

Form **4** **Wisconsin Corporation**
Franchise or Income Tax Return

2013

For 2013 or taxable year beginning 0 1 0 1 2 0 1 3 and ending 1 2 3 1 2 0 1 3
M M D D Y Y Y Y M M D D Y Y Y Y

Complete form using **BLACK INK.**

Due Date: 15th day of 3rd month following close of taxable year.

Corporation or Designated Agent Name

HIDE N SEEK FOODS, INC

Number and Street Suite Number

32 ANY STREET

City State ZIP (+ 4 digit suffix if known) A Federal Employer ID Number
ANYTOWN TX 77287 11000002

D Check if applicable and attach explanation:

- 1 Amended return
- 2 First return - new corporation or entering Wisconsin
- 3 Final return - corporation dissolved or withdrew
- 4 Short period - change in accounting period
- 5 Short period - stock purchase or sale

B Business Activity (NAICS) Code

C State of Incorporation and Year
TX Enter abbreviation of state in box, or if a foreign country, enter below. 2012
Y Y Y Y

Check if applicable and see instructions:

- E If this is a combined return. Enter number of companies included 5
- F If you have an extension of time to file. Enter extended due date 1 0 1 5 2 0 1 4
M M D D Y Y Y Y
- G If no business was transacted in Wisconsin during the taxable year, attach a complete copy of your federal return.
- H If you have related entity expenses and are required to file Schedule RT with this return.
- I If this return is for an insurance company (check only if this is not a combined return).
- J If you filed a federal consolidated return, enter Parent Company's federal employer ID number 11000002
(Attach statement - see instructions).
- K IRS adjustments became final during the year. Years adjusted 2008 - 2009



IF NO ENTRY ON A LINE, LEAVE BLANK

ENTER NEGATIVE NUMBERS LIKE THIS → -1000 NOT LIKE THIS → (1000) NO COMMAS; NO CENTS

1	If this is a combined return, enter the amount from Form 4R, line 26. If this is not a combined return, enter the amount from Form 1120, line 28.	1	132751122.00
2	Additions (from Schedule V, line 13)	2	2582175.00
3	Add lines 1 and 2	3	135333297.00
4	Subtractions (from Schedule W, line 16)	4	34186.00
5	Subtract line 4 from line 3	5	135299111.00
6	Total company net nonapportionable and separately apportioned income (from Form(s) 4N, line 8)	6	0.00
7	Subtract line 6 from line 5. <i>Combined groups: This is your combined unitary income.</i>	7	135299111.00
8	Wisconsin apportionment percentage. Combined group filers enter percentage from Form 4A, line 8c, except 100% Wisconsin groups enter "100.0000%." Separate entity filers enter the apportionment percentage from Form 4A-1 or Form 4A-2. If the percentage is from Form 4A-2, check (✓) the space after the arrow <input checked="" type="checkbox"/>	8	<u>55.9895</u> %
	If 100% apportionment, check (✓) the space after the arrow. <input type="checkbox"/>		
9	Multiply line 7 by line 8	9	75753296.00
10	Wisconsin net nonapportionable and separately apportioned income (from Form(s) 4N, line 14)	10	0.00
11	Add lines 9 and 10.	11	75753296.00
12	<i>Combined returns only:</i> Net capital loss adjustment (from Form(s) 4M, line N)	12	0.00
13	Subtract line 12 from line 11	13	75753296.00

DO NOT STAPLE OR BIND

PAPER CLIP check or money order here

14	Enter amount from line 13	14	<u>75753296.00</u>
15	Loss adjustment for insurance companies (from Schedule(s) 4I, line 24).	15	<u>0.00</u>
16	Add lines 14 and 15. This is the Wisconsin income before net business loss carryforwards	16	<u>75753296.00</u>
17	Wisconsin net business loss carryforward (from Form(s) 4M, line P for combined group filers; Form 4BL, Part I, line 30(f) for separate entity filers). Do not enter more than line 16	17	<u>72790967.00</u>
18	Subtract line 17 from line 16. This is Wisconsin net income or loss	18	<u>2962329.00</u>
19	Enter 7.9% (0.079) of Wisconsin net income on line 18. This is tentative gross tax.	19	<u>234024.00</u>
20	Tax adjustment for insurance companies (from Schedule(s) 4I, line 30)	20	<u>0.00</u>
21	Gross tax (from Forms 4M, line Q for combined group filers; separate entity filers subtract line 20 from line 19)	21	<u>234024.00</u>
22	Nonrefundable credits (from Form(s) 4M, line R for combined group filers; Schedule CR for separate entity filers).	22	<u>80132.00</u>
23	Relocated business credit. If qualified, see instructions. If not qualified, enter 0. Check here if claimed <input type="checkbox"/>	23	<u>0.00</u>
24	Subtract lines 22 and 23 from line 21. If the total of lines 22 and 23 is more than line 21, enter zero (0). This is net tax	24	<u>153892.00</u>
25	Economic development surcharge (see instructions).	25	<u>6961.00</u>
26	Endangered resources donation (decreases refund or increases amount owed).	26	<u>0.00</u>
27	Veterans trust fund donation (decreases refund or increases amount owed). 	27	<u>0.00</u>
28	Add lines 24 through 27.	28	<u>160853.00</u>
29	Estimated tax payments less refund from Form 4466W	29	<u>10000.00</u>
30	Wisconsin tax withheld (see instructions)	30	<u>.00</u>
31	Refundable credits (from Form(s) 4M, line V for combined group filers; Schedule CR for separate entity filers)	31	<u>150000.00</u>
32	Amended Return Only – amount previously paid	32	<u>.00</u>
33	Add lines 29 through 32	33	<u>160000.00</u>
34	Amended Return Only – amount previously refunded.	34	<u>.00</u>
35	Subtract line 34 from 33	35	<u>160000.00</u>
36	Interest, penalty, and late fee due (from Form 4U, line 17 or 26) If you annualized income on Form 4U, check (✓) the space after the arrow.	36	<u>75.00</u>
37	Tax Due. If the total of lines 28 and 36 is larger than 35, subtract line 35 from the total of lines 28 and 36	37	<u>928.00</u>
38	Overpayment. If line 35 is larger than the total of lines 28 and 36, subtract the total of lines 28 and 36 from line 35.	38	<u>.00</u>
39	Enter amount from line 38 you want credited on 2014 estimated tax	39	<u>.00</u>
40	Subtract line 39 from line 38. This is your refund	40	<u>.00</u>



41	Enter total gross receipts from all activities (see instructions)	41	<u>611500000.00</u>
42	Enter total assets from federal Form 1120	42	<u>430000000.00</u>
43	Total Wisconsin tangible property (see instructions)	43	<u>15325000.00</u>
44	Total tangible property (see instructions)	44	<u>400500000.00</u>
45	Total Wisconsin payroll (see instructions)	45	<u>1434300.00</u>
46	Total payroll (see instructions)	46	<u>109077000.00</u>
47	Total Wisconsin sales, receipts, or premiums included in apportionment ratio (see instructions)	47	<u>228996999.00</u>
48	Total sales, receipts, or premiums included in apportionment ratio (see instructions)	48	<u>409000000.00</u>

49 Is the corporation (or any member of the combined group) the sole owner of any limited liability companies?
 Yes No If yes, prepare and submit a list of those LLCs with this return. If this is a combined return, also identify the corporation that is the sole owner of each LLC.

50 Did you include the income of the LLCs listed for item 49 in this return?
 Yes No

51 Did you (or did any member of the combined group) purchase, license, lease or rent any taxable tangible personal property, certain coins and stamps, certain leased property affixed to real estate, certain digital goods, or taxable services, for storage, use or consumption in Wisconsin without paying a state sales or use tax?
 Yes No

52 Person to contact concerning this return: Last name OSWALD First name JANE
 Phone #: 6 0 8 8 6 6 5 3 0 9 Fax #: 6 0 8 8 6 6 6 3 0 9

53 City and state where books and records are located for audit purposes: City ROCKFORD State IL

54 List the locations of Wisconsin operations: APPLETON, LACROSSE, MADISON

55 Yes No Are any manufacturing facilities located in Wisconsin?

56 Did you file federal Schedule UTP – Uncertain Tax Position Statement with the Internal Revenue Service?
 Yes No If yes, enclose federal Schedule UTP with your Wisconsin tax return.

57 Did you file federal Form 8886 – Reportable Transaction Disclosure Statement with the Internal Revenue Service?
 Yes No If yes, enclose federal Form 8886 with your Wisconsin tax return.

Third Party Designee Do you want to allow another person to discuss this return with the department? Yes Complete the following. No
 Designee's name ▶ Phone no. ▶ () Personal identification number (PIN) ▶

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Under penalties of law, I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.

Signature of Officer ▶	Title	Date
Preparer's Signature ▶	Preparer's Federal Employer ID Number	Date

You must file a copy of your federal return with Form 4, even if no Wisconsin activity.

If this is a combined return, see the instructions for a description of federal return information that must be filed with Form 4.

If you are not filing your return electronically, make your check payable to and mail your return to:

Wisconsin Department of Revenue
 PO Box 8908
 Madison WI 53708-8908



**Federal Taxable Income Reconciliation
for Wisconsin Combined Groups**

2013

Wisconsin Department
of Revenue

File with Wisconsin Form 4

Read instructions before filling in this form

Designated Agent Name HIDE N SEEK FOODS, INC	Federal Employer ID Number 110000002
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ENTER NEGATIVE NUMBERS LIKE THIS → -1000 NOT LIKE THIS → (1000) NO COMMAS; NO CENTS

Part I General Information and Consolidated Returns

- 1 Check (✓) the space after the arrow to make the controlled group election for the first year the election is made. Do not check the space every year the election is in effect . . . ▶
- 2 Are there any corporations in the commonly controlled group that are not included in either this combined return or any federal consolidated return? Yes No
- 3 If the answer to item 2 is yes, submit a supporting schedule which identifies each corporation described in item 2 and complete lines 4 and 5.
- 4 Total federal net income of companies described in line 2 **4** _____ **.00**
- 5 Total gross sales corresponding to amount on line 4 **5** _____ **.00**
- 6 If any members of the combined group filed a federal consolidated return for the taxable year, enter the parent company's name, federal employer identification number (FEIN), and amount on line 28 of the consolidated federal Form 1120. If there are more than three federal consolidated returns, see instructions. If no members of the group filed a federal consolidated return, skip to line 7.

Parent Company Name	FEIN	Form 1120, line 28
HIDE N SEEK FOODS, INC ▶	110000002	6a 83078698 .00
_____ ▶		6b _____ .00
_____ ▶		6c _____ .00
Add lines 6a through 6c		6d _____ .00

Part II Corporations in Combined Group Which Are Not in Federal Consolidated Return

For amounts entered on lines 7 through 9, use a separate schedule to identify each combined group member, its FEIN, and amount included on that line.

- 7 Federal taxable incomes of commonly controlled corporations with less than 80% common ownership (do not include foreign corporations) **7** 49273677 **.00**
- 8 Federal taxable incomes of foreign corporations not included in consolidated return but includable in combined group. **8** _____ **.00**
- 9 Federal taxable incomes of other combined group members not included in federal consolidated return (explain on an attached statement) **9** 392978 **.00**
- 10 Add lines 6d through 9 **10** 132745353 **.00**

Part III Subtotal

11	Enter amount from line 10	11	<u>132745353.00</u>
12	Net capital gains included on line 11	12	<u>.00</u>
13	Subtract line 12 from line 11 (net capital gains will be recomputed on line 23)	13	<u>132745353.00</u>
14	Sum of charitable contributions deduction, net section 1231 losses, and losses from involuntary conversions included on line 11 (enter as a positive amount)	14	<u>148769.00</u>
15	Add lines 13 and 14 (the deduction on line 14 will be recomputed on line 24).	15	<u>132894122.00</u>

Part IV Corporations in Federal Consolidated Return Which Are Not Combined Group Members

For amounts entered on lines 16, 18, and 19, use a separate schedule to identify each corporation, its FEIN, and amount included on that line. Enter the federal separate taxable incomes before net capital gains and charitable contribution deductions.

16	Federal separate taxable incomes of corporations in the consolidated return that are not engaged in the combined group's unitary business	16	<u>.00</u>
17	Were any corporations included on line 16 included in a combined return for the unitary business in another state for the taxable year where the inclusion was not by election? (If yes, explain on an attached statement.)	17	<input type="checkbox"/> Yes <input type="checkbox"/> No
18	Federal separate taxable incomes of corporations in the consolidated return that are not combined group members due to the water's edge rules (do not include corporations already included on line 16)	18	<u>-13000.00</u>
19	Federal separate taxable incomes of other corporations in the consolidated return that are not combined group members (explain on an attached statement)	19	<u>-14000.00</u>
20	Add lines 16, 18, and 19	20	<u>-27000.00</u>
21	Subtract line 20 from line 15	21	<u>132921122.00</u>

Part V Adjustments Based on Limitations in Federal Law

See instructions for how to compute lines 22 through 24 and supporting detail required.

22	Adjustment to defer or recognize intercompany income, expense, gain, or loss between combined group members.	22	<u>.00</u>
23	Recomputed net capital gain, applying capital loss limitation at combined group level.	23	<u>.00</u>
24	Sum of recomputed charitable contributions deduction, net section 1231 losses, and losses from involuntary conversions, applying limitations at combined group level (enter as a negative amount)	24	<u>-170000.00</u>
25	Other adjustments based on federal law (explain on an attached statement)	25	<u>.00</u>
26	Add lines 21 through 25. Enter this amount on Form 4, line 1	26	<u>132751122.00</u>

Wisconsin Subtractions From Federal Income

2013

Wisconsin Department of Revenue

File with Wisconsin Form 4 or 5

Read instructions before filling in this schedule

Corporation or Designated Agent Name

Federal Employer ID Number

HIDE N SEEK FOODS, INC

110000002

1	Wisconsin subtraction modification for dividends (from Sch. Y, line 4)	1	27000.00
2	Related entity expenses eligible for subtraction (from Schedule RT, Part II, Sch. 2K-1, and Sch. 3K-1)	2	.00
3	Income from related entities whose expenses were disallowed (obtain Schedule RT-1 from related entity and submit with your return)	3	.00
4	Subpart F income	4	.00
5	Gross-up of foreign dividend income	5	.00
6	Nontaxable income (attach schedule)	6	.00
7	Foreign taxes (do not include deemed taxes)	7	.00
8	Cost depletion	8	.00
9	Wisconsin depreciation/amortization in excess of federal depreciation/amortization (attach schedule)	9	750.00
10	Amount by which the Wisconsin basis of assets disposed of exceeds the federal basis (attach schedule)	10	.00
11	Federal work opportunity credit wages	11	.00
12	Federal research credit expenses	12	.00
13	Other (list, but do not include any adjustment for nontaxable income from life insurance operations)		
a	CONTRIBUTIONS		2436.00
b			.00
c			.00
d			.00
e			.00
f			.00
g			.00
h			.00
	Add lines 13a through 13h	13	2436.00
14	Nontaxable income from life insurance operations (from Schedule 4I, line 13)	14	.00
15	Job creation deduction (from line 7 of Schedule JC)	15	4000.00
	Enter number of members from combined group claiming job creation deduction		0 0 0 1
16	Total (enter on Form 4 or 5, page 1, line 4)	16	34186.00

8-28-13 DRAFT



Underpayment of Estimated Tax by Corporations

File with Wisconsin Form 4, 4T, 5, or 5S

2013

Wisconsin Department of Revenue

Corporation or Designated Agent Name
HIDE N SEEK FOODS, INC

Federal Employer ID Number
110000002

Part I Computation of Underpayment and Interest Due on Underpayment

1 a	Enter 2013 tax before the surcharge plus the economic development surcharge (see instructions)	160851			
b	Enter 2013 refundable credits (excluding estimated tax and surcharge paid)	150000			
c	Subtract line 1b from line 1a. This is 2013 net tax and surcharge. If less than \$500, enter zero and go to Part II, if applicable			10851	
2	Enter 90% of line 1c			9766	
3 a	Enter 2012 tax before the surcharge plus the economic development surcharge, if applicable (see instructions)	250000			
b	Enter 2012 refundable credits (excluding estimated tax and surcharge paid)	50000			
c	Subtract line 3b from line 3a. This is 2012 net tax and surcharge			200000	
4	If 2013 net income is less than \$250,000 and 2012 return covered 12 months, enter smaller of line 2 or 3c; otherwise, enter line 2				
5	Enter installment due dates (the 15th day of the 3rd, 6th, 9th, and 12th months of your taxable year)	(a) 3/15/13	(b) 6/17/13	(c) 9/16/13	(d) 12/16/13
6	Divide line 4 by 4 and enter the result in each column or, if you use the annualized income installment method for any period, first fill in Part III and enter the amounts from line 47	2441.50	2441.50	2441.50	2441.50
7	Estimated tax and surcharge paid	2500.00	2500.00	2500.00	2500.00
8	If line 7 is less than line 6, subtract line 7 from line 6. This is your underpayment				
9	If line 7 is more than line 6, subtract line 6 from line 7. This is your overpayment				
10	Carryback of overpayment or late payment				
11	Carryforward of overpayment				
12	Subtract the total of lines 10 and 11 from line 8. This is your net underpayment				
13	Number of days from the due date of the installment to the date carryback on line 10 was paid				
14	Number of days from the due date of the installment to the date balance due on return was paid or unextended due date of return, whichever is earlier				
15	Interest: 12% per year on amount on line 10 for the number of days on line 13				
16	Interest: 12% per year on amount on line 12 for the number of days on line 14				
17	Add all of the amounts on lines 15 and 16 and enter the total. If your return is filed after the unextended due date and shows a tax due, enter the total on Part II, line 22. Otherwise, enter the total on the line provided on your tax return				0.00

Part II Computation of Total Amount Due

Complete this part only if your return is not filed by the unextended due date and shows a tax due.

	(a) Interest at 18% per year	(b) Interest at 12% per year	(c) Total
18	If return filed late without an extension, enter net tax (including surcharge)	160,851	
19	If return filed with extended due date and shows –		
a	Net tax (including surcharge) of \$500 or more, enter portion of net tax indicated	144766	16085
b	Net tax (including surcharge) of less than \$500, enter net tax		0
20	Enter payments made (apply first to 18% per year column)	144766	15022
21	Subtract line 20 from line 18 or 19a or 19b. This is amount due 15th day of 3rd month after end of taxable year	0	1063
22	Interest on underpayment from Part I, line 17	0	0
23	Add lines 21 and 22	0	1063
24	Interest on amounts on line 23 to _____ (date return filed)	0	75
25	If your return is filed late without an extension or after the extended due date –		
a	Enter penalty of 5% of net tax due on your return for each month or fraction thereof that your return is late, but not more than 25%		0
b	Enter a \$150 late fee		0
26	Add lines 22, 24, 25a, and 25b. Enter the total on the line provided on your return and increase the "Amount Due"		75

* Note: See the instructions for line 24.

Wisconsin Apportionment Data for Combined Groups

2013

Wisconsin Department of Revenue

File with Wisconsin Form 4

Read instructions before filling in this form

Designated Agent Name HIDE N SEEK FOODS, INC	Federal Employer ID Number 110000002
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Part I Apportionment Factor Denominators

(a) Company Name (abbreviate as necessary)	(b) FEIN	(c) Denominator (From column (b) of Form 4A-1 or Part II of Form 4A-2)
1 <u>HIDE N SEEK FOODS, INC</u>	<u>110000002</u>	1a <u>250000000</u>
2 <u>THE GREEK PLAYHOUSE</u>	<u>110000012</u>	2a <u>25000000</u>
3 <u>ACME FOODS CORP</u>	<u>110000013</u>	3a <u>800000</u>
4 <u>ITALIAN PASTA COMPANY</u>	<u>110000125</u>	4a <u>132000000</u>
5 <u>WISCONSIN TELECOM CO</u>	<u>110000124</u>	5a <u>1200000</u>
6 _____	_____	6a _____
7 Total denominators from additional companies reported on separate schedules.	_____	7a _____
8 Add lines 1a through 7a in column (c). This is the combined group's apportionment factor denominator	_____	8a <u>409000000</u>

Part II Apportionment Factor Numerators and Members' Percentages

(a) Company Number (Corresponds to numbers 1 through 6 in Part I)	(b) Numerator (From column (a) of Form 4A-1 or Part II of Form 4A-2)	(c) Member's Wisconsin Percentage of Combined Unitary Income (Divide amount in column (b) by amount on Part I, line 8a)
1	1b <u>190500000</u>	1c <u>46.5770</u> %
2	2b <u>21000000</u>	2c <u>5.1345</u> %
3	3b <u>450000</u>	3c <u>.1100</u> %
4	4b <u>17027000</u>	4c <u>4.1631</u> %
5	5b <u>19999</u>	5c <u>.0049</u> %
6	6b _____	6c _____ %
7 Total from additional companies reported on separate schedules	_____	7c _____ %

Part III Combined Group's Wisconsin Apportionment Percentage

8 Add lines 1c through 7c in Part II, column c.
This is the apportionment percentage to enter on Form 4, line 8. **8c** 55.9895 %

**Sharing of Research Credits for
Combined Group Members**

2013

Wisconsin Department
of Revenue

File with Wisconsin Form 4

Read instructions before filling in this form

Designated Agent Name HIDE N SEEK FOODS, INC	Federal Employer ID Number 110000002
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Part I Computation of Aggregate Sharable Amount

Do not include any research credits already used by the member, as computed on that member's Form 4M, Part III, line 3.

	(a) Name of Member With Sharable Research Credits (abbreviate as necessary)	(b) Member's FEIN	(c) Sharable Research Credit Amount
1a	WISCONSIN TELECOM CO	110000124	14844
1b			
1c			
1d			
1e			
1f	Total from additional companies reported on attached schedule		1f _____
2	Add the amounts in column (c) of lines 1a through 1f. This is the aggregate sharable research credit		2 <u>14844</u>

Part II Computation of Combined Group's Tax Eligible for Shared Credits

Go to page 2 for Part II.

Part III Computation of Percentage to be Applied to Combined Return

5	Enter the total eligible tax liability from line 4 in Part II.	5 <u>168736</u>
6	If the amount on line 2 is greater than the amount on line 5, divide the amount on line 5 by the amount on line 2. If the amount on line 5 is greater than the amount on line 2, enter "100.0000%." This is the percentage of available research credits from Part I that may be applied to the combined return as shared credits.	6 <u>100.0000%</u>

For each member listed in Part I, multiply that member's amount in Part I, column (c) by the percentage on line 6 and enter the result on Form 4M, Part III, line 4.

Part II Computation of Combined Group's Tax Eligible for Shared Credits

(a) Name of Member with Tax Liability (abbreviate as necessary)	(b) Member's FEIN	(c1) Member's Share of Combined Unitary Income (from Form 4M, line L1 + L2)		(d) Member's Gross Tax (from Form 4M, line Q)	(e) Member's Own Credits Used (from Form 4M, Part III, Line 3)	(f) Amount in (d) minus amount in (e)	(g) Lesser of (c2) or (f) This is the member's tax liability eligible for shared credits
		(c2) Amount in (c1) multiplied by 7.9%	(c1) Amount in (c1)				
3a HIDE N SEEK FOODS INC	110000002	c1 63018290	c2 4978445	0	0	0	0
			c1 6946298				
3b THE GREEK PLAYHOUSE	110000012	c1 11760	c2 548805	163190	65000	98190	98190
3c ACME FOODS CORP	110000013	c1 5632611	c2 444976	67182	0	67182	67182
3d ITALIAN PASTA COMPANY	110000125	c1 6616	c2 523	156	156	0	0
3e WISCONSIN TELECOM CO	110000124	c1	c2				
3f		c2	c1				
3g		c2	c1				

3h Total from additional companies reported on separate schedules..... **3h** _____

4 Add the amounts on lines 3a through 3h of column g. Enter this amount on page 1, line 5..... **4** _____ 168736

**Wisconsin Combined Group
Member - Level Data**

2013

Wisconsin Department
of Revenue

File with Wisconsin Form 4

Designated Agent of Combined Group HIDE N SEEK FOODS, INC			A Designated Agent's FEIN 110000002		
Name of Combined Group Member to Which This Form Applies HIDE N SEEK FOODS, INC			B Member's FEIN 110000002		
Number and Street 32 ANY STREET		Suite Number	C Business Activity (NAICS) Code 72117		
City ANYTOWN		State TX	ZIP (+ 4 digit suffix if known) 77287		D State of Incorporation and Year TX Enter abbreviation of state in box, or if a foreign country, enter below.
E Member's Taxable Year End 1 2 3 1 M M D D		F Period Included in This Return 0 1 0 1 2 0 1 3 - 0 1 0 1 2 0 1 3 M M D D Y Y Y Y M M D D Y Y Y Y			

- G Check (✓) if this member was excluded from a combined group in another state because it was not considered engaged in a unitary business. If checked, identify the applicable state(s) and explain on an attached statement.
- H Check (✓) if this member used a multiple factor apportionment formula as provided on Form 4A-2.
- I Check (✓) if for the period included in this return, the member filed a separate Wisconsin return or was included in the combined return of another group for items not included in this combined return. Enter the FEIN of the return under which those items were reported: _____
- J Check (✓) if the member is a(n): 1 Insurance company 2 Tax exempt corporation
- K1 Check (✓) if applicable:
 1 First return - new corporation or entering Wisconsin 3 Joined group during year 5 Short period - change in accounting method
 2 Final return - corporation dissolved or withdrew 4 Left group during year 6 Short period - stock purchase or sale
- K2 Did you file federal Schedule UTP - Uncertain Tax Position Statement with the IRS? Yes No
 Did you file federal Form 8886 - Reportable Transaction Disclosure Statement with the IRS? Yes No
 If yes to either, enclose federal Schedule UTP and/or Form 8886 with your Wisconsin tax return.

ENTER NEGATIVE NUMBERS LIKE THIS → -1000 NOT LIKE THIS → (1000) NO COMMAS; NO CENTS

Part I Member's Share of Form 4 Items

L1 Line 9: Combined unitary income (= Form 4, line 7 x member's percentage from Form 4A, Part II. If this is a 100% Wisconsin group, see instructions and complete line L2 if applicable.) L1 63018267.00

L2 Adjustment for current year loss offset (see instructions). L2 .00

M Line 10: Wisconsin net nonapportionable and separately apportioned income (from Form 4N, line 14) M .00

N Line 12: Net capital loss adjustment (from Form 4CL, Part I, line 9e) N .00

O Line 15: Loss adjustment for insurance companies (from Schedule 4I, line 24). O .00

P Line 17: Wisconsin net business loss carryforward (from Part II, line 18 on page 2 of this form) P 63018267.00

Q Line 21: Gross tax (generally = 7.9% x (lines L1 + L2 + M - N - P). See instructions.) Q 0.00

R Line 22: Nonrefundable credits (from Part III, line 5 on page 2 of this form) R 0.00

S Line 25: Economic development surcharge (if applicable, = greater of \$25 or 3% of gross tax on line Q; maximum of \$9,800. See instructions.) S 25.00

T Line 29: If this member is not the designated agent and has separate estimated payments or overpayments to apply to this return, check (✓) after the letter "T" and complete Part IV on page 2. T

U Line 30: Wisconsin tax withheld (see instructions). FEIN _____ U .00

V Line 31: Refundable credits { For each credit, enter code from instructions and amount.
Enter total refundable credits on line V.
60 150000.00 .00 .00 V 150000.00

W Line 41: Total company gross receipts from all activities (see instructions). W 280000000.00

X Line 42: Total company assets from federal Form 1120 X 17000000.00

Y Lines 43 and 45: Wisconsin tangible property Y1 4000000.00 Wisconsin payroll Y2 1200000.00

Z Line 48: Total sales, receipts, or premiums (member's denominator from Form 4A, Part I). Z 250000000.00

Name of Combined Group Member
HIDE N SEEK FOODS, INC

Member's FEIN
110000002

Part II Wisconsin Net Business Loss Carryforward (See instructions)

Table with 18 rows detailing business loss carryforward calculations, including member's portion of combined unitary income, net nonapportionable income, net capital loss adjustment, and final net business loss.

Part III Nonrefundable Credits

Table for nonrefundable credits with 5 rows. Includes instructions for entering credit codes and amounts, and a summary of available credits.

Part IV Member-Level Payment Data

Complete Part IV only if the member is not the designated agent and has estimated payments made on a separate entity basis or overpayments from a separate return year to apply to this combined return.

Table for member-level payment data with 3 rows. Includes instructions for overpayment and estimated payments, and a table for entering payment dates and amounts.

Wisconsin Apportionment Data for Single Factor Formulas

2013

Wisconsin Department of Revenue

File with Wisconsin Form 1NPR, 2, 3, 4, 4T, or 5S

Read instructions before filling in this form

Name HIDE N SEEK FOODS, INC	Identifying Number 110000002
---------------------------------------	--

Round Amount to Nearest Dollar

Part I Sales Factor (Note: If Part I applies, you only need to complete page 1 of this form)

	(a) Wisconsin	(b) Total Company
1 Sales of tangible personal property delivered or shipped to Wisconsin purchasers:		
a Shipped from outside Wisconsin	1a <u> .00</u>	
b Shipped from within Wisconsin	1b <u> 200000000.00</u>	
2 Sales of tangible personal property shipped from Wisconsin to:		
a The federal government within Wisconsin	2a <u> .00</u>	
b The federal government in a state where the taxpayer would not be taxable under P.L. 86-272.	2b <u> .00</u>	
c Purchasers in a state where the taxpayer would not be taxable under P.L. 86-272.	2c <u> 500000.00</u>	
3 Double throwback sales.	3a <u> .00</u>	
4 Total sales of tangible personal property (for column (a), add lines 1 through 3)	4a <u> 200500000.00</u>	4b <u> 300000000.00</u>
5 Gross receipts from the use of computer software if the purchaser or licensee used the software in Wisconsin.	5a <u> .00</u>	
6 Total gross receipts from the use of computer software		6b <u> .00</u>
7 Gross receipts from services provided to a purchaser who received the benefit of the service in Wisconsin.	7a <u> .00</u>	
8 Total gross receipts from services.		8b <u> .00</u>
9 Other apportionable gross receipts.	9a <u> .00</u>	9b <u> .00</u>
10 For column a, add lines 4a, 5a, 7a and 9a. For column (b), add lines 4b, 6b, 8b, and 9b	10a <u> 200500000.00</u>	10b <u> 300000000.00</u>
<i>Separate return filers and pass-through entities skip to line 17.</i>		
11 Enter sales included above, if any, that are intercompany sales between combined group members	11a <u> 10000000.00</u>	11b <u> 50000000.00</u>
12 Enter sales included above, if any, that are not included in the computation of combined unitary income	12a <u> .00</u>	12b <u> .00</u>
13 Add lines 11 and 12 for each column	13a <u> 10000000.00</u>	13b <u> 50000000.00</u>
14 Subtract line 13 from line 10 for each column.	14a <u> 190500000.00</u>	14b <u> 250000000.00</u>
15 Enter intercompany sales previously excluded from the sales factor due to the deferral of income, if the deferred income is included in combined unitary income on this return	15a <u> .00</u>	15b <u> .00</u>
16 Add lines 14 and 15 for each column. Enter col. (a) amount in Form 4A, Part II. Enter col. (b) amount in Form 4A, Part I .	16a <u> 190500000.00</u>	16b <u> 250000000.00</u>
17 Separate return filers and pass-through entities: Divide line 10a, by line 10b, and multiply by 100. This is the Wisconsin apportionment percentage.	17a <u> . %</u>	



Wisconsin Department of Revenue

File with Wisconsin Form 4 or 5

Name HIDE N SEEK FOODS, INC	Federal Employer ID Number 110000002
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Part I - Separate Entity Corporations	<i>(see instructions)</i>					
Starting with column (a), complete all applicable lines for one column before filling in the next column.	(a) Year	(b) Loss	(c) Income	(d) Loss Used/ Expired	(e) Years Losses Incurred	(f) Remaining Loss Available
1	30th preceding taxable year					
2	29th preceding taxable year					
3	28th preceding taxable year					
4	27th preceding taxable year					
5	26th preceding taxable year					
6	25th preceding taxable year					
7	24th preceding taxable year					
8	23rd preceding taxable year					
9	22nd preceding taxable year					
10	21st preceding taxable year					
11	20th preceding taxable year					
12	19th preceding taxable year					
13	18th preceding taxable year					
14	17th preceding taxable year					
15	16th preceding taxable year					
16	15th preceding taxable year					
17	14th preceding taxable year					
18	13th preceding taxable year					
19	12th preceding taxable year					
20	11th preceding taxable year					
21	10th preceding taxable year					
22	9th preceding taxable year					
23	8th preceding taxable year					
24	7th preceding taxable year					
25	6th preceding taxable year					
26	5th preceding taxable year					
27	4th preceding taxable year					
28	3rd preceding taxable year					
29	2nd preceding taxable year					
30	1st preceding taxable year					

Part II - Combined Group Members

(see instructions)

	(a) Year	(b) Income	Loss			Loss Used/Expired			Remaining Loss Available			
			(c) Non-Shareable	(d) Shareable	(e) Pre-2009 Shareable	(f) Non-Shareable	(g) Shareable	(h) Pre-2009 Shareable	(i) Non-Shareable	(j) Shareable	(k) Pre-2009 Shareable	
Starting with column (a), complete all applicable lines for one column before filling in the next column.												
1	30th preceding taxable year											
2	29th preceding taxable year											
3	28th preceding taxable year											
4	27th preceding taxable year											
5	26th preceding taxable year											
6	25th preceding taxable year											
7	24th preceding taxable year											
8	23rd preceding taxable year											
9	22nd preceding taxable year											
10	21st preceding taxable year											
11	20th preceding taxable year	1993										
12	19th preceding taxable year	1994	7500800						-7500800			0
13	18th preceding taxable year	1995		69970800							69970800	
14	17th preceding taxable year	1996		28376000							98346800	
15	16th preceding taxable year	1997	95187150						-95187150		3159650	
16	15th preceding taxable year	1998		41762000							44921650	
17	14th preceding taxable year	1999		46992000							91913650	
18	13th preceding taxable year	2000		47764000							139677650	
19	12th preceding taxable year	2001		68300000							207977650	
20	11th preceding taxable year	2002		53250000							261227650	
21	10th preceding taxable year	2003		24875000							286102650	
22	9th preceding taxable year	2004		31869000							317971650	
23	8th preceding taxable year	2005	22647000						-22647000		295324650	
24	7th preceding taxable year	2006		69171000							364495650	
25	6th preceding taxable year	2007	34706000						-34706000		329789650	
26	5th preceding taxable year	2008	47837000						-47837000		281952650	
27	4th preceding taxable year	2009	7591000						-7591000		274361650	
28	3rd preceding taxable year	2010	57882000						-57882000		216479650	
29	2nd preceding taxable year	2011	67530000						-67530000		148949650	
30	1st preceding taxable year	2012		69576000	7447483						69576000	7447483

Wisconsin Department
of Revenue

Read instructions before filling in this schedule

Name HIDE N SEEK FOODS, INC	Identifying Number 110000002
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Round Amounts to Nearest Dollar

1 Enter amount of wage tax benefits awarded by the Wisconsin Economic Development Corporation.....	1	<u>115000.00</u>
2 Enter amount awarded by the Wisconsin Economic Development Corporation for costs incurred to undertake training activities	2	<u>35000.00</u>
3 Add lines 1 and 2	3	<u>150000.00</u>
4 Jobs tax credit passed through from other entities:		
4a Entity Name _____		
FEIN _____ Amount 4a _____		<u>.00</u>
4b Entity Name _____		
FEIN _____ Amount 4b _____		<u>.00</u>
4c Total pass through credits from additional schedule. 4c _____		<u>.00</u>
4d Total credits (add lines 4a through 4c)	4d	<u>.00</u>
5 Add lines 3 and 4d. This is your 2013 jobs tax credit.....	5	<u>150000.00</u>
5a Fiduciaries - enter the amount of credit allocated to beneficiaries	5a	<u>.00</u>
5b Fiduciaries - subtract line 5a from line 5	5b	<u>.00</u>

Instructions for 2013 Schedule JT

Purpose of Schedule JT

Use Schedule JT to claim the jobs tax credit, which is available for taxpayers who are certified by the Wisconsin Economic Development Corporation (WEDC). For information regarding how to become certified, visit the WEDC web site at inwisconsin.com or write to the WEDC, PO Box 1687, Madison WI 53701-1687.

Credits are Refundable

If the amount of credit exceeds the tax otherwise due, the amount of the claim not used to offset the tax due will be refunded.

Who is Eligible to Compute the Credit

Any individual, estate, trust, partnership, limited liability company (LLC), tax-option (S) corporation, corporation or tax-exempt organization that is certified by the WEDC is eligible to compute the credit.

Who is Eligible to Claim the Credit

Individuals and corporations may claim the credit. Estates, trusts, partnerships, LLCs treated as partnerships, and tax-option (S) corporations cannot claim the credit, but the credit amount attributable to the entity's business operations passes through to the beneficiaries partners, members or shareholders.



**Wisconsin Combined Group
Member - Level Data**

2013

Wisconsin Department
of Revenue

File with Wisconsin Form 4

Designated Agent of Combined Group HIDE N SEEK FOODS, INC			A Designated Agent's FEIN 110000002		
Name of Combined Group Member to Which This Form Applies THE GREEK PLAYHOUSE			B Member's FEIN 110000012		
Number and Street 2700 ELMO STREET		Suite Number	C Business Activity (NAICS) Code 871199		
City MONROE	State IL	ZIP (+ 4 digit suffix if known) 61027		D State of Incorporation and Year IL	Year 2 0 0 1 Y Y Y Y
E Member's Taxable Year End 1 2 3 1 M M D D		F Period Included in This Return 0 1 0 1 2 0 1 3 - 0 1 0 1 2 0 1 3 M M D D Y Y Y Y M M D D Y Y Y Y			

- G Check (✓) if this member was excluded from a combined group in another state because it was not considered engaged in a unitary business. If checked, identify the applicable state(s) and explain on an attached statement.
- H Check (✓) if this member used a multiple factor apportionment formula as provided on Form 4A-2.
- I Check (✓) if for the period included in this return, the member filed a separate Wisconsin return or was included in the combined return of another group for items not included in this combined return. Enter the FEIN of the return under which those items were reported: _____
- J Check (✓) if the member is a(n): 1 Insurance company 2 Tax exempt corporation
- K1 Check (✓) if applicable:
 1 First return - new corporation or entering Wisconsin 3 Joined group during year 5 Short period - change in accounting method
 2 Final return - corporation dissolved or withdrew 4 Left group during year 6 Short period - stock purchase or sale
- K2 Did you file federal Schedule UTP – Uncertain Tax Position Statement with the IRS? Yes No
 Did you file federal Form 8886 – Reportable Transaction Disclosure Statement with the IRS? Yes No
 If yes to either, enclose federal Schedule UTP and/or Form 8886 with your Wisconsin tax return.

ENTER NEGATIVE NUMBERS LIKE THIS → -1000 NOT LIKE THIS → (1000) NO COMMAS; NO CENTS

Part I Member's Share of Form 4 Items

L1	Line 9: Combined unitary income (= Form 4, line 7 x member's percentage from Form 4A, Part II. If this is a 100% Wisconsin group, see instructions and complete line L2 if applicable.)	L1	<u>6946933.00</u>
L2	Adjustment for current year loss offset (see instructions).	L2	<u>.00</u>
M	Line 10: Wisconsin net nonapportionable and separately apportioned income (from Form 4N, line 14)	M	<u>.00</u>
N	Line 12: Net capital loss adjustment (from Form 4CL, Part I, line 9e)	N	<u>.00</u>
O	Line 15: Loss adjustment for insurance companies (from Schedule 4I, line 24)	O	<u>.00</u>
P	Line 17: Wisconsin net business loss carryforward (from Part II, line 18 on page 2 of this form)	P	<u>4881241.00</u>
Q	Line 21: Gross tax (generally = 7.9% x (lines L1 + L2 + M - N - P). See instructions.)	Q	<u>163190.00</u>
R	Line 22: Nonrefundable credits (from Part III, line 5 on page 2 of this form)	R	<u>65000.00</u>
S	Line 25: Economic development surcharge (if applicable, = greater of \$25 or 3% of gross tax on line Q; maximum of \$9,800. See instructions.)	S	<u>4896.00</u>
T	Line 29: If this member is not the designated agent and has separate estimated payments or overpayments to apply to this return, check (✓) after the letter "T" and complete Part IV on page 2.	T	<u> </u>
U	Line 30: Wisconsin tax withheld (see instructions). FEIN _____	U	<u>.00</u>
V	Line 31: Refundable credits { For each credit, enter code from instructions and amount. Enter total refundable credits on line V. _____ .00 _____ .00 _____ .00	V	<u>.00</u>
W	Line 41: Total company gross receipts from all activities (see instructions).	W	<u>175000000.00</u>
X	Line 42: Total company assets from federal Form 1120	X	<u>180000000.00</u>
Y	Lines 43 and 45: Wisconsin tangible property Y1 <u>11000000.00</u> Wisconsin payroll	Y2	<u>165000.00</u>
Z	Line 48: Total sales, receipts, or premiums (member's denominator from Form 4A, Part I)	Z	<u>250000000.00</u>

Name of Combined Group Member THE GREEK PLAYHOUSE	Member's FEIN 110000012
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Part II Wisconsin Net Business Loss Carryforward (See instructions)

1 Member's portion of combined unitary income from Part I, line L1 plus line L2	1	6946933 .00
2 Member's net nonapportionable and separately apportioned income from Part I, line M	2	.00
3 Add lines 1 and 2	3	6946933 .00
4 Member's net capital loss adjustment from Part I, line N (enter as a positive amount)	4	.00
5 Subtract line 4 from line 3	5	6946933 .00
6 Member's net business loss carryforward from Form 4BL, Part II, line 30, column (i) (Nonshareable) or the amount this member elected to use this period	6	.00
7 Enter the lesser of line 5 or line 6, but not less than zero	7	.00
8 Subtract line 7 from line 5	8	6946933 .00
9 Member's net business loss carryforward from Form 4BL, Part II, line 30, columns (j) and (k). (Shareable) or the amount this member elected to use this period.	9	.00
10 Enter the lesser of line 8 or line 9, but not less than zero	10	.00
11 Subtract line 10 from line 9. This is your remaining Shareable net business loss carryforward	11	.00
12 Subtract lines 7 and 10 from line 5. This is your remaining income before sharing with other members	12	6946933 .00
13 Shareable net business loss carryforward amount being shared with other members	13	.00
14 Shareable net business loss carryforward amount being shared with this member	14	.00
15 Subtract line 14 from line 12. This is your remaining income before sharing pre-2009 shareable net business loss carryforwards	15	6946933 .00
16 Pre-2009 shareable net business loss carryforward being shared with other members	16	.00
17 Pre-2009 shareable net business loss carryforward being shared with this member	17	4881241 .00
18 Member's net business loss. Add lines 7, 10, 14, and 17. Enter this amount on Part I, line P	18	4881241 .00

Part III Nonrefundable Credits

1 Summary of available nonrefundable credits from credit schedules		{ For each credit, enter code from instructions and amount. Enter total nonrefundable credits on line 1.								
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; border-bottom: 1px solid black;">32</td> <td style="width:25%; border-bottom: 1px solid black;">65000 .00</td> <td style="width:25%; border-bottom: 1px solid black;">.00</td> <td style="width:25%; border-bottom: 1px solid black;">.00</td> </tr> <tr> <td style="border-bottom: 1px solid black;">.00</td> </tr> </table>	32	65000 .00	.00	.00	.00	.00	.00	.00	1	65000 .00
32	65000 .00	.00	.00							
.00	.00	.00	.00							
2 Enter the member's gross tax from Part I, line Q	2	163190 .00								
3 Enter the lesser of line 1 or line 2 (see instructions for exception). This is the credit used by the member	3	65000 .00								
4 If line 2 is less than line 1 and the remaining credit includes a research credit, enter the amount shared with other combined group members as computed on Form 4CS.	4	.00								
5 Add lines 3 and 4. This is the amount to enter on Part I, line R	5	65000 .00								

Part IV Member-Level Payment Data

Complete Part IV only if the member is not the designated agent and has estimated payments made on a separate entity basis or overpayments from a separate return year to apply to this combined return.

1 Enter the amount of the member's overpayment from previously filed returns to be applied	1	.00						
2 <i>Estimated payments</i> - Enter date and amount of each payment made on a separate entity basis								
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">__/__/__ \$ _____</td> <td style="width:33%; border-bottom: 1px solid black;">__/__/__ \$ _____</td> <td style="width:33%; border-bottom: 1px solid black;">__/__/__ \$ _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">__/__/__ \$ _____</td> <td style="border-bottom: 1px solid black;">__/__/__ \$ _____</td> <td style="border-bottom: 1px solid black;">Total</td> </tr> </table>	__/__/__ \$ _____	__/__/__ \$ _____	__/__/__ \$ _____	__/__/__ \$ _____	__/__/__ \$ _____	Total	2	.00
__/__/__ \$ _____	__/__/__ \$ _____	__/__/__ \$ _____						
__/__/__ \$ _____	__/__/__ \$ _____	Total						
3 Add lines 1 and 2. This is the total amount of credit from this member's account to be included on Form 4, line 29	3	.00						

Wisconsin Department of Revenue

File with Wisconsin Form 1NPR, 2, 3, 4, 4T, or 5S

Read instructions before filling in this form

Name THE GREEK PLAYHOUSE	Identifying Number 110000012
------------------------------------	--

Round Amount to Nearest Dollar

Part I Sales Factor (Note: If Part I applies, you only need to complete page 1 of this form)

	(a) Wisconsin	(b) Total Company
1 Sales of tangible personal property delivered or shipped to Wisconsin purchasers:		
a Shipped from outside Wisconsin	15000000.00	
b Shipped from within Wisconsin	6000000.00	
2 Sales of tangible personal property shipped from Wisconsin to:		
a The federal government within Wisconsin	.00	
b The federal government in a state where the taxpayer would not be taxable under P.L. 86-272	.00	
c Purchasers in a state where the taxpayer would not be taxable under P.L. 86-272	.00	
3 Double throwback sales	.00	
4 Total sales of tangible personal property (for column (a), add lines 1 through 3)	21000000.00	25000000.00
5 Gross receipts from the use of computer software if the purchaser or licensee used the software in Wisconsin	.00	
6 Total gross receipts from the use of computer software		.00
7 Gross receipts from services provided to a purchaser who received the benefit of the service in Wisconsin	.00	
8 Total gross receipts from services		.00
9 Other apportionable gross receipts	.00	.00
10 For column a, add lines 4a, 5a, 7a and 9a. For column (b), add lines 4b, 6b, 8b, and 9b	21000000.00	25000000.00

Separate return filers and pass-through entities skip to line 17.

11 Enter sales included above, if any, that are intercompany sales between combined group members	.00	.00
12 Enter sales included above, if any, that are not included in the computation of combined unitary income	.00	.00
13 Add lines 11 and 12 for each column	.00	.00
14 Subtract line 13 from line 10 for each column	21000000.00	25000000.00
15 Enter intercompany sales previously excluded from the sales factor due to the deferral of income, if the deferred income is included in combined unitary income on this return	.00	.00
16 Add lines 14 and 15 for each column. Enter col. (a) amount in Form 4A, Part II. Enter col. (b) amount in Form 4A, Part I	21000000.00	25000000.00
17 Separate return filers and pass-through entities: Divide line 10a, by line 10b, and multiply by 100. This is the Wisconsin apportionment percentage	_____ %	



**Electronic Medical Records
Credit**

2013

Wisconsin Department
of Revenue

Enclose with Form 1, 1NPR, 2, 3, 4, 4T, 5, or 5S

Name THE GREEK PLAYHOUSE	Identifying Number 110000012
------------------------------------	--

1 Fill in the amount of electronic medical records credit allocated to you by the Wisconsin Department of Revenue **1** 0.00

2 Electronic medical records credit passed through from other entities

2a Entity Name NURSE JACKIE THERAPY, LLC
 FEIN 250000001 Amount **2a** 15000.00

2b Entity Name _____
 FEIN _____ Amount **2b** .00

2c Entity Name _____
 FEIN _____ Amount **2c** .00

2d Entity Name _____
 FEIN _____ Amount **2d** .00

2e Total pass through credits from additional schedule. **2e** .00

2f Total credits (add lines 2a through 2e) **2f** 15000.00

3 Add the amounts on lines 1 and 2f. This is your 2013 electronic medical records credit **3** 15000.00

3a Fiduciaries – Fill in the amount of credit allocated to beneficiaries **3a** .00

3b Fiduciaries – Subtract line 3a from line 3 **3b** .00

4 Carryover of unused electronic medical records credit **4** 50000.00

5 Add lines 3 and 4 (lines 3b and 4 if fiduciary). This is the available electronic medical records credit (see instructions) **5** 65000.00



**Wisconsin Combined Group
Member - Level Data**

2013

Wisconsin Department
of Revenue

File with Wisconsin Form 4

Designated Agent of Combined Group HIDE N SEEK FOODS, INC			A Designated Agent's FEIN 110000002		
Name of Combined Group Member to Which This Form Applies ACME FOODS CORP			B Member's FEIN 110000013		
Number and Street 18 MAIN STREET		Suite Number	C Business Activity (NAICS) Code 678799		
City BOSTON	State MA	ZIP (+ 4 digit suffix if known) 10793	D State of Incorporation and MA Enter abbreviation of state in box, or if a foreign country, enter below.		Year 1 9 9 8 Y Y Y Y
E Member's Taxable Year End 1 2 3 1 M M D D		F Period Included in This Return 0 1 0 1 2 0 1 3 - 0 1 0 1 2 0 1 3 M M D D Y Y Y Y M M D D Y Y Y Y			

- G Check (✓) if this member was excluded from a combined group in another state because it was not considered engaged in a unitary business. If checked, identify the applicable state(s) and explain on an attached statement.
- H Check (✓) if this member used a multiple factor apportionment formula as provided on Form 4A-2.
- I Check (✓) if for the period included in this return, the member filed a separate Wisconsin return or was included in the combined return of another group for items not included in this combined return. Enter the FEIN of the return under which those items were reported: _____
- J Check (✓) if the member is a(n): 1 Insurance company 2 Tax exempt corporation
- K1 Check (✓) if applicable:
 1 First return - new corporation or entering Wisconsin 3 Joined group during year 5 Short period - change in accounting method
 2 Final return - corporation dissolved or withdrew 4 Left group during year 6 Short period - stock purchase or sale
- K2 Did you file federal Schedule UTP - Uncertain Tax Position Statement with the IRS? Yes No
 Did you file federal Form 8886 - Reportable Transaction Disclosure Statement with the IRS? Yes No
 If yes to either, enclose federal Schedule UTP and/or Form 8886 with your Wisconsin tax return.

ENTER NEGATIVE NUMBERS LIKE THIS → -1000 NOT LIKE THIS → (1000) NO COMMAS; NO CENTS

Part I Member's Share of Form 4 Items

L1	Line 9: Combined unitary income (= Form 4, line 7 x member's percentage from Form 4A, Part II. If this is a 100% Wisconsin group, see instructions and complete line L2 if applicable.)	L1	<u>148829.00</u>
L2	Adjustment for current year loss offset (see instructions).	L2	<u>.00</u>
M	Line 10: Wisconsin net nonapportionable and separately apportioned income (from Form 4N, line 14)	M	<u>.00</u>
N	Line 12: Net capital loss adjustment (from Form 4CL, Part I, line 9e)	N	<u>.00</u>
O	Line 15: Loss adjustment for insurance companies (from Schedule 4I, line 24)	O	<u>.00</u>
P	Line 17: Wisconsin net business loss carryforward (from Part II, line 18 on page 2 of this form)	P	<u>104574.00</u>
Q	Line 21: Gross tax (generally = 7.9% x (lines L1 + L2 + M - N - P). See instructions.)	Q	<u>3496.00</u>
R	Line 22: Nonrefundable credits (from Part III, line 5 on page 2 of this form)	R	<u>132.00</u>
S	Line 25: Economic development surcharge (if applicable, = greater of \$25 or 3% of gross tax on line Q; maximum of \$9,800. See instructions.)	S	<u>.00</u>
T	Line 29: If this member is not the designated agent and has separate estimated payments or overpayments to apply to this return, check (✓) after the letter "T" and complete Part IV on page 2.	T	<input type="checkbox"/>
U	Line 30: Wisconsin tax withheld (see instructions). FEIN _____	U	<u>.00</u>
V	Line 31: Refundable credits { For each credit, enter code from instructions and amount. Enter total refundable credits on line V. _____ .00 _____ .00 _____ .00	V	<u>.00</u>
W	Line 41: Total company gross receipts from all activities (see instructions).	W	<u>1500000.00</u>
X	Line 42: Total company assets from federal Form 1120	X	<u>2000000.00</u>
Y	Lines 43 and 45: Wisconsin tangible property Y1 <u>5000.00</u> Wisconsin payroll	Y2	<u>1300.00</u>
Z	Line 48: Total sales, receipts, or premiums (member's denominator from Form 4A, Part I)	Z	<u>800000.00</u>

Name of Combined Group Member
ACME FOODS CORP

Member's FEIN
110000013

Part II Wisconsin Net Business Loss Carryforward (See instructions)

Table with 17 rows for Wisconsin Net Business Loss Carryforward. Columns include line number, description, and amount. Total amount is 104,574.00.

Part III Nonrefundable Credits

Table for Nonrefundable Credits. Includes instructions for line 1 and a table for credit amounts. Total amount is 0.00.

Part IV Member-Level Payment Data

Complete Part IV only if the member is not the designated agent and has estimated payments made on a separate entity basis or overpayments from a separate return year to apply to this combined return.

Table for Member-Level Payment Data. Includes instructions for line 1 and a table for payment dates and amounts. Total amount is 0.00.

Wisconsin Apportionment Data for Single Factor Formulas

2013

Wisconsin Department of Revenue

File with Wisconsin Form 1NPR, 2, 3, 4, 4T, or 5S

Read instructions before filling in this form

Name ACME FOODS CORP	Identifying Number 110000013
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Round Amount to Nearest Dollar

Part I Sales Factor (Note: If Part I applies, you only need to complete page 1 of this form)

	(a) Wisconsin	(b) Total Company
1 Sales of tangible personal property delivered or shipped to Wisconsin purchasers:		
a Shipped from outside Wisconsin	170000.00	
b Shipped from within Wisconsin	200000.00	
2 Sales of tangible personal property shipped from Wisconsin to:		
a The federal government within Wisconsin	50000.00	
b The federal government in a state where the taxpayer would not be taxable under P.L. 86-272	.00	
c Purchasers in a state where the taxpayer would not be taxable under P.L. 86-272	.00	
3 Double throwback sales	17000.00	
4 Total sales of tangible personal property (for column (a), add lines 1 through 3)	437000.00	600000.00
5 Gross receipts from the use of computer software if the purchaser or licensee used the software in Wisconsin	.00	
6 Total gross receipts from the use of computer software		.00
7 Gross receipts from services provided to a purchaser who received the benefit of the service in Wisconsin	.00	
8 Total gross receipts from services		.00
9 Other apportionable gross receipts	.00	100000.00
10 For column a, add lines 4a, 5a, 7a and 9a. For column (b), add lines 4b, 6b, 8b, and 9b	437000.00	700000.00
<i>Separate return filers and pass-through entities skip to line 17.</i>		
11 Enter sales included above, if any, that are intercompany sales between combined group members	.00	.00
12 Enter sales included above, if any, that are not included in the computation of combined unitary income	.00	.00
13 Add lines 11 and 12 for each column	.00	.00
14 Subtract line 13 from line 10 for each column	437000.00	700000.00
15 Enter intercompany sales previously excluded from the sales factor due to the deferral of income, if the deferred income is included in combined unitary income on this return	13000.00	100000.00
16 Add lines 14 and 15 for each column. Enter col. (a) amount in Form 4A, Part II. Enter col. (b) amount in Form 4A, Part I	450000.00	800000.00
17 Separate return filers and pass-through entities: Divide line 10a, by line 10b, and multiply by 100. This is the Wisconsin apportionment percentage.		%



Name ACME FOOD CORP	Identifying Number 110000013
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- 1** Fill in the number of full-time equivalent employees you employed in Wisconsin during your taxable year beginning in 2013 (see instructions) **1** _____ **2** _____
- 2** Fill in the number of full-time equivalent employees you employed in Wisconsin during your taxable year beginning in 2012 (see instructions) **2** _____ **1** _____
- 3** Subtract line 2 from line 1. (If line 2 is greater than line 1, fill in zero (0) on line 3. Do not complete the rest of the schedule. You do not qualify for the deduction) **3** _____ **1** _____
- 4** If the gross receipts (see definition in instructions) from the business were \$5,000,000 or less during the 2013 taxable year, fill in \$4,000 on line 4; if gross receipts from the business were greater than \$5,000,000 during the 2013 taxable year, fill in \$2,000 on line 4 **4** _____ 4 000 .00
- 5** Multiply line 3 by the amount on line 4 **5** _____ 4 000 .00
- 6** Job creation deduction passed through from other entities:
- 6a** Entity Name _____
FEIN _____ Amount **6a** _____ .00
- 6b** Entity Name _____
FEIN _____ Amount **6b** _____ .00
- 6c** Total pass through credits from additional schedule. **6c** _____ .00
- 6d** Total credits (add lines 6a through 6c) **6d** _____ 0 .00
- 7** Add the amounts on lines 5 and 6d. This is your 2013 job creation deduction (see instructions) **7** _____ 4 000 .00
- 7a** Fiduciaries – Fill in the amount of the deduction allocated to beneficiaries. . . . **7a** _____ .00
- 7b** Fiduciaries – Subtract line 7a from line 7 **7b** _____ .00

9-24-13
DRAFT



Name ACME FOODS CORP	Identifying Number 110000013
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Part I Manufacturing Credit

Round Amounts to Nearest Dollar

1	Fill in the amount of your production gross receipts	1	<u>440,000.00</u>
2	Cost of goods sold allocable to production gross receipts . . .	2	<u>1,700.00</u>
3	Direct costs allocable to production gross receipts	3	<u>55,203.00</u>
4	Add lines 2 and 3	4	<u>56,903.00</u>
5	Subtract line 4 from line 1	5	<u>383,097.00</u>
6	Indirect costs	6	<u>4,492.00</u>
7	Production gross receipts (line 1) 7		<u>440,000.00</u>
8	All gross receipts 8		<u>1,000,000.00</u>
9	Divide line 7 by line 8 9		<u>44.0000%</u>
10	Multiply line 6 by the percentage on line 9 10		<u>1,976.00</u>
11	Subtract line 10 from line 5. If zero or less, stop here. You do not qualify for the manufacturing credit. Otherwise, go to line 12. 11		<u>381,121.00</u>
12	Average value of real and personal property (assessed under sec. 70.995, Wis. Stats.), owned or rented, and used in Wisconsin to manufacture qualified production property . 12		<u>500,000.00</u>
13	Average value of all real and personal property, owned or rented, and used to manufacture qualified production property 13		<u>500,000.00</u>
14	Divide line 12 by line 13 14		<u>100.0000%</u>
15a	Multiply line 11 by the percentage on line 14 (corporations filing Form 4, also complete lines 15b and 15c. All others, skip to line 15d). 15a		<u>381,121.00</u>
15b	Single entity Form 4 filers - Fill in the amount from line 11 of Form 4 15b		<u>0.00</u>
15c	Combined group members filing Form 4 (see instructions) 15c		<u>3,496.00</u>
15d	Fill in the smaller of lines 15a, 15b, or 15c. 15d		<u>3,496.00</u>
16	Multiply line 15d by 0.01875 (1.875%). This is your manufacturing credit before pass-through credits. 16		<u>66.00</u>
17	Manufacturing credit passed through from other entities		
	Entity Name _____		
	FEIN _____	17	<u>.00</u>
18	Add lines 16 and 17. This is your 2013 credit (see instructions) 18		<u>66.00</u>
18a	Fiduciaries - Fill in the amount of credit allocated to beneficiaries. 18a		<u>.00</u>
18b	Fiduciaries - Subtract line 18a from line 18 18b		<u>.00</u>



Part II Agriculture Credit

Round Amounts to Nearest Dollar

1	Fill in the amount of your production gross receipts	1	<u>350,000 .00</u>
2	Cost of goods sold allocable to production gross receipts	2	<u>100,000 .00</u>
3	Direct costs allocable to production gross receipts	3	<u>50,000 .00</u>
4	Add lines 2 and 3	4	<u>150,000 .00</u>
5	Subtract line 4 from line 1	5	<u>200,000 .00</u>
6	Indirect costs	6	<u>10,000 .00</u>
7	Production gross receipts (line 1) 7		<u>350,000 .00</u>
8	All gross receipts 8		<u>1,000,000 .00</u>
9	Divide line 7 by line 8 9		<u>35 . 0 0 0 0 %</u>
10	Multiply line 6 by the percentage on line 9 10		<u>3,500 .00</u>
11	Subtract line 10 from line 5. If zero or less, stop here. You do not qualify for the agriculture credit. Otherwise, go to line 12. 11		<u>196,500 .00</u>
12	Average value of real property and improvements (assessed under sec. 70.32(2)(a)4, Wis. Stats.), owned or rented, and used in Wisconsin to produce, grow, or extract qualified production property 12		<u>700,000 .00</u>
13	Average value of all real property and improvements, owned or rented, and used to produce, grow, or extract qualified production property 13		<u>1,000,000 .00</u>
14	Divide line 12 by line 13 14		<u>70 . 0 0 0 0 %</u>
15a	Multiply line 11 by the percentage on line 14 (corporations filing Form 4, also complete lines 15b and 15c. All others, skip to line 15d. 15a		<u>137,550 .00</u>
15b	Single entity Form 4 filers - Fill in the amount from line 11 of Form 4 15b		<u>.00</u>
15c	Combined group members filing Form 4 (see instructions) 15c		<u>3,496 .00</u>
15d	Fill in the smaller of lines 15a, 15b, or 15c 15d		<u>3,496 .00</u>
16	Multiply line 15d by 0.01875 (1.875%). This is your agriculture credit before pass-through credits. 16		<u>66 .00</u>
17	Agriculture credit passed through from other entities Entity Name _____ FEIN _____ 17		<u>.00</u>
18	Add lines 16 and 17. This is your 2013 credit (see instructions) 18		<u>66 .00</u>
18a	Fiduciaries - Fill in the amount of credit allocated to beneficiaries. 18a		<u>.00</u>
18b	Fiduciaries - Subtract line 18a from line 18 18b		<u>.00</u>

0-25-13 DRAFT



Wisconsin Department
of Revenue

File with Wisconsin Form 4

Designated Agent of Combined Group HIDE N SEEK FOODS, INC			A Designated Agent's FEIN 110000002		
Name of Combined Group Member to Which This Form Applies ITALIAN PASTA COMPANY			B Member's FEIN 110000125		
Number and Street 700 PALM STREET			Suite Number		
City FORT MYERS		State FL	ZIP (+ 4 digit suffix if known) 33901		D State of Incorporation and Year FL Enter abbreviation of state in box, or if a foreign country, enter below. 1 9 9 9 Y Y Y Y
E Member's Taxable Year End 1 2 3 1 M M D D		F Period Included in This Return 0 1 0 1 2 0 1 3 - 0 1 0 1 2 0 1 3 M M D D Y Y Y Y M M D D Y Y Y Y			

- G Check (✓) if this member was excluded from a combined group in another state because it was not considered engaged in a unitary business. If checked, identify the applicable state(s) and explain on an attached statement.
- H Check (✓) if this member used a multiple factor apportionment formula as provided on Form 4A-2.
- I Check (✓) if for the period included in this return, the member filed a separate Wisconsin return or was included in the combined return of another group for items not included in this combined return. Enter the FEIN of the return under which those items were reported: _____
- J Check (✓) if the member is a(n): 1 Insurance company 2 Tax exempt corporation
- K1 Check (✓) if applicable:
- 1 First return - new corporation or entering Wisconsin 3 Joined group during year 5 Short period - change in accounting method
- 2 Final return - corporation dissolved or withdrew 4 Left group during year 6 Short period - stock purchase or sale
- K2 Did you file federal Schedule UTP - Uncertain Tax Position Statement with the IRS? Yes No
- Did you file federal Form 8886 - Reportable Transaction Disclosure Statement with the IRS? Yes No
- If yes to either, enclose federal Schedule UTP and/or Form 8886 with your Wisconsin tax return.

ENTER NEGATIVE NUMBERS LIKE THIS → -1000 NOT LIKE THIS → (1000) NO COMMAS; NO CENTS

Part I Member's Share of Form 4 Items

L1	Line 9: Combined unitary income (= Form 4, line 7 x member's percentage from Form 4A, Part II. If this is a 100% Wisconsin group, see instructions and complete line L2 if applicable.)	L1	<u>5632637.00</u>
L2	Adjustment for current year loss offset (see instructions).	L2	<u>.00</u>
M	Line 10: Wisconsin net nonapportionable and separately apportioned income (from Form 4N, line 14)	M	<u>.00</u>
N	Line 12: Net capital loss adjustment (from Form 4CL, Part I, line 9e)	N	<u>.00</u>
O	Line 15: Loss adjustment for insurance companies (from Schedule 4I, line 24)	O	<u>.00</u>
P	Line 17: Wisconsin net business loss carryforward (from Part II, line 18 on page 2 of this form)	P	<u>4782226.00</u>
Q	Line 21: Gross tax (generally = 7.9% x (lines L1 + L2 + M - N - P). See instructions.)	Q	<u>67182.00</u>
R	Line 22: Nonrefundable credits (from Part III, line 5 on page 2 of this form)	R	<u>.00</u>
S	Line 25: Economic development surcharge (if applicable, = greater of \$25 or 3% of gross tax on line Q; maximum of \$9,800. See instructions.)	S	<u>2015.00</u>
T	Line 29: If this member is not the designated agent and has separate estimated payments or overpayments to apply to this return, check (✓) after the letter "T" and complete Part IV on page 2.	T	<u> </u>
U	Line 30: Wisconsin tax withheld (see instructions). FEIN _____	U	<u>.00</u>
V	Line 31: Refundable credits { For each credit, enter code from instructions and amount. Enter total refundable credits on line V.	V	<u>.00</u>
W	Line 41: Total company gross receipts from all activities (see instructions).	W	<u>151000000.00</u>
X	Line 42: Total company assets from federal Form 1120	X	<u>203000000.00</u>
Y	Lines 43 and 45: Wisconsin tangible property Y1 <u>270000.00</u> Wisconsin payroll	Y2	<u>51000.00</u>
Z	Line 48: Total sales, receipts, or premiums (member's denominator from Form 4A, Part I)	Z	<u>132000000.00</u>

Name of Combined Group Member ITALIAN PASTA COMPANY	Member's FEIN 110000125
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Part II Wisconsin Net Business Loss Carryforward (See instructions)

1	Member's portion of combined unitary income from Part I, line L1 plus line L2	1	<u>5632637.00</u>
2	Member's net nonapportionable and separately apportioned income from Part I, line M	2	<u>.00</u>
3	Add lines 1 and 2	3	<u>5632637.00</u>
4	Member's net capital loss adjustment from Part I, line N (enter as a positive amount)	4	<u>.00</u>
5	Subtract line 4 from line 3	5	<u>5632637.00</u>
6	Member's net business loss carryforward from Form 4BL, Part II, line 30, column (i) (Nonshareable) or the amount this member elected to use this period	6	<u>.00</u>
7	Enter the lesser of line 5 or line 6, but not less than zero	7	<u>.00</u>
8	Subtract line 7 from line 5	8	<u>5632637.00</u>
9	Member's net business loss carryforward from Form 4BL, Part II, line 30, columns (j) and (k) (Shareable) or the amount this member elected to use this period	9	<u>2772700.00</u>
10	Enter the lesser of line 8 or line 9, but not less than zero	10	<u>2772700.00</u>
11	Subtract line 10 from line 9. This is your remaining Shareable net business loss carryforward	11	<u>.00</u>
12	Subtract lines 7 and 10 from line 5. This is your remaining income before sharing with other members	12	<u>2859937.00</u>
13	Shareable net business loss carryforward amount being shared with other members	13	<u>.00</u>
14	Shareable net business loss carryforward amount being shared with this member	14	<u>.00</u>
15	Subtract line 14 from line 12. This is your remaining income before sharing pre-2009 shareable net business loss carryforwards	15	<u>2859937.00</u>
16	Pre-2009 shareable net business loss carryforward being shared with other members	16	<u>.00</u>
17	Pre-2009 shareable net business loss carryforward being shared with this member	17	<u>2009526.00</u>
18	Member's net business loss. Add lines 7, 10, 14, and 17. Enter this amount on Part I, line P	18	<u>4782226.00</u>

Part III Nonrefundable Credits

1	Summary of available nonrefundable credits from credit schedules	{	For each credit, enter code from instructions and amount. Enter total nonrefundable credits on line 1.
	<u>.00</u>	<u>.00</u>	<u>.00</u>
	<u>.00</u>	<u>.00</u>	<u>.00</u>
			1 <u>.00</u>
2	Enter the member's gross tax from Part I, line Q	2	<u>.00</u>
3	Enter the lesser of line 1 or line 2 (see instructions for exception). This is the credit used by the member	3	<u>.00</u>
4	If line 2 is less than line 1 and the remaining credit includes a research credit, enter the amount shared with other combined group members as computed on Form 4CS	4	<u>.00</u>
5	Add lines 3 and 4. This is the amount to enter on Part I, line R	5	<u>.00</u>

Part IV Member-Level Payment Data

Complete Part IV only if the member is not the designated agent and has estimated payments made on a separate entity basis or overpayments from a separate return year to apply to this combined return.

1	Enter the amount of the member's overpayment from previously filed returns to be applied	1	<u>.00</u>						
2	Estimated payments - Enter date and amount of each payment made on a separate entity basis								
	<table border="1"> <tr> <td>___/___/___ \$ _____</td> <td>___/___/___ \$ _____</td> <td>___/___/___ \$ _____</td> </tr> <tr> <td>___/___/___ \$ _____</td> <td>___/___/___ \$ _____</td> <td>Total.....</td> </tr> </table>	___/___/___ \$ _____	___/___/___ \$ _____	___/___/___ \$ _____	___/___/___ \$ _____	___/___/___ \$ _____	Total.....	2	<u>.00</u>
___/___/___ \$ _____	___/___/___ \$ _____	___/___/___ \$ _____							
___/___/___ \$ _____	___/___/___ \$ _____	Total.....							
3	Add lines 1 and 2. This is the total amount of credit from this member's account to be included on Form 4, line 29	3	<u>.00</u>						

Wisconsin Apportionment Data for Single Factor Formulas

2013

Wisconsin Department of Revenue

File with Wisconsin Form 1NPR, 2, 3, 4, 4T, or 5S

Read instructions before filling in this form

Name ITALIAN PASTA COMPANY	Identifying Number 110000125
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Round Amount to Nearest Dollar

Part I Sales Factor (Note: If Part I applies, you only need to complete page 1 of this form)

	(a) Wisconsin	(b) Total Company
1 Sales of tangible personal property delivered or shipped to Wisconsin purchasers:		
a Shipped from outside Wisconsin	17000000.00	
b Shipped from within Wisconsin .....	.00	
2 Sales of tangible personal property shipped from Wisconsin to:		
a The federal government within Wisconsin .....	.00	
b The federal government in a state where the taxpayer would not be taxable under P.L. 86-272. ....	.00	
c Purchasers in a state where the taxpayer would not be taxable under P.L. 86-272. ....	.00	
3 Double throwback sales. ....	.00	
4 Total sales of tangible personal property (for column (a), add lines 1 through 3)	17000000.00	130000000.00
5 Gross receipts from the use of computer software if the purchaser or licensee used the software in Wisconsin .....	.00	
6 Total gross receipts from the use of computer software .....		.00
7 Gross receipts from services provided to a purchaser who received the benefit of the service in Wisconsin .....	.00	
8 Total gross receipts from services .....		.00
9 Other apportionable gross receipts	27000.00	2000000.00
10 For column a, add lines 4a, 5a, 7a and 9a. For column (b), add lines 4b, 6b, 8b, and 9b	17027000.00	132000000.00
<i>Separate return filers and pass-through entities skip to line 17.</i>		
11 Enter sales included above, if any, that are intercompany sales between combined group members .....	.00	.00
12 Enter sales included above, if any, that are not included in the computation of combined unitary income .....	.00	.00
13 Add lines 11 and 12 for each column .....	.00	.00
14 Subtract line 13 from line 10 for each column	17027000.00	132000000.00
15 Enter intercompany sales previously excluded from the sales factor due to the deferral of income, if the deferred income is included in combined unitary income on this return .....	.00	.00
16 Add lines 14 and 15 for each column. Enter col. (a) amount in Form 4A, Part II. Enter col. (b) amount in Form 4A, Part I	17027000.00	132000000.00
17 <i>Separate return filers and pass-through entities:</i> Divide line 10a, by line 10b, and multiply by 100. This is the Wisconsin apportionment percentage.	_____ %	



Wisconsin Department of Revenue

File with Wisconsin Form 4 or 5

Name ITALIAN PASTA COMPANY	Federal Employer ID Number 110000125
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Part I - Separate Entity Corporations	<i>(see instructions)</i>
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Starting with column (a), complete all applicable lines for one column before filling in the next column.	(a) Year	(b) Loss	(c) Income	(d) Loss Used/ Expired	(e) Years Losses Incurred	(f) Remaining Loss Available
1 30th preceding taxable year						
2 29th preceding taxable year						
3 28th preceding taxable year						
4 27th preceding taxable year						
5 26th preceding taxable year						
6 25th preceding taxable year						
7 24th preceding taxable year						
8 23rd preceding taxable year						
9 22nd preceding taxable year						
10 21st preceding taxable year						
11 20th preceding taxable year						
12 19th preceding taxable year						
13 18th preceding taxable year						
14 17th preceding taxable year						
15 16th preceding taxable year						
16 15th preceding taxable year						
17 14th preceding taxable year						
18 13th preceding taxable year						
19 12th preceding taxable year						
20 11th preceding taxable year						
21 10th preceding taxable year						
22 9th preceding taxable year						
23 8th preceding taxable year						
24 7th preceding taxable year						
25 6th preceding taxable year						
26 5th preceding taxable year						
27 4th preceding taxable year						
28 3rd preceding taxable year						
29 2nd preceding taxable year						
30 1st preceding taxable year						

Wisconsin Department
of Revenue

File with Wisconsin Form 4

Designated Agent of Combined Group HIDE N SEEK FOODS, INC			A Designated Agent's FEIN 110000002		
Name of Combined Group Member to Which This Form Applies WISCONSIN TELECOM CO			B Member's FEIN 110000124		
Number and Street 31 JOHN NOLAN DRIVE			C Business Activity (NAICS) Code 818191		
City MADISON		State WI	ZIP (+ 4 digit suffix if known) 53711		D State of Incorporation and Year WI Enter abbreviation of state in box, or if a foreign country, enter below. 1 9 9 3 Y Y Y Y
E Member's Taxable Year End 1 2 3 1 M M D D		F Period Included in This Return 0 1 0 1 2 0 1 3 - 0 1 0 1 2 0 1 3 M M D D Y Y Y Y M M D D Y Y Y Y			

- G Check (✓) if this member was excluded from a combined group in another state because it was not considered engaged in a unitary business. If checked, identify the applicable state(s) and explain on an attached statement.
- H Check (✓) if this member used a multiple factor apportionment formula as provided on Form 4A-2.
- I Check (✓) if for the period included in this return, the member filed a separate Wisconsin return or was included in the combined return of another group for items not included in this combined return. Enter the FEIN of the return under which those items were reported: _____
- J Check (✓) if the member is a(n): 1 Insurance company 2 Tax exempt corporation
- K1 Check (✓) if applicable:
 1 First return - new corporation or entering Wisconsin 3 Joined group during year 5 Short period - change in accounting method
 2 Final return - corporation dissolved or withdrew 4 Left group during year 6 Short period - stock purchase or sale
- K2 Did you file federal Schedule UTP – Uncertain Tax Position Statement with the IRS? Yes No
 Did you file federal Form 8886 – Reportable Transaction Disclosure Statement with the IRS? Yes No
 If yes to either, enclose federal Schedule UTP and/or Form 8886 with your Wisconsin tax return.

ENTER NEGATIVE NUMBERS LIKE THIS → -1000 NOT LIKE THIS → (1000) NO COMMAS; NO CENTS

Part I Member's Share of Form 4 Items

L1	Line 9: Combined unitary income (= Form 4, line 7 x member's percentage from Form 4A, Part II. If this is a 100% Wisconsin group, see instructions and complete line L2 if applicable.)	L1	<u>6630.00</u>
L2	Adjustment for current year loss offset (see instructions).	L2	<u>.00</u>
M	Line 10: Wisconsin net nonapportionable and separately apportioned income (from Form 4N, line 14)	M	<u>.00</u>
N	Line 12: Net capital loss adjustment (from Form 4CL, Part I, line 9e)	N	<u>.00</u>
O	Line 15: Loss adjustment for insurance companies (from Schedule 4I, line 24)	O	<u>.00</u>
P	Line 17: Wisconsin net business loss carryforward (from Part II, line 18 on page 2 of this form)	P	<u>4659.00</u>
Q	Line 21: Gross tax (generally = 7.9% x (lines L1 + L2 + M - N - P). See instructions.)	Q	<u>156.00</u>
R	Line 22: Nonrefundable credits (from Part III, line 5 on page 2 of this form)	R	<u>15000.00</u>
S	Line 25: Economic development surcharge (if applicable, = greater of \$25 or 3% of gross tax on line Q; maximum of \$9,800. See instructions.)	S	<u>25.00</u>
T	Line 29: If this member is not the designated agent and has separate estimated payments or overpayments to apply to this return, check (✓) after the letter "T" and complete Part IV on page 2	T	<u> </u>
U	Line 30: Wisconsin tax withheld (see instructions). FEIN _____	U	<u>.00</u>
V	Line 31: Refundable credits { For each credit, enter code from instructions and amount. Enter total refundable credits on line V. <u> </u> .00 <u> </u> .00 <u> </u> .00	V	<u>.00</u>
W	Line 41: Total company gross receipts from all activities (see instructions).	W	<u>4000000.00</u>
X	Line 42: Total company assets from federal Form 1120	X	<u>28000000.00</u>
Y	Lines 43 and 45: Wisconsin tangible property Y1 <u>50000.00</u> Wisconsin payroll	Y2	<u>17000.00</u>
Z	Line 48: Total sales, receipts, or premiums (member's denominator from Form 4A, Part I).	Z	<u>1200000.00</u>

Name of Combined Group Member
WISCONSIN TELECOM CO

Member's FEIN
110000124

Part II Wisconsin Net Business Loss Carryforward (See instructions)

Table with 18 rows for Wisconsin Net Business Loss Carryforward. Columns include line number, description, and amount. Total amount is 4659.00.

Part III Nonrefundable Credits

Table for Nonrefundable Credits. Includes a summary row with a note: 'For each credit, enter code from instructions and amount. Enter total nonrefundable credits on line 1.' Total amount is 15000.00.

Part IV Member-Level Payment Data

Table for Member-Level Payment Data. Includes instructions: 'Complete Part IV only if the member is not the designated agent and has estimated payments made on a separate entity basis or overpayments from a separate return year to apply to this combined return.' Total amount is 0.00.

Wisconsin Apportionment Data for Multiple Factor Formulas

2013

Wisconsin Department of Revenue

File with Wisconsin Form 1NPR, 2, 3, 4, 4T, or 5S

Read instructions before filling in this form

Name WISCONSIN TELECOM CO	Identifying Number 110000124
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Part I Apportionment Percentage for Companies in Specialized Industries

Air carriers complete Part I-A, motor carriers complete Part I-B, railroads and sleeping car companies complete Part I-C, pipeline companies complete Part I-D, and telecommunications companies complete Part I-E.

Notes for combined return filers:

- You must exclude intercompany transactions from both column (a) and column (b).
- You must exclude from both column (a) and column (b) any amounts that do not relate to receipts included in the computation of combined unitary income.
- If any intercompany transactions were previously excluded from apportionment factors due to the deferral of income, you must include those transactions in the apportionment factors if the deferred income is included in combined unitary income on this return.
- You must complete Part II on page 6.

Part I-A Apportionment Percentage for Interstate Air Carriers

(See section Tax 2.46, Wis. Adm. Code)

	(a) Wisconsin	(b) Total Company
1 Aircraft arrivals and departures	1	
2 Divide line 1, column (a), by line 1, column (b), and multiply by 100	2	%
3 Factor weight	3	0.3333
4 Multiply line 2 by line 3. This is the Wisconsin arrivals and departures factor	4	%
5 Revenue tons	5	
6 Divide line 5, column (a), by line 5, column (b), and multiply by 100	6	%
7 Factor weight	7	0.3333
8 Multiply line 6 by line 7. This is the Wisconsin revenue tons factor	8	%
9 Originating revenue	9	
10 Divide line 9, column (a), by line 9, column (b), and multiply by 100	10	%
11 Factor weight	11	0.3333
12 Multiply line 10 by line 11. This is the Wisconsin originating revenue factor	12	%
13 Add lines 4, 8, and 12. This is the Wisconsin percentage	13	%

Combined return filers: Continue to Part II on page 6.

Part I-B Apportionment Percentage for Interstate Motor Carriers
 (See section Tax 2.47, Wis. Adm. Code)

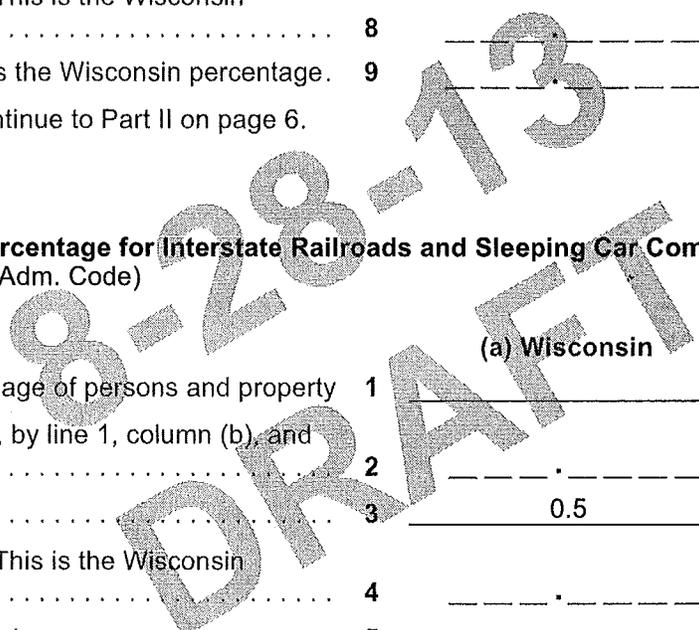
		(a) Wisconsin	(b) Total Company
1	Gross receipts from carriage of persons and property	1	
2	Divide line 1, column (a), by line 1, column (b), and multiply by 100.	2	_____ %
3	Factor weight.	3	0.5
4	Multiply line 2 by line 3. This is the Wisconsin gross receipts factor	4	_____ %
5	Ton miles of carriage	5	
6	Divide line 5, column (a), by line 5, column (b), and multiply by 100.	6	_____ %
7	Factor weight.	7	0.5
8	Multiply line 6 by line 7. This is the Wisconsin ton miles factor	8	_____ %
9	Add lines 4 and 8. This is the Wisconsin percentage.	9	_____ %

Combined return filers: Continue to Part II on page 6.

Part I-C Apportionment Percentage for Interstate Railroads and Sleeping Car Companies
 (See section Tax 2.475, Wis. Adm. Code)

		(a) Wisconsin	(b) Total Company
1	Gross receipts from carriage of persons and property	1	
2	Divide line 1, column (a), by line 1, column (b), and multiply by 100.	2	_____ %
3	Factor weight.	3	0.5
4	Multiply line 2 by line 3. This is the Wisconsin gross receipts factor	4	_____ %
5	Revenue ton miles of carriage	5	
6	Divide line 5, column (a), by line 5, column (b), and multiply by 100.	6	_____ %
7	Factor weight.	7	0.5
8	Multiply line 6 by line 7. This is the Wisconsin revenue ton miles factor	8	_____ %
9	Add lines 4 and 8. This is the Wisconsin percentage.	9	_____ %

Combined return filers: Continue to Part II on page 6.



Part I-D Apportionment Percentage for Interstate Pipeline Companies
 (See section Tax 2.48, Wis. Adm. Code)

Property Factor

		(a) Wisconsin		(b) Total Company	
		(i) Beginning of Year	(ii) End of Year	(i) Beginning of Year	(ii) End of Year
1	Land	1			
2	Buildings	2			
3	Furniture and fixtures	3			
4	Transportation equipment	4			
5	Machinery and other equipment	5			
6	Depletable property	6			
7	Leasehold improvements	7			
8	Inventories	8			
9	Other (specify)	9			
10	Add lines 1 through 9	10			

	(a) Wisconsin	(b) Total Company
11	Separately for Wisconsin and the total company, add the amounts from line 10, columns (i) and (ii), and divide each total by 2. This is the total property	
12	Divide line 11, column (a), by line 11, column (b), and multiply by 100	
13	0.3333	
14	Multiply line 12 by line 13. This is the Wisconsin property factor	

Payroll Factor

	(a) Wisconsin	(b) Total Company
15	Wages, salaries, and other compensation paid to employees	
16	Fees paid to affiliated corporations for personal services	
17	Add lines 15 and 16. This is the total payroll	
18	Divide line 17, column (a), by line 17, column (b), and multiply by 100	
19	0.3333	
20	Multiply line 18 by line 19. This is the Wisconsin payroll factor	

Traffic Units Factor

		(a) Wisconsin	(b) Total Company
21	Traffic units		
22	Divide line 21, column (a), by line 21, column (b), and multiply by 100	_____ %	
23	Factor weight	0.3333	
24	Multiply line 22 by line 23. This is the Wisconsin traffic units factor	_____ %	
25	Add lines 14, 20, and 24. This is the Wisconsin percentage	_____ %	

Combined return filers: Continue to Part II on page 6.

Part I-E Apportionment Percentage for Interstate Telecommunications Companies
(See section Tax 2.502, Wis. Adm. Code)

Property Factor

		(a) Wisconsin		(b) Total Company	
		(i) Beginning of Year	(ii) End of Year	(i) Beginning of Year	(ii) End of Year
1	Land	5000	5000	200000	200000
2	Buildings	6000	7000	100000	100000
3	Furniture and fixtures	8000	10000	200000	200000
4	Transportation equipment	7000	14000	100000	100000
5	Machinery and other equipment	10000	12000	200000	200000
6	Inventories	2000	7000	200000	200000
7	Other (specify)	1000	6000	100000	200000
8	Add lines 1 through 7	39000	61000	1100000	1200000

		(a) Wisconsin	(b) Total Company
9	Separately for Wisconsin and the total company, add the amounts from line 8, columns (i) and (ii), and divide each total by 2. This is the average owned property	50000	1150000
10	Rentals paid multiplied by 8	0	200000
11	Add lines 9 and 10. This is the total property	50000	1350000
12	Divide line 11, column (a), by line 11, column (b), and multiply by 100	3.7037 %	
13	Factor weight	0.3333	
14	Multiply line 12 by line 13. This is the Wisconsin property factor	1.2344 %	

Payroll Factor

		(a) Wisconsin	(b) Total Company
15	Wages, salaries, and other compensation paid to employees	17000	4733000
16	Fees paid to affiliated corporations for personal services	0	0
17	Add lines 15 and 16. This is the total payroll	17000	4733000
18	Divide line 17, column (a), by line 17, column (b), and multiply by 100 . . . . .	. 3 5 9 2 %	
19	Factor weight	0.3333	
20	Multiply line 18 by line 19. This is the Wisconsin payroll factor . . . . .	. 1 1 9 7 %	

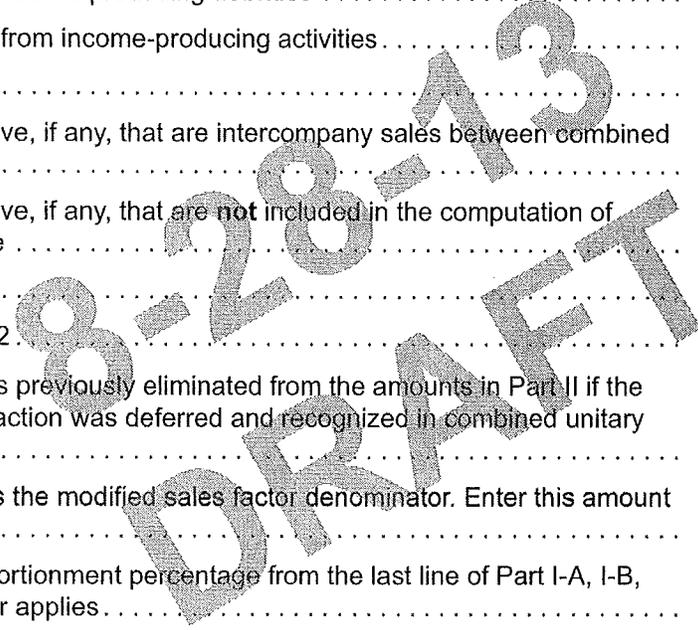
Sales Factor

		(a) Wisconsin	(b) Total Company
21	Sales of tangible personal property delivered or shipped to Wisconsin purchasers:		
	a Shipped from outside Wisconsin		
	b Shipped from within Wisconsin	15000	
22	Sales of tangible personal property shipped from Wisconsin to:		
	a The federal government within Wisconsin		
	b The federal government in a state where the taxpayer would not be taxable under P.L. 86-272.		
	c Purchasers in a state where the taxpayer would not be taxable under P.L. 86-272.		
23	Double throwback sales. Total		
24	Total sales of tangible personal property (for column (a), add lines 21 through 23)	15000	1599500
25	Other apportionable gross receipts	0	0
26	Add lines 24 and 25 for each column. This is the total sales	15000	1599500
27	Divide line 26, column (a), by line 26, column (b), and multiply by 100 . . . . .	. 9 3 7 8 %	
28	Factor weight	0.3333	
29	Multiply line 27 by line 28. This is the Wisconsin sales factor . . . . .	. 3 1 2 6 %	
30	Add lines 14, 20, and 29. This is the Wisconsin percentage	1 . 6 6 6 6 %	

Combined return filers: Continue to Part II on page 6.

Part II Conversion to Modified Sales Factor for Combined Return Filers

1 Computation of total company sales:	
a Gross receipts from the sale of inventory	1a <u>1200000</u>
b Gross receipts from the operation of farms, mines, and quarries	1b _____
c Gross receipts from the sale of scrap or by-products	1c _____
d Gross commissions	1d _____
e Gross receipts from personal and other services	1e _____
f Gross rents from real property or tangible personal property	1f _____
g Interest on trade accounts and trade notes receivable	1g _____
h Partner's share of partnership's gross receipts	1h _____
i Member's share of limited liability company's gross receipts	1i _____
j Gross management fees	1j _____
k Gross royalties from income-producing activities	1k _____
l Gross franchise fees from income-producing activities	1l _____
2 Add lines 1a through 1l.	2 <u>1200000</u>
3 Enter sales included above, if any, that are intercompany sales between combined group members.	3 _____
4 Enter sales included above, if any, that are not included in the computation of combined unitary income	4 _____
5 Add lines 3 and 4	5 _____
6 Subtract line 5 from line 2.	6 <u>1200000</u>
7 Enter intercompany sales previously eliminated from the amounts in Part II if the gain or loss on the transaction was deferred and recognized in combined unitary income on this return	7 _____
8 Add lines 6 and 7. This is the modified sales factor denominator. Enter this amount on Form 4A, Part I.	8 <u>1200000</u>
9 Enter the Wisconsin apportionment percentage from the last line of Part I-A, I-B, I-C, I-D, or I-E, whichever applies.	9 <u>1.6666%</u>
10 Multiply line 8 by line 9. This is the modified sales factor numerator. Enter this amount on Form 4A, Part II.	10 <u>19999</u>



Name WISCONSIN TELECOM CO	Federal Employer ID Number 110000124
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Round Amounts to Nearest Dollar

Part I Credit for Increasing Research Expenses

1	Enter Wisconsin research wage expenses	1	.00
2	Enter Wisconsin research supplies expenses	2	.00
3	Enter Wisconsin research computer rental expenses	3	.00
4	Enter applicable percentage of Wisconsin contract research expenses	4	.00
5	Enter expenses used to compute the federal orphan drug credit that qualify as Wisconsin research expenses	5	.00
6	Add lines 1 through 5	6	.00
7	Wages included on line 6 that qualify for the Wisconsin development zones credit	7	.00
8	Subtract line 7 from line 6. This is total Wisconsin research expenses	8	.00

Section A Regular Credit. Complete this section only if you are claiming the regular credit – see instructions.
 (Skip this section and go to section B if you are electing the alternative incremental credit.)
 Check (✓) if this is a one-time only change in election

9	Enter average annual Wisconsin gross receipts from the Worksheet on page 3, line 5	9	.00
10	Enter Wisconsin fixed-base percentage, but not more than 16% (0.16), from the Worksheet on page 3, line 19	10	%
11	Multiply line 9 by the percentage on line 10. This is the base amount	11	.00
12	Subtract line 11 from line 8. If zero or less, enter zero (0)	12	.00
13	Multiply line 8 by 50% (0.50)	13	.00
14	Enter the smaller of line 12 or line 13	14	.00
15	Multiply line 14 by 5% (0.05). This is the regular Wisconsin credit for increasing research expenses	15	.00

Section B Alternative Incremental Credit. Complete this section only if you are claiming the alternative credit – see instructions.
 (Skip this section and go to line 29 if you completed section A.)
 Check (✓) if this is a one-time only change in election

16	Enter average annual Wisconsin gross receipts from the Worksheet on page 3, line 5	16	.00
17	Multiply line 16 by 1% (0.01)	17	.00
18	Subtract line 17 from line 8. If zero or less, enter zero (0)	18	.00
19	Multiply line 16 by 1.5% (0.015)	19	.00
20	Subtract line 19 from line 8. If zero or less, enter zero (0)	20	.00
21	Subtract line 20 from line 18. If zero or less, enter zero (0)	21	.00
22	Multiply line 16 by 2% (0.02)	22	.00
23	Subtract line 22 from line 8. If zero or less, enter zero (0)	23	.00
24	Subtract line 23 from line 20. If zero or less, enter zero (0)	24	.00
25	Multiply line 21 by 2.65% (0.0265)	25	.00
26	Multiply line 24 by 3.2% (0.032)	26	.00
27	Multiply line 23 by 3.75% (0.0375)	27	.00
28	Add lines 25, 26, and 27. This is the Wisconsin alternative incremental credit	28	.00



29 Research expense credit passed through from other entities:			
29a	Entity Name _____		
	FEIN _____	Amount 29a _____	.00
29b	Entity Name _____		
	FEIN _____	Amount 29b _____	.00
29c	Total pass through credits from additional schedule	29c _____	.00
29d	Total pass through credits (add lines 29a through 29c)	29d _____	.00
30	Total research credits (add line 15 <u>or</u> line 28 to line 29d)	30 _____	.00
30a	Fiduciaries – Fill in the amount of credit allocated to beneficiaries	30a _____	.00
30b	Fiduciaries – Subtract line 30a from line 30	30b _____	.00
31	Carryover of unused research expense credit.	31 _____	.00
32	Add lines 30 and 31 (lines 30b and 31 if fiduciary). This is the available research expense credit.	32 _____	.00

Part II Credit for Research Facilities

33	Total qualified research facility expenditures	33 _____	300000.00
34	Multiply line 33 by 5% (0.05)	34 _____	15000.00
35 Research facilities credit passed through from other entities:			
35a	Entity Name _____		
	FEIN _____	Amount 35a _____	.00
35b	Entity Name _____		
	FEIN _____	Amount 35b _____	.00
35c	Total pass through credits from additional schedule	35c _____	.00
35d	Total pass through credits (add lines 35a through 35c)	35d _____	0.00
36	Total research credits (add the amounts on lines 34 and 35d)	36 _____	15000.00
36a	Fiduciaries – Fill in the amount of credit allocated to beneficiaries	36a _____	.00
36b	Fiduciaries – Subtract line 36a from line 36	36b _____	.00
37	Carryover of unused research facilities credit	37 _____	.00
38	Add lines 36 and 37 (lines 36b and 37 if fiduciary). This is the available research facilities credit	38 _____	15000.00

Part III Super Research and Development Credit

39	Enter 2012 Wisconsin qualified research expenses	39 _____	.00
40	Enter 2011 Wisconsin qualified research expenses	40 _____	.00
41	Enter 2010 Wisconsin qualified research expenses	41 _____	.00
42	Add lines 39 through 41.	42 _____	.00
43	Divide line 42 by 3	43 _____	.00
44	Multiply line 43 by 1.25	44 _____	.00
45	Enter current year Wisconsin qualified research expenses.	45 _____	.00
46	If line 45 is larger than line 44, subtract line 44 from line 45. This is the 2013 Super Research and Development Credit.	46 _____	.00
47	Carryover of unused super research development credit	47 _____	.00
48	Add lines 46 and 47. This is the available super research and development credit	48 _____	.00



Form 4, Line 50 Statement

Wisconsin Telcom Co. owns ABC Distributors, LLC
The Greek Playhouse owns Whole Foods, LLC

Form 4R Statements

Line 8. Acme Foods Corp. 11-0000013, \$49,273,677
Line 9 The Greek Playhouse 11,0000012, \$392,978
Line 18. Fine Foods of Finland Co. 11-0000130, (\$13,000)
Line 19. Marketing Inc. 11-0000135, (\$14,000)

Schedule V Detail

	Acme Foods Corp	WI Telcom Co	Total
State Taxes	2,000,000	387,175	2,387,175
Bonus Depreciation	15,000		15,000

Schedule W Detail

	Acme Foods Corp	WI Telcom Co	Total
Depreciation	750		750
Charitable contributions		2,436	2,436

■ **Part II, Line 16. Pre-2009 Net Business Loss Carryforward Amount Being Shared With Other Members** – If a combined group member has unused net business loss carryforwards incurred in taxable years beginning before January 1, 2009, the pre-2009 net business loss carryforwards not used by the member prior to the taxable year beginning on or after January 1, 2012, it may be shared up to five percent per year with other combined group members in taxable years beginning on or after January 1, 2012, and before January 1, 2032.

A pre-2009 net business loss carryforward is a corporation's total net business loss carryforward as of the beginning of its first taxable year that begins after December 31, 2008, and that has not been used by the corporation in any taxable year beginning before January 1, 2012.

Note: The determination of a member's pre-2009 net business loss carryforward is a one-time calculation that was performed during the 2012 taxable year. You will use the member's pre-2009 net business loss carryforward determined in Step 1 on page 9 of the 2012 Form 4M instructions below.

Step 1: Determine the maximum amount in each year for this member that can be converted from nonshareable to shareable and be shared with other members in that taxable year.

Line A Enter the amount from line F from page 9 of the 2012 Form 4M instructions.

Line B Maximum percentage allowed to be shared per taxable year (5%)

Line C Multiply line A by line B. Round to the dollar.

Line D Enter the taxable year's beginning date from Form 4, top of form.

Line E Enter the taxable year's ending date from Form 4, top of form.

Line F Number of days between dates on lines D and E. Do not enter more than 365 days. For example, the number of days between February 14 and February 19 is 5 days.

Line G Tentative maximum amounts that this member may share with other Members for this taxable year. Multiply line C by (line F divided by 365). Round to the dollar.

Line H Enter the amount of nonshareable net business loss that the member is using from its Form 4M, Part II, line 7.

Line I Maximum amount that this member may share with other members for this taxable year.

Subtract line H from line A.

- If the difference is greater to or equal to line G, enter the amount from line G and go to line J.
- If the difference is greater than zero but less than line G, enter the difference and go to line J.
- If the difference is zero or less, enter zero and stop. There are no remaining nonshareable net business loss carryforwards available.

Line J Does the member choose to share less than the maximum amount allowed to be shared this year from line I? If yes, enter that amount here. This amount must be between zero and the amount on line I. If no, enter the amount from line I.

A. 148,949,650

B. 0.05

C. 7,447,483

D. 01/01/13

E. 12/31/13

F. 365

G. 7,447,483

H. 63,018,267

I. 7,447,483

J. 7,000,000

Step 2: Allocate to other members. Using the allocation method shown in the instructions for line 14, Examples 1 and 2, allocate the amounts (line J) being shared with other members. After this allocation has been made, enter the member's amount shared with other members on Form 4M, Part II, line 16.

The sum of all Form 4M, Part II, line 16 amounts should equal the sum of all Form 4M, Part II, line 17 amounts.

The member's Form 4BL, Part II, columns (f), (g), and (h) should include the amounts that the member is sharing with other members since this amount is being used up.

Step 3: Compute carryforward, if any. If the member did not use the maximum amount (line I) to offset the income of other members, the remainder may be added to that portion of pre-2009 net business loss carryforward that may offset the income of all other members in a subsequent year until the pre-2009 net business loss carryforward is completely used or expired. Pre-2009 net business loss carryforwards may not be used in any taxable year that begins on or after January 1, 2032.

Line K Enter the amount from line I.

K. 7,447,483

Line L Enter the amount from Form 4M, Part II, line 16.

L. 7,000,000

Line M Subtract line L from line K. This amount may be carried forward.

M. 447,483

The member's Form 4BL, Part II, column (f) should include the amount that the member is converting to the new class of pre-2009 shareable net business loss carryforward. In addition, this amount will be added to the member's Form 4BL, Part II, column (k) for the subsequent taxable year.

Part II, Line 17. Pre-2009 Net Business Loss Carryforward Amount Being Shared With This Member – Enter the amount of pre-2009 net business loss carryforward being shared with the combined group member. See the instructions for line 14, Examples 1 and 2, for the allocation method.

The sum of all Form 4M, Part II, line 16 amounts should equal the sum of all Form 4M, Part II, line 17 amounts.

Form 1120
Department of the Treasury
Internal Revenue Service

U.S. Corporation Income Tax Return
For calendar year 2013 or tax year beginning Jan. 1, 2013, ending Dec. 31, 2013
▶ Information about Form 1120 and its separate instructions is at www.irs.gov/form1120.

2013

A Check if: 1a Consolidated return (attach Form 851) <input checked="" type="checkbox"/> b Life/nonlife consolidated return <input type="checkbox"/> 2 Personal holding co. (attach Sch. PH) <input type="checkbox"/> 3 Personal service corp. (see instructions) <input type="checkbox"/> 4 Schedule M-3 attached <input checked="" type="checkbox"/>	TYPE OR PRINT	Name Hide 'N Seek Foods, Inc.	B Employer identification number 00-0000002
		Number, street, and room or suite no. If a P.O. box, see instructions. 32 Any Street	C Date incorporated 06/15/1979
		City or town, state, or province, country and ZIP or foreign postal code Anytown, TX 77287	D Total assets (see instructions) \$ 860,788,175
		E Check if: (1) <input type="checkbox"/> Initial return (2) <input type="checkbox"/> Final return (3) <input type="checkbox"/> Name change (4) <input type="checkbox"/> Address change	

Income	1a Gross receipts or sales	1a	496,482,805	
	b Returns and allowances	1b	60,233,606	
	c Balance. Subtract line 1b from line 1a	1c		436,249,199
	2 Cost of goods sold (attach Form 1125-A)	2		287,440,463
	3 Gross profit. Subtract line 2 from line 1c	3		148,808,736
	4 Dividends (Schedule C, line 19)	4		2,304,041
	5 Interest	5		2,948,781
	6 Gross rents	6		6,132,695
	7 Gross royalties	7		2,707,354
	8 Capital gain net income (attach Schedule D (Form 1120))	8		428,512
	9 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)	9		530,308
10 Other income (see instructions—attach statement)	10		50,053,700	
11 Total income. Add lines 3 through 10.	11		213,914,127	

Deductions (See instructions for limitations on deductions.)	12 Compensation of officers (see instructions—attach Form 1125-E)	12		3,563,291
	13 Salaries and wages (less employment credits)	13		30,986,825
	14 Repairs and maintenance	14		598,092
	15 Bad debts	15		378,768
	16 Rents	16		3,473,590
	17 Taxes and licenses	17		5,726,524
	18 Interest	18		21,434,718
	19 Charitable contributions	19		148,769
	20 Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	20		1,656,534
	21 Depletion	21		
	22 Advertising	22		1,870,199
	23 Pension, profit-sharing, etc., plans	23		2,227,414
	24 Employee benefit programs	24		3,289,542
	25 Domestic production activities deduction (attach Form 8903)	25		
	26 Other deductions (attach statement)	26		55,481,163
	27 Total deductions. Add lines 12 through 26.	27		130,835,429
	28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11.	28		83,078,698
29a Net operating loss deduction (see instructions)	29a			
b Special deductions (Schedule C, line 20)	29b			
c Add lines 29a and 29b	29c			

Tax, Refundable Credits, and Payments	30 Taxable income. Subtract line 29c from line 28 (see instructions)	30		83,078,698
	31 Total tax (Schedule J, Part I, line 11)	31		17,867,507
	32 Total payments and refundable credits (Schedule J, Part II, line 21)	32		20,232,650
	33 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	33		
	34 Amount owed. If line 32 is smaller than the total of lines 31 and 33, enter amount owed	34		
	35 Overpayment. If line 32 is larger than the total of lines 31 and 33, enter amount overpaid	35		2,365,143
36 Enter amount from line 35 you want: Credited to 2014 estimated tax ▶ Refunded ▶	36		1,365,143	

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.

Signature of officer _____ Date _____ Title _____

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

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00000001
	Firm's name ▶ Electronic Tax Filers, Inc.	Firm's EIN ▶	00-0000011		
	Firm's address ▶ 100 Efile Drive, Anytown, TX 75231	Phone no.	512-555-1212		

U.S. Corporation Income Tax Return

For calendar year 2012 or tax year beginning Jan. 1, 2012, ending Dec. 31, 20 **12**

2013

Information about Form 1120 and its separate instructions is at www.irs.gov/form1120.

A Check if: 1a Consolidated return (attach Form 851) <input type="checkbox"/> b Life/nonlife consolidated return <input type="checkbox"/> 2 Personal holding co. (attach Sch. PH) <input type="checkbox"/> 3 Personal service corp. (see instructions) <input type="checkbox"/> 4 Schedule M-3 attached <input checked="" type="checkbox"/>	TYPE OR PRINT	Name Acme Food Corp. Number, street, and room or suite no. If a P.O. box, see instructions. 61 Any Street City or town, state, and ZIP code Anytown, TX 78621	B Employer identification number 11-0000013 C Date incorporated 06/15/1979 D Total assets (see instructions) \$ 58,864,760
E Check if: (1) <input type="checkbox"/> Initial return (2) <input type="checkbox"/> Final return (3) <input type="checkbox"/> Name change (4) <input type="checkbox"/> Address change			

Income	1a	Gross receipts or sales	1a	24,403,531		
	b	Returns and allowances	1b			
	c	Balance. Subtract line 1b from line 1a	1c		24,403,531	
	2	Cost of goods sold (attach Form 1125-A)	2		21,212,382	
	3	Gross profit. Subtract line 2 from line 1c	3		3,191,149	
	4	Dividends (Schedule C, line 19)	4			
	5	Interest	5		1,727,325	
	6	Gross rents	6		1,115,864	
	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 17 (attach Form 4797)	9			
10	Other income (see instructions—attach statement)	10		50,308,174		
11	Total income. Add lines 3 through 10	11		56,342,512		
Deductions (See instructions for limitations on deductions.)	12	Compensation of officers (see instructions—attach Form 1125-E)	12		2,023,917	
	13	Salaries and wages (less employment credits)	13		35,556	
	14	Repairs and maintenance	14		4,719	
	15	Bad debts	15		421,651	
	16	Rents	16		1,551,702	
	17	Taxes and licenses	17		19,262	
	18	Interest	18		15,814	
	19	Charitable contributions	19		178,987	
	20	Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	20			
	21	Depletion	21		30,731	
	22	Advertising	22		220,417	
	23	Pension, profit-sharing, etc., plans	23		168,604	
	24	Employee benefit programs	24			
	25	Domestic production activities deduction (attach Form 8903)	25			
	26	Other deductions (attach statement)	26		2,397,475	
	27	Total deductions. Add lines 12 through 26	27		7,068,835	
	28	Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11.	28		49,273,677	
Tax, Refundable Credits, and Payments	29a	Net operating loss deduction (see instructions)	29a			
	b	Special deductions (Schedule C, line 20)	29b			
	c	Add lines 29a and 29b	29c			
30	Taxable income. Subtract line 29c from line 28 (see instructions)	30		49,273,677		
31	Total tax (Schedule J, Part I, line 11)	31				
32	Total payments and refundable credits (Schedule J, Part II, line 21)	32				
33	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	33				
34	Amount owed. If line 32 is smaller than the total of lines 31 and 33, enter amount owed	34				
35	Overpayment. If line 32 is larger than the total of lines 31 and 33, enter amount overpaid	35				
36	Enter amount from line 35 you want: Credited to 2013 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	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.

Sign Here

Signature of officer _____ Date _____ Title _____

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

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00000001
	Firm's name ▶ Electronic Tax Filers, Inc.				Firm's EIN ▶ 11-0000011
	Firm's address ▶ 100 Efile Drive, Anytown, TX 75231				Phone no. 512-555-1212

U.S. Corporation Income Tax Return

For calendar year 2012 or tax year beginning _____, 2012, ending _____, 20

2013

Information about Form 1120 and its separate instructions is at www.irs.gov/form1120.

A Check if: 1a Consolidated return (attach Form 851) <input type="checkbox"/> b Life/nonlife consolidated return <input type="checkbox"/> 2 Personal holding co. (attach Sch. PH) <input type="checkbox"/> 3 Personal service corp. (see instructions) <input type="checkbox"/> 4 Schedule M-3 attached <input checked="" type="checkbox"/>	TYPE OR PRINT	Name The Greek Playhouse	B Employer identification number 11-0000012
		Number, street, and room or suite no. If a P.O. box, see instructions. 60 Any Street	C Date incorporated 06/15/1979
		City or town, state, and ZIP code Anytown, TX 78621	D Total assets (see instructions) \$ 47,724,050
		E Check if: (1) <input type="checkbox"/> Initial return (2) <input type="checkbox"/> Final return (3) <input type="checkbox"/> Name change (4) <input type="checkbox"/> Address change	

Income	1a	Gross receipts or sales	1a	530,446		
	b	Returns and allowances	1b			
	c	Balance. Subtract line 1b from line 1a	1c		530,446	
	2	Cost of goods sold (attach Form 1125-A)	2		315,431	
	3	Gross profit. Subtract line 2 from line 1c	3		215,015	
	4	Dividends (Schedule C, line 19)	4			
	5	Interest	5			
	6	Gross rents	6			
	7	Gross royalties	7			
	8	Capital gain net income (attach Schedule D (Form 1120))	8		220,747	
	9	Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)	9		2,147	
10	Other income (see instructions—attach statement)	10		220,747		
11	Total income. Add lines 3 through 10	11		658,656		
Deductions (See instructions for limitations on deductions.)	12	Compensation of officers (see instructions—attach Form 1125-E)	12			
	13	Salaries and wages (less employment credits)	13		128,917	
	14	Repairs and maintenance	14		1,568	
	15	Bad debts	15			
	16	Rents	16		7,150	
	17	Taxes and licenses	17			
	18	Interest	18		2,142	
	19	Charitable contributions	19		15,602	
	20	Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	20		7,603	
	21	Depletion	21			
	22	Advertising	22		1,943	
	23	Pension, profit-sharing, etc., plans	23			
	24	Employee benefit programs	24			
	25	Domestic production activities deduction (attach Form 9903)	25			
	26	Other deductions (attach statement)	26		100,753	
	27	Total deductions. Add lines 12 through 26	27		265,678	
	28	Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11.	28		392,978	
29a	Net operating loss deduction (see instructions)	29a				
	b Special deductions (Schedule C, line 20)	29b				
	c Add lines 29a and 29b	29c				
30	Taxable income. Subtract line 29c from line 28 (see instructions)	30		392,978		
31	Total tax (Schedule J, Part I, line 11)	31				
32	Total payments and refundable credits (Schedule J, Part II, line 21)	32				
33	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	33				
34	Amount owed. If line 32 is smaller than the total of lines 31 and 33, enter amount owed	34				
35	Overpayment. If line 32 is larger than the total of lines 31 and 33, enter amount overpaid	35				
36	Enter amount from line 35 you want: Credited to 2013 estimated tax <input checked="" type="checkbox"/> Refunded <input type="checkbox"/>	36				

For Filing Purposes Only
 DRAFT AS OF
 August 29, 2012

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)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Signature of officer _____ Date _____ Title _____

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00000001
Firm's name ▶ Electronic Tax Filers, Inc.	Firm's EIN ▶ 11-0000011			
Firm's address ▶ 100 Efile Drive, Anytown, TX 75231	Phone no. 512-555-1212			