

ILLINOIS INDEPENDENT  
TAX TRIBUNAL

---

---

MEADOWBROOK HOMES, INC.,  
Petitioner,  
v.  
ILLINOIS DEPARTMENT  
OF REVENUE,  
Respondent.

RECEIVED  
FEB 19 2019  
FY: 19TT20

---

---

**PETITION**

The Petitioner, MEADOWBROOK HOMES, INC., hereby petitions the Illinois Independent Tax Tribunal to review and reverse and/or modify the Notice of Deficiency (“Notice”) issued by the Illinois Department of Revenue (“Department”), for the reasons stated below:

**INTRODUCTION**

1. The Notice was issued by the Department on January 11, 2019 assessing taxes in the amount of \$20,137.00 in tax, \$2,013.69 in penalties and \$707.29 in interest for taxable period December 2017. A copy of the Notice is attached to this Petition.

2. Petitioner is a corporation with its principal place of business in Minooka, Illinois.

3. Petitioner is located at 1033 Redwood Lane, Minooka, Illinois 60447, and its telephone number is (815) 467-4700. The Taxpayer account identification is 09746-88256.

4. Schedule NLD and Schedule UB/NLD were filed with the 2017 income tax return.

**BACKGROUND AND RELEVANT FACTS**

5. Petitioner filed a return for taxable period 2017 on September 15, 2018.

6. The Illinois Department of Revenue provided Notice on November 26, 2018 requesting a copy of the 2002 income tax return for Meadowbrook Homes, Inc., a copy of said Notice is attached.

7. On January 14, 2019, a copy of the 2002 income tax return for Meadowbrook Homes, Inc. was provided to the Illinois Department of Revenue.

8. On January 11, 2019, the Illinois Department of Revenue assessed the tax deficiency.

9. The Illinois Department of Revenue now has the information requested from 2002.


**CONCLUSION AND RELIEF REQUESTED**

10. Petitioner has provided the requested documents from the original Notice sent on November 26, 2018.

11. Petitioner requests that the tax deficiency, penalties and interest be waived.

WHEREAS, Petitioner requests that the Notice be modified or canceled for the reasons contained herein.

Meadowbrook Homes, Inc.

By:   
Gary J. Fernandez, Attorney for Petitioner

Gary J. Fernandez  
Gary J. Fernandez & Associates, Ltd.  
1200 Roosevelt Road, Suite 150  
Glen Ellyn, Illinois 60137  
(630) 953-1340  
ARDC 3127103

# Notice of Deficiency

Form IL-1120, Corporation Income and Replacement Tax Return

Rec'd 1/21/19



#BWNKMGV  
#CNXX XX29 2X31 92X9#  
MEADOWBROOK HOMES INC  
1033 REDWOOD LN  
MINOOKA IL 60447-1205

January 11, 2019



Letter ID: CNXXXX292X3192X9

Taxpayer ID: [REDACTED]

Reporting period: December 2017

Total deficiency: \$22,857.98

Balance due: \$22,857.98

We have determined that you owe amounts for the reporting period listed above. The attached statement explains the computation of your deficiency and the balance due. **Illinois law requires that we notify you of this deficiency and your rights.**

**If you agree to this deficiency**, you must pay the total balance due as soon as possible to minimize penalty and interest assessed. Make your check payable to "Illinois Department of Revenue," write your taxpayer ID on your check, and mail a copy of this notice along with your payment.

**If you do not agree, you may contest this notice by following the instructions listed below.**

- **If the amount of this tax deficiency, exclusive of penalty and interest, is more than \$15,000, or if no tax deficiency is assessed but the total penalties and interest is more than \$15,000**, file a petition with the Illinois Independent Tax Tribunal within **60 days** of this notice. Your petition must be in accordance with the rules of practice and procedure provided by the Tribunal (35 ILCS 1010/1-1, *et seq.*).
- **In all other cases**, file a protest with us, the Illinois Department of Revenue, **within 60 days** of this notice. If you file a protest on time, we must reconsider the proposed deficiency, and if requested, grant you or your authorized representative an administrative hearing. An administrative hearing is a formal legal proceeding conducted pursuant to rules adopted by the Department and is presided over by an administrative law judge. Submit your protest on Form EAR-14, Format for Filing a Protest for Income Tax, (available on our website at [tax.illinois.gov](http://tax.illinois.gov)). If we do not receive your protest **within 60 days**, this deficiency will become final. A protest of this notice does not preserve your rights under any other notice.
- **In any case**, you may instead, under Sections 2a and 2a.1 of the State Officers and Employees Money Disposition Act (30 ILCS 230/2a, 230/2a.1), pay the total deficiency under protest using Form RR-374, Notice of Payment Under Protest (available on our website at [tax.illinois.gov](http://tax.illinois.gov)), and file a complaint with the circuit court for a review of our determination.

If you do not protest this notice or pay the balance due in full, we may take collection action against you for the balance due, which may include levy of your wages and bank accounts; filing of a tax lien, or other action.

If you have questions, contact us at the telephone number shown below.

Sincerely,

Ed Buckles  
Acting Director of Revenue

BUSINESS PROCESSING DIVISION  
ILLINOIS DEPARTMENT OF REVENUE  
PO BOX 19014  
SPRINGFIELD IL 62794-9014  
217 557-9676

LTR-393-NLS(R-07/13)



Letter ID: CNXXXX292X3192X9

Taxpayer ID: [REDACTED]

Reporting Period: December 2017

**STATEMENT****Reason for deficiency**

We did not receive the information we requested regarding your Schedule NLD, Net Loss Deduction, or Schedule UB/NLD, Unitary Net Loss Deduction. We have adjusted your account accordingly.

**Penalties**

We are imposing a late-payment penalty because you did not pay the total tax you owe by the original due date of the return, even if you had an extension of time to file. This penalty is based on the amount required to be shown due on your return, minus any timely payments and timely credits. This penalty is figured at increasing rates based on the number of days your payment is late. The penalty rates are

- 2 percent of any amount that is paid no later than 30 days after the due date;
- 10 percent of any amount that is paid later than 30 days after the due date.

[35 ILCS 735-13-3(b-20)(2)]

We are imposing a late-payment penalty for underpayment of estimated tax because you did not make your required estimated tax payments or pay the required amount of estimated tax payment by the payment due date. This penalty is based on the amount shown due on your return, minus any timely payments and timely credits. This penalty is figured at increasing rates based on the number of days your payment is late. The penalty rates are

- 2 percent of any amount that is paid no later than 30 days after the due date;
- 10 percent of any amount that is paid later than 30 days but no later than 90 days after the due date.

[35 ILCS 735/3-3(b-20)(1)]

**Interest**

Interest in the amount of 707.29 has been computed through January 11, 2019.

**Computation of Deficiency**

Tax year ending: December 2017

**Corrected**

	<b>Amount</b>
Base income(loss) allocable to IL	\$233,269.00
IL net loss deduction(NLD)	\$0.00
Net Income	\$233,269.00
Tax Due	\$20,137.00
Plus late-filing or nonfiling penalty	\$0.00
Plus late-payment penalty	\$2,013.69
Plus interest on tax through 01/11/2019	\$707.29
Total deficiency	*\$22,857.98

\*If you intend to pay under protest, you must pay this total deficiency amount.

**Computation of balance due****Reporting Period:12/31/2017**

LTR-393-NLS(R-07/13)

---

---

## **Bankruptcy Information**

If you are currently under the protection of the Federal Bankruptcy Court, contact us and provide the bankruptcy number and the bankruptcy court. The bankruptcy automatic stay does not change the fact that you are required to file tax returns.

## **Taxpayer Bill of Rights**

- You have the right to call the Department of Revenue for help in resolving tax problems.
- You have the right to privacy and confidentiality under most tax laws.
- You have the right to respond, within specified time periods, to Department notices by asking questions, paying the amount due, or providing proof to refute the Departments findings.
- You have the right to appeal Department decisions, in many instances, within specified time periods, by asking for Department review, by filing a petition with the Illinois Independent Tax Tribunal, or by filing a complaint in circuit court.
- If you have overpaid your taxes, you have the right to a credit (or, in some cases, a refund) of that overpayment.
- For more information about these rights and other Department procedures, you may contact us.  
Our contact information is on the front of this notice.

# Return Correction Notice



November 26, 2018



Letter ID: CNXXX2XX647992X1

#BWVKMGV  
#CNXX X2XX 6479 92X1#  
MEADOWBROOK HOMES INC  
1033 REDWOOD LN  
MINOOKA IL 60447-1205

Account ID: 09746-88256  
FEIN: [REDACTED]  
Reporting period: December 2017

## We have found problems with your Form IL-1120, Corporation Income and Replacement Tax Return.

- We disallowed your Illinois Net Loss Deduction (NLD) because we determined you have unfiled returns for the following periods:
  - 12/31/2002

Until you file signed returns for all the unfiled periods listed above you have claimed more loss than our records indicate you have available. Please take the following actions, as applicable, to correct your return:

- Review all your return filings from the date you started your business in Illinois to the tax period indicated above.
- Sign and submit any returns that you failed to submit. This includes any returns showing a loss or no tax liability due to Illinois. In order to avoid processing delays and further correspondence, do not submit these returns to the address shown on your return. Instead, submit your signed returns along with a copy of this notice to the address shown on this notice.
- Provide us with a breakdown for all years showing the amount of income or loss for each year and how you figured the amount of Illinois NLD that you claimed.
- If you have Illinois net loss due to a merger from another FEIN, or you previously filed under a different FEIN, please provide us with the FEIN, the tax year the loss was earned, and the date of the merger.
- Provide any other documentation that would support your Illinois NLD.

✓ **If you have an amount due, send us your payment with the voucher on the enclosed Taxpayer Statement.**

✓ **If a response or missing documentation is required, send it to us within 30 days with a copy of this notice.**

ILLINOIS DEPARTMENT OF REVENUE  
PO BOX 19004  
SPRINGFIELD IL 62794-9004

For questions, visit our website at [tax.illinois.gov](http://tax.illinois.gov) or call us weekdays between 8:00 a.m. and 4:00 p.m. at the telephone number listed below.

1 800-732-8866  
217 782-3336  
TDD 1 800 544-5304

# Account Notice



#BWVKMGV  
#CNXX XX93 2738 X963#  
MEADOWBROOK HOMES INC  
1033 REDWOOD LN  
MINOOKA IL 60447-1205

November 26, 2018



Letter ID: CNXXXX932738X963

Account ID: 09746-88256  
Reporting period: December 2017

## Here is information about your December 2017 Form IL-1120, Corporation Income and Replacement Tax Return.

- You did not make full payment by the required due date.
- You did not make full estimated payment by the required due dates.

As a result we have assessed the amounts shown below.

	<u>Liability</u>	<u>Payments/Credit</u>	<u>Unpaid Balance</u>
Tax	20,137.00	0.00	20,137.00
Late Estimated Payment Penalty	1,812.33	0.00	1,812.33
Late-Payment Penalty	201.36	0.00	201.36
Interest	574.33	0.00	574.33
Totals	22,725.02	0.00	<b>\$22,725.02</b>

If you believe you do not owe an amount identified above or have any questions, please call one of the numbers listed below.

1 800 732-8866  
217 782-3336  
TDD 1 800 544-5304

**Note:** If you are under bankruptcy protection, see the "Bankruptcy Information" section on the following pages of this notice for additional information and instructions.

# Taxpayer Statement



November 26, 2018

TDD 1 800 544-5304



Letter ID: CNXXX21X4XX952X3

Account ID: 09746-88256

FEIN: [REDACTED]

Total amount due: \$22,725.02

#BWNKMGV  
#CNXX X21X 4XX9 52X3#  
MEADOWBROOK HOMES INC  
1033 REDWOOD LN  
MINOOKA IL 60447-1205

This statement lists our most recent information about your unpaid balance, available credits, or returns you have not filed. A payment voucher is included so you may pay the balance due.

## IL Business Income Tax

Account ID: 09746-88256

Period	Tax	Penalty	Interest	Other	Payments/Credits	Balance
31-Dec-2017	20,137.00	2,013.69	574.33	-	-	22,725.02

SCA

Retain this portion for your records.  
Fold and detach on perforation. Return bottom portion with your payment.

P-001282

## Taxpayer Statement (R-12/08) (136)

Letter ID: CNXXX21X4XX952X3  
MEADOWBROOK HOMES INC

Mail this voucher and your payment to:  
ILLINOIS DEPARTMENT OF REVENUE  
PO BOX 19006  
SPRINGFIELD IL 62794-9006



Total amount due: \$22,725.02

Write the amount you are paying below.

\$ \_\_\_\_\_

Write your Account ID on your check.

000 006 019099224163 731 123199 7 0000002272502





Illinois Department of Revenue  
**2002 Form IL-1120**

Corporation Income and  
 Replacement Tax Return

or fiscal year beginning \_\_\_\_/\_\_\_\_/2002, ending \_\_\_\_/\_\_\_\_/20\_\_\_\_  
 Due on or before the 15th day of the 3rd month following the close of the tax year.

Type Name Meadowbrook Homes, Inc.  
 or C/O 5322 Meadowbrook Ct.  
 print Mailing address Plainfield, IL 60544  
 City State ZIP  
 Check the box if your name or address has changed.

Do not write above this line.  
36-3991353  
 Federal employer identification number (FEIN)

Illinois business tax (IBT) number \_\_\_\_\_  
 This is an Illinois combined unitary return. Attach completed Schedule UB.  
 Foreign insurer (see instructions)  
 Check the box if this is your:  First return  
 Final return, complete the questions at the end.

Are you a member of a group filing a federal consolidated return?  yes  no If "yes," write the FEIN of the federal parent \_\_\_\_\_

**Part I — Base income or loss**

- 1 Write your federal taxable income before FNOLD from the worksheet (See specific instructions for Part I.) (Attachments required, see General Information, "What attachments do I need?") 1 235945
- 2 Additions (See specific instructions for Part I.)
  - a State, municipal, and other interest income excluded in arriving at Line 1 above 2a \_\_\_\_\_
  - b Illinois income and replacement tax deducted in arriving at Line 1 above 2b \_\_\_\_\_
  - c Other additions (specify: \_\_\_\_\_) 2c \_\_\_\_\_
- 3 Add Lines 2a through 2c. This is the total of your additions. 3 0
- 4 Add Lines 1 and 3. This is your total income. 4 235945
- 5 Subtractions (See specific instructions for Part I.)
  - a Interest income from U.S. Treasury and other exempt federal obligations 5a \_\_\_\_\_
  - b Enterprise zone or foreign trade zone/sub-zone dividends from Schedule 1299-B 5b \_\_\_\_\_
  - c Enterprise zone contributions from Schedule 1299-B 5c \_\_\_\_\_
  - d Enterprise zone or high impact business interest from Schedule 1299-B 5d \_\_\_\_\_
  - e Contributions to certain job training projects (See specific instructions for Part I.) 5e \_\_\_\_\_
  - f Other subtractions (specify: \_\_\_\_\_) 5f \_\_\_\_\_
- 6 Add Lines 5a through 5f. This is the total of your subtractions. 6 0
- 7 Subtract Line 6 from Line 4. This is your base income or loss. 7 235945  
 If your base income or loss is derived solely inside Illinois, write this amount on Part IV, Line 1.  
 If any portion of your base income or loss is derived outside Illinois, write this amount on Part III, Line 1.

**Part II — Total tax**

- 1 Write the net replacement tax from Part IV, Line 11. 1 0
- 2 Write the net income tax from Part V, Line 6. 2 \_\_\_\_\_
- 3 Add Lines 1 and 2. This is your total net income and replacement tax. 3 \_\_\_\_\_
- 4 a Estimated income and replacement tax payments (Include any 2001 overpayment credited to 2002 income and replacement tax.) 4a \_\_\_\_\_  
 b Income and replacement tax paid with Form IL-505-B (See instructions.) 4b \_\_\_\_\_
- 5 Add Lines 4a and 4b. This is the total of your payments and credit. 5 \_\_\_\_\_
- 6 Overpayment. Subtract Line 3 from Line 5. 6 \_\_\_\_\_  
 a Write the amount of overpayment to be credited to 2003 estimated tax. 6a \_\_\_\_\_
- 7 Tax due. Subtract Line 5 from Line 3. This is your balance of tax due (see instructions). Pay in full if \$1 or more. 7 0  
 If you attached a completed Form IL-2220, check this box.

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete. Do not write in this box.

Sign [Signature] 1/10/19 ( )  
 Signature of authorized officer Date Phone  
 here [Signature] 1/10/19 36-3765934 Check if self-employed   
 Signature of preparer Date Preparer's SSN, FEIN, or PTIN  
GARY FERNANDEZ Assoc. 1200 Roosevelt Rd. Suite 150 (312) 953-1340  
 Preparer firm's name (or yours, if self-employed) Address Phone  
Glen Ellyn, IL 60137

➤ Mail this return to: Illinois Department of Revenue, P.O. Box 19008, Springfield, IL 62794-9008

**Part III — Base income or loss allocable to Illinois**

Complete Part III only if any portion of your base income or loss is derived outside Illinois.

1	Write your base income or loss from Part I, Line 7	1	_____
2	a Nonbusiness income or loss included in Part III, Line 1. (Attach Schedule NB.) Short year filers only: If you are making the business income election, check this box and write zero here and on Part III, Line 7. (See instructions.) → <input type="checkbox"/> 2a _____		
	b Business income or loss from non-unitary partnerships, trusts, and estates included in Part III, Line 1. (See instructions.) 2b _____		
3	Add Lines 2a and 2b. This is the total of your subtractions.	3	_____
4	Subtract Line 3 from Line 1. This is your business income or loss.	4	_____
5	Business income apportionment formula. (Insurance companies (I), financial organizations (F), and transportation companies (T) check the appropriate box and see Special Apportionment Formulas instr.) <input type="checkbox"/> I <input type="checkbox"/> F <input type="checkbox"/> T		
	a Total sales everywhere (cannot be negative) 5a _____		
	b Total sales within Illinois (cannot be negative) 5b _____		
	c Divide Line 5b by Line 5a. (Carry to six decimal places.) This is your apportionment factor. 5c _____		
6	Multiply Line 4 by Line 5c. This is your business income or loss apportionable to Illinois.	6	_____
7	Nonbusiness income or loss allocable to Illinois. (Attach Sch. NB.) If you checked the box on Line 2a, write zero here.	7	_____
8	Business income or loss apportionable to Illinois from non-unitary partnerships, trusts, and estates. (See instr.)	8	_____
9	Add Lines 6 through 8. This is your base income or net loss allocable to Illinois. Write here and on Part IV, Line 1.	9	_____

**Part IV — Net income and replacement tax**

1	Write your base income or loss from Part III, Line 9, if applicable; otherwise from Part I, Line 7. Check this box if Line 1 is a loss and you are electing to only carry this loss forward. (See instructions.) → a <input type="checkbox"/>	1	<u>235945</u>
2	Illinois net loss deduction (NLD). (Attach Schedule NLD.) Write "0" if Line 1 is zero or negative.	2	<u>235945</u>
3	Subtract Line 2 from Line 1 (cannot be less than zero). This is your income after NLD.	3	<u>-0-</u>
4	Write your total base income or loss from Part I, Line 7.	4	_____
5	Divide Line 1 by Line 4. If Line 1 equals or exceeds Line 4, write "1."	5	_____
6	Multiply Line 5 by \$1,000. This is your standard exemption. If you are a short year filer, see General Information.	6	_____
7	Subtract Line 6 from Line 3. This is your net income. Write here and on Part V, Line 1.	7	<u>-0-</u>
8	a Multiply Line 7 by 2.5% (.025). This is your replacement tax. 8a _____		
	b Recapture of investment credits from Schedule 4255. (See instructions.) 8b _____		
9	Add Lines 8a and 8b. This is your total replacement tax before investment credits.	9	_____
10	Investment credits from Form IL-477. (Attach Form IL-477. See instructions.)	10	_____
11	Subtract Line 10 from Line 9 (cannot be less than zero.) This is your net replacement tax. Write here and on Part II, Line 1.	11	<u>-0-</u>

**Part V — Income tax**

1	Write the net income from Part IV, Line 7	1	_____
2	a Multiply Line 1 by 4.8% (.048). This is your income tax. 2a _____		
	b Recapture of investment credits from Schedule 4255. (See instructions.) 2b _____		
3	Add Lines 2a and 2b. This is your total income tax before credits.	3	_____
4	a Income tax credits from Schedule 1299-D (Attach Schedule 1299-D.) 4a _____		
	b Credit for replacement tax paid (from worksheet, see instructions) 4b _____		
	c Carryforward of credit for replacement tax paid (from worksheet) 4c _____		
5	Add Lines 4a through 4c. This is the total of your credits.	5	_____
6	Subtract Line 5 from Line 3 (cannot be less than zero). This is your net income tax. Write here and on Part II, Line 2.	6	<u>-0-</u>

**Part VI — This information must be completed by all taxpayers.**

1	Check the method of accounting used in preparing this return. <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (Specify: _____)	6	If this is your final return, complete the date the business was <input type="checkbox"/> discontinued ____/____/____ or <input type="checkbox"/> sold ____/____/____ Write the new owner's name: _____
2	Write the state where your corporation's trade or business is principally directed or managed. State: <u>IL</u>	7	Write the date and amount of all 2002 Illinois estimated income and replacement tax payments made.
3	Write the city and state where your corporation's accounting records are kept. City: <u>Willow Brook</u> State: <u>IL</u>	1st	____/____/____ \$ _____
4	Write the Illinois address of your principal place of business. Address: <u>300 W. 99th Street</u> City: <u>Willow Brook</u> State: <u>IL</u> ZIP: <u>60527</u>	2nd	____/____/____ \$ _____
5	Write the date of incorporation and state: Date: <u>12/09/1994</u> State: <u>IL</u> Write your principal business activity: <u>defrost INSTRUCTION</u>	3rd	____/____/____ \$ _____
		4th	____/____/____ \$ _____
			Credit from 2001 \$ _____
			Total \$ _____



# Schedule NLD Illinois Net Loss Deduction

Carry year ending

For Illinois net losses arising in tax years ending on or after December 31, 1986.

Attach to your Form IL-1120, IL-1120-ST, IL-1041, IL-1065, IL-1120-X, IL-1120X-PY, or IL-843.

12 2002  
Month Year

Name as shown on your return

Federal employer identification number (FEIN)

McAdams Bookkeeping, Inc

36-399-1353

## Part I: Figure your Illinois net loss deduction (NLD)

Read the instructions before completing this schedule.

"Carry year" is the year to which the loss is being carried.

Write all amounts as positive figures.

	A	B	C
	Earliest loss year ending <u>12/1997</u> Month Year	Loss year ending <u>12/1998</u> Month Year	Loss year ending <u>12/1999</u> Month Year
1 Write your reported Illinois net loss. See instructions.	<u>431,328</u>	<u>1500</u>	<u>47,734</u>
2a Write the carry year and the amount of Illinois net loss previously carried back or forward. See instructions.	Month Year Loss carried	Month Year Loss carried	Month Year Loss carried
b	Month Year Loss carried	Month Year Loss carried	Month Year Loss carried
c	Month Year Loss carried	Month Year Loss carried	Month Year Loss carried
2d Add Lines 2a through 2c. This is your total amount of loss previously carried.	<u>200,540</u>	<u>-</u>	<u>-</u>
3 Subtract Line 2d from Line 1. This is your remaining Illinois net loss.	<u>230,788</u>	<u>1500</u>	<u>47,734</u>
4 Write the Illinois base income for this carry year. See instructions.	<u>235,945</u>	<u>5,157</u>	<u>3,657</u>
5 Write the lesser of Line 3 or Line 4. This is your Illinois net loss deduction (NLD).	<u>230,788</u>	<u>1500</u>	<u>3,657</u>
6 Subtract Line 5 from Line 4. This is your remaining income after NLD.	<u>5,157</u>	<u>3,657</u>	<u>44,077</u>
7 Subtract Line 5 from Line 3. This is your remaining NLD for subsequent years.			<u>44,077</u>

235,945

Total of Columns A, B, and C, Line 5. See instructions.

**Remember:** You must attach supporting documentation to this schedule.

## Part II: Identify the loss year company

Complete this part only if the loss shown on Part I, Line 1, originated from a company other than the one filing this return.

Write the FEIN of the company and the reason (e.g., merger) you are allowed to use that company's losses.

A	B	C
8 FEIN: _____	9 FEIN: _____	10 FEIN: _____
Reason: _____	Reason: _____	Reason: _____



**U.S. Corporation Income Tax Return**

For calendar year 2002 or tax year beginning \_\_\_\_\_, 2002, ending \_\_\_\_\_, 20  
▶ Instructions are separate. See page 20 for Paperwork Reduction Act Notice.

<b>A Check if a:</b> 1 Consolidated return (attach Form 851) <input type="checkbox"/> 2 Personal holding co. (attach Sch. PH) <input type="checkbox"/> 3 Personal service corp. (as defined in Regulations sec. 1.441-3(c)—see instructions) <input type="checkbox"/>	<b>Use IRS label. Otherwise, print or type.</b>	Name <b>Meadowbrook Homes, Inc.</b>	B Employer identification number <b>36 : 3991353</b>
		Number, street, and room or suite no. (If a P.O. box, see page 7 of instructions.) <b>5322 Meadowbrook Street</b>	C Date incorporated <b>12/09/1994</b>
		City or town, state, and ZIP code <b>Plainfield, IL 60544</b>	D Total assets (see page 8 of instructions)

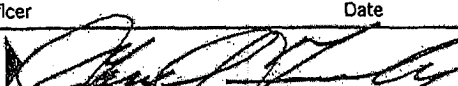
E Check applicable boxes: (1)  Initial return (2)  Final return (3)  Name change (4)  Address change \$ **1,360,468**

Income	1a	Gross receipts or sales	<b>15,428,947</b>	b Less returns and allowances		c Bal ▶	1c	<b>15,428,947</b>
	2	Cost of goods sold (Schedule A, line 8)					2	<b>13,827,734</b>
	3	Gross profit. Subtract line 2 from line 1c					3	<b>1,601,213</b>
	4	Dividends (Schedule C, line 19)					4	
	5	Interest					5	<b>967</b>
	6	Gross rents					6	
	7	Gross royalties					7	
	8	Capital gain net income (attach Schedule D (Form 1120))					8	
	9	Net gain or (loss) from Form 4797, Part II, line 18 (attach Form 4797)					9	
	10	Other income (see page 9 of instructions—attach schedule)					10	
	11	<b>Total income.</b> Add lines 3 through 10					11	<b>1,602,180</b>

Deductions (See instructions for limitations on deductions.)	12	Compensation of officers (Schedule E, line 4)				12	<b>95,699</b>
	13	Salaries and wages (less employment credits)				13	<b>260,811</b>
	14	Repairs and maintenance				14	
	15	Bad debts				15	<b>2,748</b>
	16	Rents				16	
	17	Taxes and licenses				17	<b>39,063</b>
	18	Interest				18	<b>29,288</b>
	19	Charitable contributions (see page 11 of instructions for 10% limitation)				19	
	20	Depreciation (attach Form 4562)	20	<b>2,982</b>			
	21	Less depreciation claimed on Schedule A and elsewhere on return	21a			21b	<b>2,982</b>
	22	Depletion				22	
	23	Advertising				23	<b>82,587</b>
	24	Pension, profit-sharing, etc., plans				24	
	25	Employee benefit programs				25	<b>78,286</b>
26	Other deductions (attach schedule)				26	<b>774,771</b>	
27	<b>Total deductions.</b> Add lines 12 through 26				27	<b>1,366,235</b>	
28	Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11				28	<b>235,945</b>	
29	Less: a Net operating loss (NOL) deduction (see page 13 of instructions)	29a	<b>235,945</b>		29c	<b>235,945</b>	
	b Special deductions (Schedule C, line 20)	29b					

Tax and Payments	30	<b>Taxable income.</b> Subtract line 29c from line 28				30	<b>0</b>
	31	<b>Total tax</b> (Schedule J, line 11)				31	<b>0</b>
	32	Payments: a 2001 overpayment credited to 2002	32a				
		b 2002 estimated tax payments	32b				
		c Less 2002 refund applied for on Form 4466	32c				
		d Bal ▶	32d				
		e Tax deposited with Form 7004	32e				
		f Credit for tax paid on undistributed capital gains (attach Form 2439)	32f				
		g Credit for Federal tax on fuels (attach Form 4136). See instructions	32g			32h	
	33	Estimated tax penalty (see page 14 of instructions). Check if Form 2220 is attached				33	
34	<b>Tax due.</b> If line 32h is smaller than the total of lines 31 and 33, enter amount owed				34	<b>0</b>	
35	<b>Overpayment.</b> If line 32h is larger than the total of lines 31 and 33, enter amount overpaid				35		
36	Enter amount of line 35 you want: Credited to 2003 estimated tax ▶ Refunded ▶				36		

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 taxpayer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b> Signature of officer _____ Date _____ Title _____	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Preparer's signature  Date <b>04/07/2003</b> Check if self-employed <input type="checkbox"/> Preparer's SSN or PTIN	Firm's name (or yours if self-employed), address, and ZIP code: <b>Gary Fernandez &amp; Associa</b> <b>1200 Roosevelt Rd., Suite 310, Glen Ellyn, IL 60137</b>

The corporation is not required to complete Schedules L, M-1, and M-2 if Question 13 on Schedule K is answered "Yes."

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
		(a)	(b)	(c)	(d)
<b>Assets</b>					
1	Cash . . . . .		79,667		206,441
2a	Trade notes and accounts receivable . . . . .	46,519		129,444	
b	Less allowance for bad debts . . . . .	( )	46,519	( )	129,444
3	Inventories . . . . .				
4	U.S. government obligations . . . . .				
5	Tax-exempt securities (see instructions) . . . . .				
6	Other current assets (attach schedule) . . . . .		1,626,825		1,012,970
7	Loans to shareholders . . . . .				
8	Mortgage and real estate loans . . . . .				
9	Other investments (attach schedule) . . . . .				
10a	Buildings and other depreciable assets . . . . .	30,232		31,064	
b	Less accumulated depreciation . . . . .	( 16,469 )	13,763	( 19,451 )	11,613
11a	Depletable assets . . . . .				
b	Less accumulated depletion . . . . .	( )		( )	
12	Land (net of any amortization) . . . . .		7,100		
13a	Intangible assets (amortizable only) . . . . .				
b	Less accumulated amortization . . . . .	( )		( )	
14	Other assets (attach schedule) . . . . .		134,303		
15	<b>Total assets</b> . . . . .		<b>1,908,177</b>		<b>1,360,468</b>
<b>Liabilities and Shareholders' Equity</b>					
16	Accounts payable . . . . .		970,619		852,714
17	Mortgages, notes, bonds payable in less than 1 year . . . . .				
18	Other current liabilities (attach schedule) . . . . .		924,186		109,057
19	Loans from shareholders . . . . .				
20	Mortgages, notes, bonds payable in 1 year or more . . . . .				
21	Other liabilities (attach schedule) . . . . .		303,443		654,314
22	Capital stock: a Preferred stock . . . . .	1,000		1,000	
	b Common stock . . . . .		1,000		1,000
23	Additional paid-in capital . . . . .				
24	Retained earnings—Appropriated (attach schedule) . . . . .				
25	Retained earnings—Unappropriated . . . . .		-291,071		-56,617
26	Adjustments to shareholders' equity (attach schedule) . . . . .				
27	Less cost of treasury stock . . . . .	( )		( )	
28	<b>Total liabilities and shareholders' equity</b> . . . . .		<b>1,908,177</b>		<b>1,360,468</b>

**Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return (see page 20 of instructions)**

1	Net income (loss) per books . . . . .	234,454	7	Income recorded on books this year not included on this return (itemize):	
2	Federal income tax per books . . . . .	0		Tax-exempt interest \$ . . . . .	
3	Excess of capital losses over capital gains . . . . .				
4	Income subject to tax not recorded on books this year (itemize): . . . . .				
5	Expenses recorded on books this year not deducted on this return (itemize):		8	Deductions on this return not charged against book income this year (itemize):	
a	Depreciation . . . . . \$ . . . . .		a	Depreciation . . . . . \$ . . . . .	
b	Charitable contributions \$ . . . . . 331		b	Charitable contributions \$ . . . . .	
c	Travel and entertainment \$ . . . . . 1,160				
		1,491	9	Add lines 7 and 8	
6	Add lines 1 through 5	235,945	10	Income (line 28, page 1)—line 6 less line 9	235,945

**Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Line 25, Schedule L)**

1	Balance at beginning of year . . . . .	-291,071	5	Distributions: a Cash . . . . .	
2	Net income (loss) per books . . . . .	234,454		b Stock . . . . .	
3	Other increases (itemize): . . . . .			c Property . . . . .	
			6	Other decreases (itemize): . . . . .	
			7	Add lines 5 and 6	
4	Add lines 1, 2, and 3	-56,617	8	Balance at end of year (line 4 less line 7)	-56,617



# Illinois Department of Revenue

## 2017 Form IL-1120

### Corporation Income and Replacement Tax Return

See "When should I file?" in the Form IL-1120 instructions for a list of due dates.

If this return is not for calendar year 2017, enter your fiscal tax year here. Tax year beginning _____, ending _____ <small>month day year month day year</small> For tax years ending on or after December 31, 2017. For prior years, use the form for that year.	Enter the amount you are paying. \$ _____
--	--

#### Step 1: Identify your corporation

**A** Enter your complete legal business name.

If you have a name change, check this box.

Name: Meadowbrook Homes, Inc.

**B** Enter your mailing address.

Check this box if either of the following apply:

- this is your first return, or
- you have an address change.

C/O: \_\_\_\_\_

Mailing address: 1033 Redwood Lane

City: Minooka State: IL ZIP: 60047-1205

**C** If this is the first or final return, check the applicable box(es).

First return

Final return (Enter the date of termination. \_\_\_\_\_)  
mm dd yyyy

**D** If this is a final return because you sold this business, enter the date sold (mm dd yyyy) \_\_\_\_\_, and the new owner's FEIN. \_\_\_\_\_

**E** Check the box and see the instructions if your business is a:

Combined return (unitary)

Foreign insurer

**F** If you completed the following, check the box and attach the federal form(s) to this return.

Federal Form 8886

Federal Schedule M-3, Part II, Line 12

**G** Apportionment Formulas. Mark the appropriate box or boxes and see Apportionment Formula instructions.

Insurance companies

Sales companies

Transportation companies

Financial organizations

Federally regulated exchanges

**H** Check this box if you attached Illinois Schedule UB.

**I** Check this box if you attached the Subgroup Schedule.

**J** Check this box if you attached Illinois Schedule 1299-D.

**K** Check this box if you attached Form IL-4562.

**L** Check this box if you attached Illinois Schedule M (for businesses).

**M** Check this box if you attached Schedule 80/20.

**N** Enter your federal employer identification no. (FEIN).

36-3991353

**O** If you are a member of a group filing a federal consolidated return, enter the FEIN of the parent. \_\_\_\_\_

**P** Enter your North American Industry Classification System (NAICS) Code. See instructions.

236110

**Q** Enter your corporate file (charter) number assigned to you by the Secretary of State.

58104051

**R** Enter the city, state, and zip code where your accounting records are kept. (Use the two-letter postal abbreviation, e.g., IL, GA, etc.)

Minooka IL 60047-1205  
City State Zip

**S** If you are making the business income election to treat all nonbusiness income as business income, check this box and enter "0" on Lines 24 and 32.

**T** Check your method of accounting.

Cash  Accrual

Other \_\_\_\_\_

**U** If you are making a discharge of indebtedness adjustment on Schedules NLD or UB/NLD, or Form IL-1120, Line 36, check this box and attach federal Form 982.

**V** If you are a cooperative with an Illinois net loss modification, check this box and attach a completed Schedule INL.

**W** If you annualized your income on Form IL-2220, check this box and attach Form IL-2220.

**X** Check this box if your business activity is protected under Public Law 86-272.

▼ **▶** If you owe tax on Line 66, complete a payment voucher, Form IL-1120-V. Write your FEIN, tax year ending, and "IL-1120-V" on your check or money order and make it payable to "Illinois Department of Revenue." Attach your voucher and payment here.

▶ Enter the amount of your payment on the top of this page in the space provided.

▶ If a payment is not enclosed, mail this return to:

Illinois Department of Revenue  
 P.O. Box 19008  
 Springfield, IL 62794-9008

▶ If a payment is enclosed, mail this return to:

Illinois Department of Revenue  
 P.O. Box 19028  
 Springfield, IL 62794-9028

Attach your payment and Form IL-1120-V here.



Meadowbrook Homes, Inc.  
36-3991353



(Whole dollars only)

**Step 2: Figure your income or loss**

1	Federal taxable income from U.S. Form 1120, Line 30. Attach a copy of your federal return.	1	<u>0.00</u>
2	Net operating loss deduction from U.S. Form 1120, Line 29a. This amount cannot be negative.	2	<u>233,945.00</u>
3	State, municipal, and other interest income excluded from Line 1.	3	<u>.00</u>
4	Illinois income and replacement tax and surcharge deducted in arriving at Line 1.	4	<u>.00</u>
5	Illinois Special Depreciation addition. Attach Form IL-4562.	5	<u>.00</u>
6	Related-party expenses additions. Attach Schedule 80/20.	6	<u>.00</u>
7	Distributive share of additions. Attach Schedule(s) K-1-P or K-1-T.	7	<u>.00</u>
8	Other additions. Attach Schedule M (for businesses).	8	<u>.00</u>
9	Add Lines 1 through 8. This amount is your income or loss.	9	<u>233,945.00</u>

**Step 3: Figure your base income or loss**

10	Interest income from U.S. Treasury and other exempt federal obligations.	10	<u>.00</u>
11	River Edge Redevelopment Zone Dividend subtraction. Attach Schedule 1299-B.	11	<u>.00</u>
12	River Edge Redevelopment Zone Interest subtraction. Attach Schedule 1299-B.	12	<u>.00</u>
13	High Impact Business Dividend subtraction. Attach Schedule 1299-B.	13	<u>.00</u>
14	High Impact Business Interest subtraction. Attach Schedule 1299-B.	14	<u>.00</u>
15	Contribution subtraction. Attach Schedule 1299-B.	15	<u>.00</u>
16	Contributions to certain job training projects. See instructions.	16	<u>.00</u>
17	Foreign Dividend subtraction. Attach Schedule J. See instructions.	17	<u>.00</u>
18	Illinois Special Depreciation subtraction. Attach Form IL-4562.	18	<u>676.00</u>
19	Related-party expenses subtraction. Attach Schedule 80/20.	19	<u>.00</u>
20	Distributive share of subtractions. Attach Schedule(s) K-1-P or K-1-T.	20	<u>.00</u>
21	Other subtractions. Attach Schedule M (for businesses).	21	<u>.00</u>
22	Total subtractions. Add Lines 10 through 21.	22	<u>676.00</u>
23	Base income or loss. Subtract Line 22 from Line 9.	23	<u>233,269.00</u>

<b>STOP</b>	A- If the amount on Line 23 is derived inside Illinois only, check this box and enter the amount from Step 3, Line 23 on Step 5, Line 35. You may not complete Step 4. (You must leave Step 4, Lines 24 through 34 blank.) <input checked="" type="checkbox"/>
	Note → If you are a unitary filer, do not check this box. Check the box on Line B and complete Step 4.
	B- If any portion of the amount on Line 23 is derived outside Illinois, or you are a unitary filer, check this box and complete all lines of Step 4. (Do not leave Lines 28 through 30 blank.) See instructions. <input type="checkbox"/>

**Step 4: Figure your income allocable to Illinois** (Complete only if you checked the box on Line B, above.)

24	Nonbusiness income or loss. Attach Schedule NB.	24	<u>.00</u>
25	Business income or loss included in Line 23 from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions.	25	<u>.00</u>
26	Add Lines 24 and 25.	26	<u>.00</u>
27	Business income or loss. Subtract Line 26 from Line 23.	27	<u>.00</u>
28	Total sales everywhere. This amount cannot be negative.	28	<u></u>
29	Total sales inside Illinois. This amount cannot be negative.	29	<u></u>
30	Apportionment Factor. Divide Line 29 by Line 28 (carry to six decimal places).	30	<u></u>
31	Business income or loss apportionable to Illinois. Multiply Line 27 by Line 30.	31	<u>.00</u>
32	Nonbusiness income or loss allocable to Illinois. Attach Schedule NB.	32	<u>.00</u>
33	Business income or loss apportionable to Illinois from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions.	33	<u>.00</u>
34	Base income or loss allocable to Illinois. Add Lines 31 through 33.	34	<u>.00</u>

Meadowbrook Homes, Inc.  
36-3991353



Step 5: Figure your net income

35	Base income or net loss from Step 3, Line 23, or Step 4, Line 34.	35	<u>233,269.00</u>
36	Discharge of Indebtedness adjustment. Attach federal Form 982. See instructions.	36	<u>0.00</u>
37	Adjusted base income or net loss. Add Lines 35 and 36. See instructions.	37	<u>233,269.00</u>
38	Illinois net loss deduction. Attach Schedule NLD or UB/NLD. If Line 37 is zero or a negative amount, enter "0."	38	<u>233,269.00</u>
39	Net income. Subtract Line 38 from Line 37.	39	<u>0.00</u>

Step 6: Figure your replacement tax after credits

40	Replacement tax. Multiply Line 39 by 2.5% (.025).	40	<u>0.00</u>
41	Recapture of investment credits. Attach Schedule 4255.	41	<u>.00</u>
42	Replacement tax before credits. Add Lines 40 and 41.	42	<u>.00</u>
43	Investment credits. Attach Form IL-477.	43	<u>.00</u>
44	Replacement tax after credits. Subtract Line 43 from Line 42. If the amount is negative, enter "0."	44	<u>0.00</u>

Step 7: Figure your income tax after credits

45	Income tax. See instructions for tax rate calculations.	45	<u>0.00</u>
46	Recapture of investment credits. Attach Schedule 4255.	46	<u>.00</u>
47	Income tax before credits. Add Lines 45 and 46.	47	<u>.00</u>
48	Income tax credits. Attach Schedule 1299-D.	48	<u>.00</u>
49	Income tax after credits. Subtract Line 48 from Line 47. If the amount is negative, enter "0."	49	<u>0.00</u>

Step 8: Figure your refund or balance due

50	Replacement tax before reductions. Enter the amount from Line 44.	50	<u>0.00</u>
51	Foreign Insurer replacement tax reduction. Attach Schedule INS or UB/INS. See instructions.	51	<u>.00</u>
52	Subtract Line 51 from Line 50. This is your net replacement tax.	52	<u>.00</u>
53	Income tax before reductions. Enter the amount from Line 49.	53	<u>0.00</u>
54	Foreign Insurer income tax reduction. Attach Schedule INS or UB/INS. See instructions.	54	<u>.00</u>
55	Subtract Line 54 from Line 53. This is your net income tax.	55	<u>.00</u>
56	Compassionate Use of Medical Cannabis Pilot Program Act surcharge. See instructions.	56	<u>.00</u>
57	Total net income and replacement taxes and surcharge. Add Lines 52, 55, and 56.	57	<u>.00</u>
58	Underpayment of estimated tax penalty from Form IL-2220. See instructions.	58	<u>.00</u>
59	Total tax, surcharge, and penalty. Add Lines 57 and 58.	59	<u>0.00</u>
60	Payments. See instructions.		
	a Credit from prior year overpayments.	60a	<u>.00</u>
	b Total estimated payments.	60b	<u>.00</u>
	c Form IL-505-B (extension) payment.	60c	<u>.00</u>
	d Pass-through withholding payments reported to you on Schedule(s) K-1-P or K-1-T. Attach Schedule(s) K-1-P or K-1-T.	60d	<u>.00</u>
	e Illinois gambling withholding. Attach Form(s) W-2G.	60e	<u>.00</u>
61	Total payments. Add Lines 60a through 60e.	61	<u>.00</u>
62	Overpayment. If Line 61 is greater than Line 59, subtract Line 59 from Line 61.	62	<u>.00</u>
63	Amount to be credited forward. See instructions.	63	<u>.00</u>
64	Refund. Subtract Line 63 from Line 62. This is the amount to be refunded.	64	<u>.00</u>

65 Complete to direct deposit your refund.

Routing Number	Account Number	Checking or Savings

66	Tax due. If Line 59 is greater than Line 61, subtract Line 61 from Line 59. This is the amount you owe.	66	<u>0.00</u>
----	---	----	-------------

Step 9: Sign below - Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

Sign Here	Signature of authorized officer	Date (mm/dd/yyyy)	Title	630-734-8200	<input checked="" type="checkbox"/> Check if the Department may discuss this return with the paid preparer shown in this step.
	Gary Fernandez	09/15/2018	Gary Fernandez		
Paid Preparer Use Only	Print/type paid preparer's name	Paid preparer's signature	Date (mm/dd/yyyy)	Self-employed	P01277638
	Firm's name	Gary Fernandez & Assoc., Ltd.	Firm's EIN		36-3765934
	Firm's address	1200 Roosevelt Rd Ste 150 Glen Ellyn IL 60137-7809	Firm's phone		630-953-1340



Illinois Department of Revenue  
**2017 Schedule NLD**

**Illinois Net Loss Deduction** Page 1 of 3

Carry year ending  
12/31/17  
 Month Year  
**IL Attachment No. 6**

For Illinois net losses arising in tax years ending on or after December 31, 1986.  
 Attach to your Form IL-1120, IL-1120-ST, IL-1041, IL-1065, or corresponding amended return.

Enter your name as shown on your return. Meadowbrook Homes, Inc. Enter your federal employer identification number (FEIN). 36-3991353

**Step 1: Figure your Illinois net loss deduction (NLD)**

- Read the instructions before completing this schedule. Remember: You may be required to attach supporting documentation to this schedule.
- "Carry year" is the year to which the loss is being carried.
- Enter all amounts as positive figures.

	A Loss year that expires first <u>12/31/07</u>		B Loss year ending <u>12/31/08</u>		C Loss year ending <u>12/31/09</u>		
	Month	Year	Month	Year	Month	Year	
1 Enter your reported Illinois net loss. See instructions.	<u>259,538</u>		<u>118,011</u>		<u>271,473</u>		
2a Enter the carry year and the amount of Illinois net loss previously carried back or forward. See instructions.	2a	<u>12/31/12</u>	<u>29,290</u>				
	Month	Year	Loss carried	Month	Year	Loss carried	
<b>Note</b> → If you are reducing your loss due to discharge of indebtedness income, see instructions.	b						
	Month	Year	Loss carried	Month	Year	Loss carried	
	c						
	Month	Year	Loss carried	Month	Year	Loss carried	
2d Add Lines 2a through 2c. This is your total amount of loss previously carried.	2d	<u>29,290</u>					
3 Subtract Line 2d from Line 1. This is your remaining Illinois net loss.		<u>230,248</u>		<u>118,011</u>		<u>271,473</u>	
4 Enter the Illinois base income for this carry year. See instructions.		<u>233,269</u>		<u>3,021</u>		<u>0</u>	
5 Enter the lesser of Line 3 or Line 4. This is your Illinois net loss deduction (NLD).		<u>230,248</u>		<u>3,021</u>		<u>0</u>	
6 Subtract Line 5 from Line 4. This is your remaining income after NLD.		<u>3,021</u>		<u>0</u>		<u>0</u>	
7 Subtract Line 5 from Line 3. This is your remaining NLD for subsequent years.		<u>0</u>		<u>114,990</u>		<u>271,473</u>	

**Line 5 Total**  
 Enter the total of Columns A, B, and C, Line 5 in this box.  
 See instructions.

**Step 2: Identify the loss year company**

Complete this part only if the loss shown on Step 1, Line 1, originated from a company other than the one filing this return. Enter the FEIN of the company, the reason (e.g., merger) you are allowed to use that company's losses, and the date you acquired the loss.

A	B	C
8 FEIN: _____ Reason: _____ _____ Enter the date you acquired this loss: _____ Month Day Year	9 FEIN: _____ Reason: _____ _____ Enter the date you acquired this loss: _____ Month Day Year	10 FEIN: _____ Reason: _____ _____ Enter the date you acquired this loss: _____ Month Day Year



Illinois Department of Revenue  
**2017 Schedule NLD**

**Illinois Net Loss Deduction** Page 2 of 3

Carry year ending  
12/31/17  
 Month Year  
**IL Attachment No. 6**

For Illinois net losses arising in tax years ending on or after December 31, 1986.  
 Attach to your Form IL-1120, IL-1120-ST, IL-1041, IL-1065, or corresponding amended return.  
 Enter your name as shown on your return.

Enter your federal employer identification number (FEIN).

Meadowbrook Homes, Inc.

36-3991353

**Step 1: Figure your Illinois net loss deduction (NLD)**

- Read the instructions before completing this schedule.
  - "Carry year" is the year to which the loss is being carried.
  - Enter all amounts as positive figures.
- Remember:** You may be required to attach supporting documentation to this schedule.

	A	B	C
	Loss year that expires first <u>12/31/10</u>	Loss year ending <u>12/31/13</u>	Loss year ending <u>12/31/14</u>
	Month Year <u>305,859</u>	Month Year <u>22,429</u>	Month Year <u>3,242</u>
<b>1</b> Enter your reported Illinois net loss. See instructions.			
<b>2a</b> Enter the carry year and the amount of Illinois net loss previously carried back or forward. See instructions.	<b>2a</b>		
	Month Year Loss carried	Month Year Loss carried	Month Year Loss carried
	_____	_____	_____
<b>Note</b> → If you are reducing your loss due to discharge of indebtedness income, see instructions.	<b>b</b>		
	Month Year Loss carried	Month Year Loss carried	Month Year Loss carried
	_____	_____	_____
	<b>c</b>		
	Month Year Loss carried	Month Year Loss carried	Month Year Loss carried
	_____	_____	_____
<b>2d</b> Add Lines 2a through 2c. This is your total amount of loss previously carried.	<b>2d</b>		
	_____	_____	_____
<b>3</b> Subtract Line 2d from Line 1. This is your remaining Illinois net loss.	<u>305,859</u>	<u>22,429</u>	<u>3,242</u>
<b>4</b> Enter the Illinois base income for this carry year. See instructions.	<u>0</u>	<u>0</u>	<u>0</u>
<b>5</b> Enter the lesser of Line 3 or Line 4. This is your Illinois net loss deduction (NLD).	<u>0</u>	<u>0</u>	<u>0</u>
<b>6</b> Subtract Line 5 from Line 4. This is your remaining income after NLD.	<u>0</u>	<u>0</u>	<u>0</u>
<b>7</b> Subtract Line 5 from Line 3. This is your remaining NLD for subsequent years.	<u>305,859</u>	<u>22,429</u>	<u>3,242</u>

**Line 5 Total**  
 Enter the total of Columns A, B, and C, Line 5 in this box.  
 See instructions.

**Step 2: Identify the loss year company**

Complete this part only if the loss shown on Step 1, Line 1, originated from a company other than the one filing this return. Enter the FEIN of the company, the reason (e.g., merger) you are allowed to use that company's losses, and the date you acquired the loss.

<p><b>8</b> FEIN: _____                  Reason: _____                  _____                  Enter the date you acquired this loss: _____                  Month Day Year</p>	<p><b>9</b> FEIN: _____                  Reason: _____                  _____                  Enter the date you acquired this loss: _____                  Month Day Year</p>	<p><b>10</b> FEIN: _____                  Reason: _____                  _____                  Enter the date you acquired this loss: _____                  Month Day Year</p>
---	---	--



Illinois Department of Revenue  
**2017 Schedule NLD**

**Illinois Net Loss Deduction** Page 3 of 3

Carry year ending  
12/31/17  
 Month Year  
**IL Attachment No. 6**

For Illinois net losses arising in tax years ending on or after December 31, 1986.  
 Attach to your Form IL-1120, IL-1120-ST, IL-1041, IL-1065, or corresponding amended return.  
 Enter your name as shown on your return.

Enter your federal employer identification number (FEIN).

Meadowbrook Homes, Inc.

36-3991353

**Step 1: Figure your Illinois net loss deduction (NLD)**

- Read the instructions before completing this schedule.
  - "Carry year" is the year to which the loss is being carried.
  - Enter all amounts as positive figures.
- Remember:** You may be required to attach supporting documentation to this schedule.

	A	B	C
	Loss year that expires first <u>12/31/15</u>	Loss year ending <u>12/31/16</u>	Loss year ending _____
	Month Year _____	Month Year _____	Month Year _____
<b>1</b> Enter your reported Illinois net loss. See instructions.	<u>2,285</u>	<u>1,661</u>	_____
<b>2a</b> Enter the carry year and the amount of Illinois net loss previously carried back or forward. See instructions.	2a _____	_____	_____
	Month Year Loss carried	Month Year Loss carried	Month Year Loss carried
<b>Note</b> If you are reducing your loss due to discharge of indebtedness income, see instructions.	b _____	_____	_____
	Month Year Loss carried	Month Year Loss carried	Month Year Loss carried
	c _____	_____	_____
	Month Year Loss carried	Month Year Loss carried	Month Year Loss carried
<b>2d</b> Add Lines 2a through 2c. This is your total amount of loss previously carried.	2d _____	_____	_____
<b>3</b> Subtract Line 2d from Line 1. This is your remaining Illinois net loss.	<u>2,285</u>	<u>1,661</u>	_____
<b>4</b> Enter the Illinois base income for this carry year. See instructions.	0	0	_____
<b>5</b> Enter the lesser of Line 3 or Line 4. This is your Illinois net loss deduction (NLD).	0	0	_____
<b>6</b> Subtract Line 5 from Line 4. This is your remaining income after NLD.	0	0	_____
<b>7</b> Subtract Line 5 from Line 3. This is your remaining NLD for subsequent years.	<u>2,285</u>	<u>1,661</u>	_____

**233,269**

**Line 5 Total**  
 Enter the total of Columns A, B, and C, Line 5 in this box.  
 See instructions.

**Step 2: Identify the loss year company**

Complete this part only if the loss shown on Step 1, Line 1, originated from a company other than the one filing this return. Enter the FEIN of the company, the reason (e.g., merger) you are allowed to use that company's losses, and the date you acquired the loss.

<p><b>8</b> FEIN: _____                  Reason: _____                  _____                  Enter the date you acquired this loss: _____                  Month Day Year</p>	<p><b>9</b> FEIN: _____                  Reason: _____                  _____                  Enter the date you acquired this loss: _____                  Month Day Year</p>	<p><b>10</b> FEIN: _____                  Reason: _____                  _____                  Enter the date you acquired this loss: _____                  Month Day Year</p>
---	---	--



Illinois Department of Revenue

Year ending

**IL-4562 Special Depreciation**12/31/17

For tax years ending on or after September 11, 2001.

Month Year

Attach to your Form IL-1120, IL-1120 ST, IL-1065, IL-1041, or IL-1040.

IL Attachment No. 11

**Step 1: Provide the following information**Meadowbrook Homes, Inc.36-3991353

Enter your name as shown on your return.

Enter your Social Security number (SSN) or federal employer identification number (FEIN).

**Special Note** → You must read the instructions before completing Form IL-4562. Do not use negative figures.**Step 2: Figure your Illinois special depreciation addition**

- 1 Enter the total amount claimed as a special depreciation allowance on federal Form 4562, Depreciation and Amortization, Line 14 or Line 25, for property acquired after September 10, 2001. 1 \_\_\_\_\_
- 2 **Individuals only:** Enter the total amount claimed as a special depreciation allowance from federal Form 2106, Employee Business Expenses. 2 \_\_\_\_\_
- 3 **Last year of regular depreciation:** Enter the total amount of all Illinois depreciation subtractions claimed on prior year IL-4562 forms, Step 3, Line 8, for each property. 3 \_\_\_\_\_
- 4 Add Lines 1 through 3. This is your Illinois special depreciation addition. Enter the total here and see instructions for the list of Illinois form and line references to report this addition. 4 \_\_\_\_\_

**Step 3: Figure your Illinois special depreciation subtraction**

- 5 a Enter the portion of depreciation allowance claimed on federal Form 4562, Line 17, plus Line 19, Column g, plus Line 26, Column h, for property for which you claimed a special depreciation allowance on federal Form 4562, Line 14 or 25, for this tax year, or any other tax year ending after September 10, 2001, for bonus depreciation equal to 30 percent of your basis in the property. 5a \_\_\_\_\_
- b **Individuals only:** If you completed a federal Form 2106 for this tax year, enter the portion of any depreciation deductions included in Lines 4 and 38 for this tax year or any prior tax year for bonus depreciation equal to 30 percent of your basis in the property. 5b \_\_\_\_\_
- c Add Lines 5a and 5b. 5c \_\_\_\_\_
- 6 Multiply Line 5c by 42.9% (0.429). 6 \_\_\_\_\_
- 7 a Enter the portion of depreciation allowance claimed on federal Form 4562, Line 17, plus Line 19, Column g, plus Line 26, Column h, for property for which you claimed a special depreciation allowance on federal Form 4562, Line 14 or 25, for this tax year, or any other tax year ending after September 10, 2001, for bonus depreciation equal to 50 percent of your basis in the property. 7a \_\_\_\_\_ **676**
- b **Individuals only:** If you completed a federal Form 2106 for this tax year, enter the portion of any depreciation deductions included in Lines 4 and 38 for this tax year or any prior tax year for bonus depreciation equal to 50 percent of your basis in the property. 7b \_\_\_\_\_
- c Add Lines 7a and 7b. 7c \_\_\_\_\_ **676**
- d For tax years ending on or before December 31, 2005, multiply Line 7c by 42.9% (0.429). For tax years ending after December 31, 2005, enter the amount from Line 7c. 7d \_\_\_\_\_ **676**
- 8 Add Lines 6 and 7d. 8 \_\_\_\_\_ **676**
- 9 **Last year of regular depreciation:** Enter the Illinois special depreciation addition reported on any prior year Form IL-4562, Step 2, Line 1 plus Line 2, for each property. See instructions. 9 \_\_\_\_\_
- 10 Add Lines 8 and 9. This is your Illinois depreciation subtraction for this year. Enter the total here and see instructions for the list of Illinois form and line references to report this subtraction. 10 \_\_\_\_\_ **676**

→ **Attach this form to your Illinois return.** ←

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty.



1120

Form Department of the Treasury Internal Revenue Service

U.S. Corporation Income Tax Return

For calendar year 2017 or tax year beginning , ending

OMB No. 1545-0123

2017

Go to www.irs.gov/Form1120 for instructions and the latest information.

A Check if: 1a Consolidated return (attach Form 851) 1b Life/nonlife consolidated return 2 Personal holding co. (attach Sch. PH) 3 Personal service corp. (see instructions) 4 Schedule M-3 attached

Name Meadowbrook Homes, Inc. TYPE OR PRINT Number, street, and room or suite no. 1033 Redwood Lane City or town, state, or province, country, and ZIP or foreign postal code Minooka IL 60047-1205

B Employer identification number 36-3991353 C Date incorporated 12/09/1994 D Total assets (see instructions) \$ 39,480

E Check if: (1) Initial return (2) Final return (3) Name change (4) Address change

Income section table with rows 1a-11. 1a Gross receipts or sales 781,359. 1b Returns and allowances. 1c Balance 781,359. 2 Cost of goods sold 546,738. 3 Gross profit 234,621. 11 Total income 234,621.

Deductions section table with rows 12-29c. 12 Compensation of officers. 13 Salaries and wages. 19 Charitable contributions See Stmt 1. 20 Depreciation 676. 27 Total deductions 676. 28 Taxable income before net operating loss deduction 233,945. 29a Net operating loss deduction 233,945. 29c Add lines 29a and 29b 233,945.

Tax, Refundable Credits, and Payments section table with rows 30-36. 30 Taxable income 0. 31 Total tax 0. 32 Total payments and refundable credits. 33 Estimated tax penalty. 34 Amount owed. 35 Overpayment. 36 Enter amount from line 35 you want: Credited to 2018 estimated tax Refunded.

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 taxpayer) is based on all information of which preparer has any knowledge. May the IRS discuss this return with the preparer shown below? See instructions. [X] Yes [ ] No

Paid Preparer Use Only Print/Type preparer's name Gary Fernandez Preparer's signature Gary Fernandez Date 09/15/18 Check self-employed if PTIN P01277638 Firm's name Gary Fernandez & Assoc., Ltd. Firm's EIN 36-3765934 Firm's address 1200 Roosevelt Rd Ste 150 Glen Ellyn, IL 60137-7809 Phone no. 630-953-1340

**Schedule C Dividends and Special Deductions (see instructions)**

	(a) Dividends received	(b) %	(c) Special deductions (a) x (b)
1 Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock)		70	
2 Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock)		80	
3 Dividends on debt-financed stock of domestic and foreign corporations		see instructions	
4 Dividends on certain preferred stock of less-than-20%-owned public utilities		42	
5 Dividends on certain preferred stock of 20%-or-more-owned public utilities		48	
6 Dividends from less-than-20%-owned foreign corporations and certain FSCs		70	
7 Dividends from 20%-or-more-owned foreign corporations and certain FSCs		80	
8 Dividends from wholly owned foreign subsidiaries		100	
9 <b>Total.</b> Add lines 1 through 8. See instructions for limitation			
10 Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958		100	
11 Dividends from affiliated group members		100	
12 Dividends from certain FSCs		100	
13 Dividends from foreign corporations not included on line 3, 6, 7, 8, 11, or 12			
14 Income from controlled foreign corporations under subpart F (attach Form(s) 5471)			
15 Foreign dividend gross-up			
16 IC-DISC and former DISC dividends not included on line 1, 2, or 3			
17 Other dividends			
18 Deduction for dividends paid on certain preferred stock of public utilities			
19 <b>Total dividends.</b> Add lines 1 through 17. Enter here and on page 1, line 4			
20 <b>Total special deductions.</b> Add lines 9, 10, 11, 12, and 18. Enter here and on page 1, line 29b			

Schedule J Tax Computation and Payment (see instructions)

Part I-Tax Computation

Table with 11 rows for tax computation. Line 1: Check if the corporation is a member of a controlled group... Line 2: Income tax... Line 3: Alternative minimum tax... Line 4: Add lines 2 and 3... Line 5a-5e: Foreign tax credit, credit from Form 8834, general business credit, credit for prior year minimum tax, bond credits... Line 6: Total credits... Line 7: Subtract line 6 from line 4... Line 8: Personal holding company tax... Line 9a-9f: Recapture of investment credit, low-income housing credit, interest due under look-back method... Line 10: Total... Line 11: Total tax... Total tax amount: 0.

Part II-Payments and Refundable Credits

Table with 11 rows for payments and refundable credits. Line 12: 2016 overpayment credited to 2017... Line 13: 2017 estimated tax payments... Line 14: 2017 refund applied for on Form 4466... Line 15: Combine lines 12, 13, and 14... Line 16: Tax deposited with Form 7004... Line 17: Withholding... Line 18: Total payments... Line 19: Refundable credits from: a) Form 2439, b) Form 4136, c) Form 8827, line 8c, d) Other... Line 20: Total credits... Line 21: Total payments and credits... Total payments and credits amount: 0.

Schedule K Other Information (see instructions)

Table with 4 rows for other information. Row 1: Check accounting method: a) Cash, b) Accrual (checked), c) Other... Row 2: See the instructions and enter the: a) Business activity code no. 236110, b) Business activity Builders, c) Product or service Residential Homes... Row 3: Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? (checked)... Row 4: At the end of the tax year: a) Did any foreign or domestic corporation, partnership, trust, or tax-exempt organization own directly 20% or more... b) Did any individual or estate own directly 20% or more... (checked).

Schedule K Other Information (continued from page 3)

5 At the end of the tax year, did the corporation:
a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation not included on Form 851, Affiliations Schedule? For rules of constructive ownership, see instructions.
If "Yes," complete (i) through (iv) below.

Table with 4 columns: (i) Name of Corporation, (ii) Employer Identification Number (if any), (iii) Country of Incorporation, (iv) Percentage Owned in Voting Stock.

b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions.
If "Yes," complete (i) through (iv) below.

Table with 4 columns: (i) Name of Entity, (ii) Employer Identification Number (if any), (iii) Country of Organization, (iv) Maximum Percentage Owned in Profit, Loss, or Capital.

6 During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? See sections 301 and 316.
If "Yes," file Form 5452, Corporate Report of Nondividend Distributions. See the instructions for Form 5452.
If this is a consolidated return, answer here for the parent corporation and on Form 851 for each subsidiary.

7 At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of the total voting power of all classes of the corporation's stock entitled to vote or at least 25% of the total value of all classes of the corporation's stock?
For rules of attribution, see section 318. If "Yes," enter:
(a) Percentage owned and (b) Owner's country
(c) The corporation may have to file Form 5472, Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter the number of Forms 5472 attached

8 Check this box if the corporation issued publicly offered debt instruments with original issue discount.
If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.

9 Enter the amount of tax-exempt interest received or accrued during the tax year \$ 0

10 Enter the number of shareholders at the end of the tax year (if 100 or fewer) 1

11 If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here.
If the corporation is filing a consolidated return, the statement required by Regulations section 1.1502-21(b)(3) must be attached or the election won't be valid.

12 Enter the available NOL carryover from prior tax years (do not reduce it by any deduction reported on page 1, line 29a.) \$ 942,169

13 Are the corporation's total receipts (page 1, line 1a, plus lines 4 through 10) for the tax year and its total assets at the end of the tax year less than \$250,000?
If "Yes," the corporation is not required to complete Schedules L, M-1, and M-2. Instead, enter the total amount of cash distributions and the book value of property distributions (other than cash) made during the tax year \$

14 Is the corporation required to file Schedule UTP (Form 1120), Uncertain Tax Position Statement? See instructions.
If "Yes," complete and attach Schedule UTP.

15a Did the corporation make any payments in 2017 that would require it to file Form(s) 1099?

b If "Yes," did or will the corporation file required Forms 1099?

16 During this tax year, did the corporation have an 80% or more change in ownership, including a change due to redemption of its own stock?

17 During or subsequent to this tax year, but before the filing of this return, did the corporation dispose of more than 65% (by value) of its assets in a taxable, non-taxable, or tax deferred transaction?

18 Did the corporation receive assets in a section 351 transfer in which any of the transferred assets had a fair market basis or fair market value of more than \$1 million?

19 During the corporation's tax year, did the corporation make any payments that would require it to file Forms 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474) of the Code?



Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
		(a)	(b)	(c)	(d)
<b>Assets</b>					
1	Cash		1,240		
2a	Trade notes and accounts receivable	1,090			
b	Less allowance for bad debts		1,090		
3	Inventories				
4	U.S. government obligations				
5	Tax-exempt securities (see instructions)				
6	Other current assets (att. stmt.) <b>Stmt 2</b>		574,480		39,480
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (attach stmt.)				
10a	Buildings and other depreciable assets	48,388		48,388	
b	Less accumulated depreciation	48,388	0	48,388	0
11a	Depletable assets				
b	Less accumulated depletion				
12	Land (net of any amortization)				
13a	Intangible assets (amortizable only)	5,718		5,718	
b	Less accumulated amortization	5,718	0	5,718	0
14	Other assets (attach stmt.) <b>Stmt 3</b>		15,250		
15	<b>Total assets</b>		<b>592,060</b>		<b>39,480</b>
<b>Liabilities and Shareholders' Equity</b>					
16	Accounts payable		5,051		
17	Mortgages, notes, bonds payable in less than 1 year				
18	Other current liabilities (att. stmt.) <b>Stmt 4</b>		841,359		
19	Loans from shareholders				
20	Mortgages, notes, bonds payable in 1 year or more				
21	Other liabilities (attach statement)				
22	Capital stock: a Preferred stock				
	b Common stock	1,000	1,000	1,000	1,000
23	Additional paid-in capital		714,227		774,227
24	Retained earnings—Appropriated (att. stmt.)				
25	Retained earnings—Unappropriated		-969,577		-735,747
26	Adjustments to SH equity (att. stmt.)				
27	Less cost of treasury stock				
28	<b>Total liabilities and shareholders' equity</b>		<b>592,060</b>		<b>39,480</b>

**Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return**

Note: The corporation may be required to file Schedule M-3. See instructions.

1	Net income (loss) per books	233,830	7	Income recorded on books this year not included on this return (itemize):	
2	Federal income tax per books			Tax-exempt interest \$	
3	Excess of capital losses over capital gains				
4	Income subject to tax not recorded on books this year (itemize):				
5	Expenses recorded on books this year not deducted on this return (itemize):		8	Deductions on this return not charged against book income this year (itemize):	
a	Depreciation \$ 115		a	Depreciation \$	
b	Charitable contributions \$		b	Charitable contributions \$	
c	Travel and entertainment \$				
		115	9	Add lines 7 and 8	
6	Add lines 1 through 5	233,945	10	Income (page 1, line 28)—line 6 less line 9	233,945

**Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Line 25, Schedule L)**

1	Balance at beginning of year	-969,577	5	Distributions: a Cash	
2	Net income (loss) per books	233,830		b Stock	
3	Other increases (itemize):			c Property	
			6	Other decreases (itemize): <b>Stmt 5</b>	
			7	Add lines 5 and 6	
4	Add lines 1, 2, and 3	-735,747	8	Balance at end of year (line 4 less line 7)	-735,747

Form **1125-A**

(Rev. October 2016)  
Department of the Treasury  
Internal Revenue Service

### Cost of Goods Sold

OMB No. 1545-0123

▶ Attach to Form 1120, 1120-C, 1120-F, 1120S, 1065, or 1065-B.  
▶ Information about Form 1125-A and its instructions is at [www.irs.gov/form1125a](http://www.irs.gov/form1125a).

Name

**Meadowbrook Homes, Inc.**

Employer identification number

**36-3991353**

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach schedule)	4	
5	Other costs (attach schedule) <b>Stmt 7</b>	5	<b>546,738</b>
6	<b>Total.</b> Add lines 1 through 5	6	<b>546,738</b>
7	Inventory at end of year	7	
8	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return. See instructions	8	<b>546,738</b>

9a Check all methods used for valuing closing inventory:

- (i)  Cost
- (ii)  Lower of cost or market
- (iii)  Other (Specify method used and attach explanation.) ▶

b Check if there was a writedown of subnormal goods ▶

c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ▶

d If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO **9d**

e If property is produced or acquired for resale, do the rules of section 263A apply to the entity? See instructions  Yes  No

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation  Yes  No

# Alternative Minimum Tax—Corporations

OMB No. 1545-0123

Form **4626**

Department of the Treasury  
Internal Revenue Service

▶ Attach to the corporation's tax return.

▶ Go to [www.irs.gov/Form4626](http://www.irs.gov/Form4626) for instructions and the latest information.

**2017**

Name <b>Meadowbrook Homes, Inc.</b>	Employer identification number <b>36-3991353</b>
--	---

*Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).*

<b>1</b> Taxable income or (loss) before net operating loss deduction	<b>1</b>	<b>233,945</b>
<b>2 Adjustments and preferences:</b>		
<b>a</b> Depreciation of post-1986 property	<b>2a</b>	
<b>b</b> Amortization of certified pollution control facilities	<b>2b</b>	
<b>c</b> Amortization of mining exploration and development costs	<b>2c</b>	
<b>d</b> Amortization of circulation expenditures (personal holding companies only)	<b>2d</b>	
<b>e</b> Adjusted gain or loss	<b>2e</b>	
<b>f</b> Long-term contracts	<b>2f</b>	
<b>g</b> Merchant marine capital construction funds	<b>2g</b>	
<b>h</b> Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)	<b>2h</b>	
<b>i</b> Tax shelter farm activities (personal service corporations only)	<b>2i</b>	
<b>j</b> Passive activities (closely held corporations and personal service corporations only)	<b>2j</b>	
<b>k</b> Loss limitations	<b>2k</b>	
<b>l</b> Depletion	<b>2l</b>	
<b>m</b> Tax-exempt interest income from specified private activity bonds	<b>2m</b>	
<b>n</b> Intangible drilling costs	<b>2n</b>	
<b>o</b> Other adjustments and preferences	<b>2o</b>	<b>-2,639</b>
<b>3</b> Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o	<b>3</b>	<b>231,306</b>
<b>4 Adjusted current earnings (ACE) adjustment:</b>		
<b>a</b> ACE from line 10 of the ACE worksheet in the instructions	<b>4a</b>	<b>231,306</b>
<b>b</b> Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount. See instructions.	<b>4b</b>	
<b>c</b> Multiply line 4b by 75% (0.75). Enter the result as a positive amount	<b>4c</b>	
<b>d</b> Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments. See instructions. <i>Note: You must enter an amount on line 4d (even if line 4b is positive)</i>	<b>4d</b>	<b>577</b>
<b>e</b> ACE adjustment.	<b>4e</b>	
<ul style="list-style-type: none"> <li>• If line 4b is zero or more, enter the amount from line 4c</li> <li>• If line 4b is less than zero, enter the <b>smaller</b> of line 4c or line 4d as a negative amount</li> </ul>		
<b>5</b> Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT	<b>5</b>	<b>231,306</b>
<b>6</b> Alternative tax net operating loss deduction. See instructions	<b>6</b>	<b>208,175</b>
<b>7</b> <b>Alternative minimum taxable income.</b> Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions	<b>7</b>	<b>23,131</b>
<b>8 Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):</b>		
<b>a</b> Subtract \$150,000 from line 7. If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0-	<b>8a</b>	<b>0</b>
<b>b</b> Multiply line 8a by 25% (0.25)	<b>8b</b>	<b>0</b>
<b>c</b> Exemption. Subtract line 8b from \$40,000. If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0-	<b>8c</b>	<b>40,000</b>
<b>9</b> Subtract line 8c from line 7. If zero or less, enter -0-	<b>9</b>	<b>0</b>
<b>10</b> Multiply line 9 by 20% (0.20)	<b>10</b>	<b>0</b>
<b>11</b> Alternative minimum tax foreign tax credit (AMTFTC). See instructions	<b>11</b>	
<b>12</b> Tentative minimum tax. Subtract line 11 from line 10	<b>12</b>	<b>0</b>
<b>13</b> Regular tax liability before applying all credits except the foreign tax credit	<b>13</b>	<b>0</b>
<b>14</b> <b>Alternative minimum tax.</b> Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	<b>14</b>	<b>0</b>

For Paperwork Reduction Act Notice, see separate instructions.

Form **4626** (2017)

Form **4562**

# Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

**2017**

Department of the Treasury  
Internal Revenue Service

▶ Attach to your tax return.

Attachment Sequence No. **179**

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Name(s) shown on return

**Meadowbrook Homes, Inc.**

Identifying number

**36-3991353**

Business or activity to which this form relates

**Regular Depreciation**

### Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	<b>510,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>2,030,000</b>
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2016 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

### Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

### Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

#### Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2017	17	<b>676</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

#### Section B—Assets Placed in Service During 2017 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	
				MM	S/L	

#### Section C—Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year		40 yrs.	MM	S/L	

### Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	<b>676</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2017)

There are no amounts for Page 2

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A--Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? [X] Yes [ ] No 24b If "Yes," is the evidence written? [X] Yes [ ] No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25

26 Property used more than 50% in a qualified business use:

Table for 2002 VW with values: 05/27/02, 100.00%, 27,344, 19,141, 5.0, 200DBHY.

27 Property used 50% or less in a qualified business use:

Table for 27 with values: S/L-.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B--Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for 30-36 with columns (a) through (f) for Vehicle 1 through Vehicle 6, including questions about miles driven and personal use.

Section C--Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons (see instructions).

Table for 37-41 with Yes/No columns, including questions about written policies and employee information.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2017 tax year (see instructions):

Table for 42 with empty cells for amortization amounts.

43 Amortization of costs that began before your 2017 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44

## Charitable Contribution Carryover Worksheet

Form **1120****2017**

For calendar year 2017 or tax year beginning , ending

Name

Employer Identification Number

**Meadowbrook Homes, Inc.****36-3991353**

## Regular Tax Calculations

Preceding Tax Year	Excess Contributions	Prior Year		Current Year		Next Year
		Utilized Or Reclassed to NOL	Carryover	Reclassified to NOL (Reg. Sec. 1.170A-11(c)(2))	Carryovers Utilized	Carryover
5th 12/31/12	6,200	2,873	3,327	3,327		
4th 12/31/13						
3rd 12/31/14						
2nd 12/31/15						
1st 12/31/16						
Charitable Contribution Carryover To Current Year - Regular			3,327			
Current Year			0			0
Charitable Contribution Carryover Available To Next Year						0

## Alternative Minimum Tax Calculations

Preceding Tax Year	Excess Contributions	Prior Year		Current Year		Next Year
		Utilized Or Reclassed to NOL	Carryover	Reclassified to NOL (Reg. Sec. 1.170A-11(c)(2))	Carryovers Utilized	Carryover
5th 12/31/12	5,913	2,586	3,327	688	2,639	
4th 12/31/13						
3rd 12/31/14						
2nd 12/31/15						
1st 12/31/16						
AMT Charitable Contribution Carryover To Current Year			3,327			
Current Year			0		2,639	0
AMT Charitable Contribution Carryover Available To Next Year						0

## Net Operating Loss Carryover Worksheet - Regular Tax

Form **1120**

**2017**

For calendar year 2017 or tax year beginning \_\_\_\_\_, ending \_\_\_\_\_

Name <b>Meadowbrook Homes, Inc.</b>	Employer Identification Number <b>36-3991353</b>
--	---

Preceding Taxable Year	Adj. To NOL Inc/(Loss) After Adj.	Prior Year		Current Year	Next Year
		NOL Utilized (Income Offset)	Carryovers	Income Offset By NOL Carryback/ Carryover NOL Utilized	Carryover
20th 12/31/97					
19th 12/31/98	-1,500	1,500			
18th 12/31/99	-2,920 -50,654	50,654			
17th 12/31/00					
16th 12/31/01					
15th 12/31/02					
14th 12/31/03	6,614	-6,614			
13th 12/31/04	13,684	-13,684			
12th 12/31/05	12,475	-12,475			
11th 12/31/06	3,531	-3,531			
10th 12/31/07	-255,292	31,364	223,928	223,928	0
9th 12/31/08	-114,991		114,991	10,017	104,974
8th 12/31/09	-269,192		269,192		269,192
7th 12/31/10	-2,873 -310,772		310,772		310,772
6th 12/31/11	13,332	-13,332			
5th 12/31/12	28,725	-28,725			
4th 12/31/13	-20,330		20,330		20,330
3rd 12/31/14	-1,742		1,742		1,742
2nd 12/31/15	-1,214		1,214		1,214
1st 12/31/16					
NOL Carryover Available To Current Year			<b>942,169</b>		
Current Year	-3,327 <b>233,945</b>			<b>233,945</b>	<b>3,327</b>
NOL Carryover Available To Next Year					<b>711,551</b>

## Net Operating Loss Carryover Worksheet - AMT

Form **1120****2017**

For calendar year 2017 or tax year beginning , ending

Name

Employer Identification Number

**Meadowbrook Homes, Inc.****36-3991353**

Preceding Taxable Year	Adj. To NOL Inc/(Loss) After Adj.	Prior Year		Current Year	Next Year
		NOL Utilized (Income Offset)	Carryovers	Income Offset By NOL Carryback/ Carryover NOL Utilized	Carryover
20th 12/31/97					
19th 12/31/98					
18th 12/31/99	47,734	-3,657			
17th 12/31/00					
16th 12/31/01					
15th 12/31/02					
14th 12/31/03	5,803				
13th 12/31/04	12,090				
12th 12/31/05	9,737				
11th 12/31/06	2,933				
10th 12/31/07	-255,292	37,831	217,461	208,175	9,286
9th 12/31/08	-114,405		114,405		114,405
8th 12/31/09	-269,178		269,178		269,178
7th 12/31/10	-2,586 -310,485		310,485		310,485
6th 12/31/11	11,978	-11,978			
5th 12/31/12	28,439	-25,853			
4th 12/31/13	-20,330		20,330		20,330
3rd 12/31/14	-1,742		1,742		1,742
2nd 12/31/15	-1,214		1,214		1,214
1st 12/31/16					
NOL Carryover Available To Current Year			934,815		
Current Year	-688 208,175			208,175	688
NOL Carryover Available To Next Year					727,328



36-3991353

**Federal Statements**

FYE: 12/31/2017

**Statement 1 - Form 1120, Page 1, Line 19 - Charitable Contributions**

<u>Description</u>	<u>Amount</u>
Carryover From Prior Years	\$ 3,327
Total Contributions Available	3,327
Less Reclassification to NOL	3,327
Less Contributions Disallowed	0
Less QCC Disallowed	0
Total Deduction Allowed	\$ 0

**Statement 2 - Form 1120, Page 5, Schedule L, Line 6 - Other Current Assets**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Construction in Process	\$ 535,000	\$
Due from Woodlands, Inc.	39,480	39,480
Total	\$ 574,480	\$ 39,480

**Statement 3 - Form 1120, Page 5, Schedule L, Line 14 - Other Assets**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Refundable bid bonds	\$ 15,550	\$
Refundable deposits	-300	
Total	\$ 15,250	\$ 0

**Statement 4 - Form 1120, Page 5, Schedule L, Line 18 - Other Current Liabilities**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Construction loans payable	\$ 475,693	\$
Due to NC Holding	257,047	
Shareholder loan	48,619	
Due to Advanced Contractors	60,000	
Total	\$ 841,359	\$ 0

**Statement 5 - Form 1120, Page 5, Schedule M-2, Line 6 - Other Decreases**

<u>Description</u>	<u>Amount</u>
Book/Tax Depreciation	\$
Total	\$ 0

**Federal Statements**

**Statement 6 - Form 4626, Page 1, Line 2o, Other Adjustments**

<u>Description</u>	<u>Amount</u>
Charitable Contributions	\$ <u>-2,639</u>
Total	\$ <u><u>-2,639</u></u>