identification Produced 

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, ____________________________, prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Signature 

Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

CE FORM 6 - Effective January 1, 2018
Incorporated by reference in Rule 34-8.002(1), F.A.C.
Form 1040
Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return

2017
OMB No. 1545-0074

For the year Jan. 1-Dec. 31, 2017, or other tax year beginning

See separate instructions.

Your first name and initial: Aaron
Last name: Bean
Social security number: ***-**-**
Spouse's first name and initial: Abigail
Last name: Bean
Spouse's social security number: ***-**-**

Home address (number and street): 305 Bonneview Road
City, town or post office, state, and ZIP code: Fernandina Beach, FL 32034
Foreign country name:
Foreign province/state/country:
Foreign postal code:

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): See instructions if the qualifying person is a child but not your dependent, enter this child's name here.
5 Qualifying widow(er) (see instructions)

Check only one box:

Exemptions
2 Sob
8a If someone can claim you as a dependent, do not check box 8a
8b Spouse

Dependants:
First name Last name Social security number Relationship to you
Gray P. Bean **-**-** Son
Walker A. Bean **-**-** Son

Boxes checked on 8a and 8b

Income
7 Wages, salaries, tips, etc. Attach Form(s) W-2
8a Taxable interest. Attach Schedule B if required
8b Noninterest income not reported on Form 1040 (see instructions)
9a Ordinary dividends. Attach Schedule B if required
9b Qualified dividends
10 Taxable refunds,
11 Allowance 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
14 Other gains or (losses). Attach Form 4797
15a IRA distributions
15b Taxable amount
16a Pensions and annuities
16b 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
20b 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 Educator expenses
24 Certain business expenses of reservists, performing artists, and fee-based 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
31b 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

Presidential Election Campaign Check here if you or your spouse if filing jointly paid $2 or more to the

DAA

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.
Aaron P & Abigail B Bean

**Tax and Credits**

Amount from line 37 (adjusted gross income) 38
Check 
You were born before January 2, 1953, Blind 39a
Spouse was born before January 2, 1953, Blind 39b
Total boxes checked 39a
If your spouse itemizes on a separate return or you were a dual-status alien, check here 39b

**Standard Deduction**

If itemized deductions (from Schedule A) or your standard deduction (see left margin) 40
Subtract line 40 from line 38 41
Exemptions, if line 38 is $156,900 or less, multiply $4,050 by the number on line 42. Otherwise, see instructions 42
Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter 0 43
Tax (see inst.). Check if any form a b Form(b) c Form(c) 44
Alternative minimum tax (see instructions). Attach Form 6251 45
Excess advance premium tax credit repayment. Attach Form 8962 46
Add lines 44, 45, and 46 47
Foreign tax credit. Attach Form 1116 if required 48
Credit for child and dependent care expenses. Attach Form 2441 49
Education credits from Form 8863, line 19 50
Retirement savings contributions credit. Attach Form 8880 51
Child tax credit. Attach Schedule 8812, if required 52
Residential energy credits. Attach Form 5695 53
Other credits from Form: a b c 54
Add lines 46 through 54. These are your total credits 55
Subtract line 55 from line 47. If line 55 is more than line 47, enter 0 56

**Other Taxes**

Self-employment tax. Attach Schedule SE 57
Unreported social security and Medicare tax from Form: a b 58
Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 59
Household employment taxes from Schedule H 60
First-time homebuyer credit repayment. Attach Form 5405 if required 61
Health care: individual responsibility (see instructions) Full-year coverage 62
Taxes from: a b c 63
Add lines 56 through 62. This is your total tax 63

**Payments**

Federal income tax withheld from Forms W-2 and 1099 64
2017 estimated tax payments and amount applied from 2016 return 65
Earned income credit (EIC) 66a
Nontaxable combat pay election 66b
Additional child tax credit. Attach Schedule 8812 67
American opportunity credit from Form 8863, line 8 68
Net premium tax credit. Attach Form 6992 69
Amount paid with request for extension to file 70
Excess social security and tier 1 RRTA tax withheld 71
Credit for federal tax on fuels. Attach Form 4136 72
Credits from Form: a b c 73
Add lines 64, 65, 66, and 67 through 73. These are your total payments 74

**Refund**

If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid 75
Amount of line 75 you wish to refund to you. If Form 8888 is attached, check here 76a
Routing number c Type: Checking Savings 76b
c Account number 76c
Amount of line 75 you wish to apply to your 2018 estimated tax 77
Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions 78
Estimated tax penalty (see instructions) 79

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete below. □ No
Designee's name ▲ Preparer Personal Identification number (PIN) ▲ 904-284-3999

**Sign Here**

Public Relations
Executive Director

Paid
Preparer
Date 05/30/18
Preparer's signature
Firm's EIN 904-284-3999

Preparer's name ▲ Robert M. Bradley, CPA
Preparer's address ▲ 203 South Orange Ave
Green Cove Springs FL 32043-4129
Telephone number 904-284-3999

Use Only
Form 1040 (2017)
Aaron Bean Financial Disclosure June 8, 2018

Part B. Assets Valued over $1,000
Cash-BBVA Compass Bank
1742 South 8th Street, Fern. Beach, FL 32034
$5,299.66

Cash-Synovus Bank
1750 South 14th Street, Fernandina Beach, FL 32034
$2,812.37

401K-Lincoln Financial Group
P.O. Box 7875, Ft. Wayne, IN 46801
20.95% Lincoln Stable Value Fund
18.55% AM FDS Fundamental Fund
14.82% MTR West Total Return Bond Fund
13.48% Dreyfus Midcap Index Fund
11.27% INVESTCO Diversified Fund
9.21% AM FDS EUROPACIFIC Fund
6.31% Columbia Small Capital Value Fund
2.89% Nuveen Inflation Fund
2.52% PRUD Global Return Fund & PIMCO Return Fund
$336,871.60

Florida Retirement System Vested Interest Estimate
1801 Hermitage Boulevard, Suite 100, Tallahassee, FL 32308
$73,080.85

Florida Prepaid College Plans Liquid Value
PO Box 6567, Tallahassee, FL 32314-6567
$8,241.67

Blackrock 529 College Savings Plans,
P.O. Box 9783, Providence, RI 02940
Plan B $9,188.81 100% shares of Blackrock Growth Fund Portfolio A
Plan C $15,325.69 100% shares of Blackrock Growth Fund Portfolio A
$24,514.50

Part C. Liabilities in Excess of $1,000
Chase Bank Visa
P.O. Box 94014, Palatine, IL 60094
$18,015.30

Aaron Bean 6/8/18
### Part I

**Interest**

<table>
<thead>
<tr>
<th>Name(s) shown on return</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aaron P &amp; Abigail B Bean</td>
<td></td>
</tr>
</tbody>
</table>

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 the instructions and list this interest first. Also, show that buyer’s social security number and address.

   **State Farm Life Ins Co**

2. Add the amounts on line 1.

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
</tr>
</tbody>
</table>


   **Attach Form 8815**

4. Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a.

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
</tr>
</tbody>
</table>

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

### Part II

**Ordinary Dividends**

<table>
<thead>
<tr>
<th>Name(s) shown on return</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aaron P &amp; Abigail B Bean</td>
<td></td>
</tr>
</tbody>
</table>

5. List name of payer.

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### Part III

**Foreign Accounts and Trusts**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

7a. At any time during 2017, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions.

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

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

8. During 2017, 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.

For Paperwork Reduction Act Notice, see your tax return instructions.
Part I  General Information

You May Use Schedule C-EZ Instead of Schedule C Only If You:

- Had business expenses of $5,000 or less,
- Use the cash method of accounting,
- Did not have an inventory at any time during the year,
- Did not have a net loss from your business,
- Had only one business as either a sole proprietor, qualified joint venture, or statutory employee,

You:

- Had no employees during the year,
- Do not deduct expenses for business use of your home,
- Do not have prior year unallowed passive activity losses from this business, and
- Are not required to file Form 4562, Depreciation and Amortization, for this business. See the instructions for Schedule C, line 13, to find out if you must file.

A  Principal business or profession, including product or service

Consultant

B  Enter business code (see page 2)

561490

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

Aaron Bean Consulting

D  Enter your EIN (see page 2)

E  Business address (including suite or room no.). Address not required if same as on page 1 of your tax return.

305 Bonniewood Road
Fernandina Beach FL 32034

F  Did you make any payments in 2017 that would require you to file Form(s) 1099? (see the instructions for Schedule C)

Yes ☑ No

G  If "Yes," did you or will you file required Forms 1099?

Yes ☑ No

Part II  Figure Your Net Profit

1 Gross receipts. Caution: If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see Statutory employees in the instructions for Schedule C, line 1, and check here

☐ 1 16,562

2 Total expenses (see page 2). If more than $5,000, you must use Schedule C

2 97

3 Net profit. Subtract line 2 from line 1. If less than zero, you must use Schedule C. Enter on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13, and Schedule SE, line 2 (see page 2). (Statutory employees do not report this amount on Schedule SE, line 2.)

Estates and trusts, enter on Form 1041, line 3

3 16,465

Part III  Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 2.

4 When did you place your vehicle in service for business purposes? (month, day, year)

5 Of the total number of miles you drove your vehicle during 2017, enter the number of miles you used your vehicle for:

a Business

b Commuting (see page 2)

c Other

6 Was your vehicle available for personal use during off-duty hours?

Yes ☑ No

7 Do you (or your spouse) have another vehicle available for personal use?

Yes ☑ No

8a Do you have evidence to support your deduction?

Yes ☑ No

b If "Yes," is the evidence written?

Yes ☑ No
**SCHEDULE E**
(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

**Supplemental Income and Loss**

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

Provide Form 1040, 1040NR, or Form 1041.


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**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.

<table>
<thead>
<tr>
<th>A</th>
<th>Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>B</td>
<td>If &quot;Yes,&quot; did you or will you file all required Forms 1099?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1a</th>
<th>Physical address of each property (street, city, state, ZIP code)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>2001 Friendly Road, Fernandina Beach, FL 32034</td>
</tr>
<tr>
<td>B</td>
<td>84164 St. Paul Blvd, Fernandina Beach, FL 32034</td>
</tr>
<tr>
<td>C</td>
<td>84092 St. James Court, Fernandina Beach, FL 32034</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1b</th>
<th>Type of Property (from list below)</th>
<th>2</th>
<th>For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJU box only if you meet the requirements to file as a qualified joint venture. See instructions.</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Single Family Residence</td>
<td>3</td>
<td>365</td>
</tr>
<tr>
<td>B</td>
<td>Vacation/Short-Term Rental</td>
<td>4</td>
<td>365</td>
</tr>
<tr>
<td>C</td>
<td>Self-Rental</td>
<td>5</td>
<td>365</td>
</tr>
<tr>
<td>D</td>
<td>Multi-Family Residence</td>
<td>6</td>
<td>365</td>
</tr>
<tr>
<td>E</td>
<td>Commercial</td>
<td>7</td>
<td>365</td>
</tr>
<tr>
<td>F</td>
<td>Royalties</td>
<td>8</td>
<td>365</td>
</tr>
<tr>
<td>G</td>
<td>Other (describe)</td>
<td>9</td>
<td>365</td>
</tr>
</tbody>
</table>

**Income:**

<table>
<thead>
<tr>
<th>Property</th>
<th>A</th>
<th>B</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 Rents received</td>
<td>8,000</td>
<td>11,840</td>
<td>11,100</td>
</tr>
<tr>
<td>4 Royalties received</td>
<td>4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Expenses:**

| 5 Advertising                          | 5   |   |
| 6 Auto and travel (see instructions)   | 6   |   |
| 7 Cleaning and maintenance             | 7   | 250 | 225 |
| 8 Commissions                          | 8   |   |
| 9 Insurance                            | 9   | 1,868 | 519 | 727 |
| 10 Legal and other professional fees   | 10  |   |
| 11 Management fees                     | 11  |   |
| 12 Mortgage interest paid to banks, etc. (see instructions) | 12 | 6,807 | 6,507 | 6,084 |
| 13 Other interest                      | 13  |   |
| 14 Repairs                             | 14  | 131 |
| 15 Supplies                            | 15  | 160 |
| 16 Taxes                               | 16  | 1,876 | 1,648 | 1,445 |
| 17 Utilities                           | 17  | 550 |
| 18 Depreciation expense or depletion   | 18  | 3,860 | 4,527 | 4,236 |
| 19 Other (list)                         | 19  | 3   | 100 | 209 |

**Total expenses:** Add lines 5 through 19

| 20 Total expenses: Add lines 5 through 19 | 20 | 15,505 | 13,526 | 12,701 |

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 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 21 | -7,505 | -1,686 | -1,601 |

22a Total of all amounts reported on line 3 for all rental properties

| 22a | 30,940 |

22b Total of all amounts reported on line 4 for all royalty properties

| 22b | 19,398 |

22c Total of all amounts reported on line 12 for all properties

| 22c | 12,623 |

22d Total of all amounts reported on line 18 for all properties

| 22d | 41,732 |

22e Total of all amounts reported on line 20 for all properties

| 22e | 0 |

24 Income. Add positive amounts shown on line 21. Do not include any losses

| 24 | 24 |

25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here

| 25 | 25 |

26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here.

| 26 | |

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2017

DAA
Schedule E (Form 1040) 2017

Part II Income or Loss From Partnerships and S Corporations

Note: If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (e) on line 28 and attach Form 8582. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk, excess farm loss, or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section.

Yes X No

<table>
<thead>
<tr>
<th>(a) Name</th>
<th>(b) Enter P for partnership S for S corporation</th>
<th>(c) Check if foreign partnership</th>
<th>(d) Employer identification number</th>
<th>(e) Check if any amount is not at risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>A High Energy Auction Company, Inc.</td>
<td>S</td>
<td>* * * * *</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B High Energy Auction Company, Inc.</td>
<td>S</td>
<td>* * * * *</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Passive Income and Loss

<table>
<thead>
<tr>
<th>(f) Passive loss allowed</th>
<th>(g) Passive income from Schedule K-1</th>
<th>(h) Nonpassive loss from Schedule K-1</th>
<th>(i) Section 179 expense deduction from Form 4682</th>
<th>(j) Nonpassive income from Schedule K-1</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>0</td>
<td>32,066</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>0</td>
<td>32,066</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28a Totals</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Totals</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30 Add columns (g) and (j) of line 29a</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31 Add columns (f), (h), and (i) of line 29b</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td>64,132</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Part III Income or Loss From Estates and Trusts

<table>
<thead>
<tr>
<th>(a) Name</th>
<th>(b) Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td></td>
</tr>
<tr>
<td>B</td>
<td></td>
</tr>
</tbody>
</table>

Passive Income and Loss

<table>
<thead>
<tr>
<th>(c) Passive deduction or loss allowed</th>
<th>(d) Passive income from Schedule K-1</th>
<th>(e) Deduction or loss from Schedule K-1</th>
<th>(f) Other income from Schedule K-1</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>34a Totals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Totals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>35 Add columns (d) and (f) of line 34a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>36 Add columns (c) and (e) of line 34b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td>37</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

Part V Summary

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

40 Net farm rental income or (loss) from Form 4835. Also, complete line 42 below.

41 Total Income or (loss). Combine lines 26, 32, 38, and 40. Enter the result here and on Form 1040, line 17, or Form 1040A, line 18. |

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). |

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. |

Schedule E (Form 1040) 2017

DAA
SCHEDULE SE
(Form 1040)

Self-Employment Tax

Go to www.irs.gov/ScheduleSE for Instructions and the latest information.
Attach to Form 1040 or Form 1040NR.

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

Aaron P Bean

Social security number of person with self-employment income

000-00-0000

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

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

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

Did you receive wages or tips in 2017?

Yes

Was the total of your wages and tips subject to social security or railroad retirement (tier 1) tax plus your net earnings from self-employment more than $127,200?

Yes

Did you receive tips subject to social security or Medicare tax that you didn’t report to your employer?

Yes

Did you report any wages on Form 8919, Uncollected Social Security and Medicare Tax on Wages?

Yes

You must use Long Schedule SE on page 2

No

Did you receive church employee income (see instructions) reported on Form W-2 of $108,28 or more?

Yes

You may use Short Schedule SE below

No

Are you a minister, member of a religious order, or Christian Science practitioner who received IRS approval not to be taxed on earnings from these sources, but you owe self-employment tax on other earnings?

No

Are you using one of the optional methods to figure your net earnings (see instructions)?

No

Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report.

Yes

Combine lines 1a, 1b, and 2

Yes

Multiply line 3 by 92.35% (0.9235). If less than $400, you don’t owe self-employment tax; don’t file this schedule unless you have an amount on line 1b.

Yes

Note: If line 4 is less than $400 due to Conservation Reserve Program payments on line 1b, see instructions.

Self-employment tax. If the amount on line 4 is:

$127,200 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on Form 1040, line 57, or Form 1040NR, line 55

More than $127,200, multiply line 4 by 2.9% (0.029). Then, add $15,772.80 to the result.

Enter the total here and on Form 1040, line 57, or Form 1040NR, line 55

Deduction for one-half of self-employment tax.

Multiply line 5 by 50% (0.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27

For Paperwork Reduction Act Notice, see your tax return instructions.
Form 8582

Passive Activity Loss Limitations

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

Commercial Revitalization Deductions From Rental Real Estate Activities

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

All Other Passive Activities

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

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.

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.

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
6 Enter $150,000. If married filing separately, see instructions
7 Enter modified adjusted gross income, but not less than zero (see instructions)

Note: If line 7 is greater than 0 or equal to 6, skip lines 8 and 9, enter 0- on line 10. Otherwise, go to line 8.

8 Subtract line 7 from line 6
9 Multiply line 8 by 50% (0.50). Do not enter more than $25,000. If married filing separately, see instructions
10 Enter the smaller of line 5 or line 9
11 If line 2c is a loss, go to Part III. Otherwise, go to line 15.

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
12 Enter the loss from line 4
13 Reduce line 12 by the amount on line 10
14 Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13

Total Losses Allowed

15 Add the income, if any, on lines 1a and 3a and enter the total
16 Total losses allowed from all passive activities for 2017. Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return

For Paperwork Reduction Act Notice, see instructions.
## Worksheet 1—For Form 8582, Lines 1a, 1b, and 1c (See instructions.)

<table>
<thead>
<tr>
<th>Name of activity</th>
<th>Current year</th>
<th>Prior years</th>
<th>Overall gain or loss</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(a) Net income (line 1a)</td>
<td>(b) Net loss (line 1b)</td>
<td>(c) Unallowed loss (line 1c)</td>
</tr>
<tr>
<td>See Statement 4</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total. Enter on Form 8582, lines 1a, 1b, and 1c: 10,792 11,771

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

<table>
<thead>
<tr>
<th>Name of activity</th>
<th>(a) Current year deductions (line 2a)</th>
<th>(b) Prior year unallowed deductions (line 2b)</th>
</tr>
</thead>
</table>

Total. Enter on Form 8582, lines 2a and 2b:  

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

<table>
<thead>
<tr>
<th>Name of activity</th>
<th>Current year</th>
<th>Prior years</th>
<th>Overall gain or loss</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(a) Net income (line 3a)</td>
<td>(b) Net loss (line 3b)</td>
<td>(c) Unallowed loss (line 3c)</td>
</tr>
</tbody>
</table>

Total. Enter on Form 8582, lines 3a, 3b, and 3c:  

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

<table>
<thead>
<tr>
<th>Name of activity</th>
<th>Form or schedule and line number to be reported on (see instructions)</th>
<th>(a) Loss</th>
<th>(b) Ratio</th>
<th>(c) Special allowance</th>
<th>(d) Subtract column (c) from column (a)</th>
</tr>
</thead>
</table>

Total: 1.00

## Worksheet 5—Allocation of Unallowed Losses (See instructions.)

<table>
<thead>
<tr>
<th>Name of activity</th>
<th>Form or schedule and line number to be reported on (see instructions)</th>
<th>(a) Loss</th>
<th>(b) Ratio</th>
<th>(c) Unallowed loss</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential Rental</td>
<td>Sch E1</td>
<td>13,717</td>
<td>0.6079</td>
<td>13,717</td>
</tr>
<tr>
<td>Residential Rental</td>
<td>Sch E1</td>
<td>4,193</td>
<td>0.1858</td>
<td>4,193</td>
</tr>
<tr>
<td>Residential Rental</td>
<td>Sch E1</td>
<td>4,653</td>
<td>0.2063</td>
<td>4,653</td>
</tr>
</tbody>
</table>

Total: 22,563 1.00 22,563
### Worksheet 6—Allowed Losses (See instructions.)

<table>
<thead>
<tr>
<th>Name of activity</th>
<th>Form or schedule and line number to be reported on (see instructions)</th>
<th>(a) Loss</th>
<th>(b) Unallowed loss</th>
<th>(c) Allowed loss</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential Rental</td>
<td>Sch E1</td>
<td>13,717</td>
<td>13,717</td>
<td></td>
</tr>
<tr>
<td>Residential Rental</td>
<td>Sch E1</td>
<td>4,193</td>
<td>4,193</td>
<td></td>
</tr>
<tr>
<td>Residential Rental</td>
<td>Sch E1</td>
<td>4,653</td>
<td>4,653</td>
<td></td>
</tr>
</tbody>
</table>

**Total**  

<table>
<thead>
<tr>
<th>a</th>
<th>b</th>
<th>c</th>
</tr>
</thead>
<tbody>
<tr>
<td>22,563</td>
<td>22,563</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of activity:</th>
<th>(a)</th>
<th>(b)</th>
<th>(c) Ratio</th>
<th>(d) Unallowed loss</th>
<th>(e) Allowed loss</th>
</tr>
</thead>
</table>
| Form or schedule and line number to be reported on (see instructions):  
  1a Net loss plus prior year unallowed loss from form or schedule  
  b Net income from form or schedule  
  c Subtract line 1b from line 1a. If zero or less, enter 0.  |

**Total**  

<table>
<thead>
<tr>
<th>a</th>
<th>b</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1.00</td>
</tr>
</tbody>
</table>
### Residential Rental

#### Statement 1 - Schedule E, Line 19 - Other Expenses

<table>
<thead>
<tr>
<th>Description</th>
<th>Gross Amount</th>
<th>Business Use Percentage</th>
<th>Net Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank charges</td>
<td>$____3</td>
<td></td>
<td>$____3</td>
</tr>
<tr>
<td>Total</td>
<td>$____3</td>
<td></td>
<td>$____3</td>
</tr>
</tbody>
</table>

#### Statement 2 - Schedule E, Line 19 - Other Expenses

<table>
<thead>
<tr>
<th>Description</th>
<th>Gross Amount</th>
<th>Business Use Percentage</th>
<th>Net Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank charges</td>
<td>$____3</td>
<td></td>
<td>$____3</td>
</tr>
<tr>
<td>HOA Dues</td>
<td>$____97</td>
<td></td>
<td>$____97</td>
</tr>
<tr>
<td>Total</td>
<td>$____100</td>
<td></td>
<td>$____100</td>
</tr>
</tbody>
</table>

#### Statement 3 - Schedule E, Line 19 - Other Expenses

<table>
<thead>
<tr>
<th>Description</th>
<th>Gross Amount</th>
<th>Business Use Percentage</th>
<th>Net Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank charges</td>
<td>$____3</td>
<td></td>
<td>$____3</td>
</tr>
<tr>
<td>HOA Dues</td>
<td>$____206</td>
<td></td>
<td>$____206</td>
</tr>
<tr>
<td>Total</td>
<td>$____209</td>
<td></td>
<td>$____209</td>
</tr>
<tr>
<td>Description</td>
<td>Current Year Net Income</td>
<td>Current Year Net Loss</td>
<td>Prior Year Unallowed Loss</td>
</tr>
<tr>
<td>--------------------</td>
<td>-------------------------</td>
<td>-----------------------</td>
<td>---------------------------</td>
</tr>
<tr>
<td>Residential Rental</td>
<td>$</td>
<td>$ 7,505</td>
<td>$ 6,212</td>
</tr>
<tr>
<td>Residential Rental</td>
<td>1,686</td>
<td>2,507</td>
<td></td>
</tr>
<tr>
<td>Residential Rental</td>
<td>1,601</td>
<td>3,052</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>$ 0</td>
<td>$ 10,792</td>
<td>$ 11,771</td>
</tr>
</tbody>
</table>