

**United States Bankruptcy Court
Central District of Illinois**

In re **FNC Corporation**

Debtor(s)

Case No.
Chapter

11

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
Mahmood Choudhari 1 Mackenzie Court Bloomington, IL 61704	common	1000	equity

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **President** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date **October 30, 2017**

Signature /s/ Mahmood Choudhari
Mahmood Choudhari

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.*

Fill in this information to identify your case:

United States Bankruptcy Court for the:

CENTRAL DISTRICT OF ILLINOIS

Case number (if known) Chapter 11

Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, Instructions for Bankruptcy Forms for Non-Individuals, is available.

1. Debtor's name FNC Corporation

2. All other names debtor used in the last 8 years DBA Mapleton Mini Mart

3. Debtor's federal Employer Identification Number (EIN) 20-2447821

4. Debtor's address Principal place of business Mailing address, if different from principal place of business

5. Debtor's website (URL)

6. Type of debtor Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

Debtor **FNC Corporation**
Name

Case number (if known)

7. Describe debtor's business

A. Check one:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Railroad (as defined in 11 U.S.C. § 101(44))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- Clearing Bank (as defined in 11 U.S.C. § 781(3))
- None of the above

B. Check all that apply

- Tax-exempt entity (as described in 26 U.S.C. §501)
- Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- Chapter 7
- Chapter 9
- Chapter 11. Check all that apply:
 - Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
 - The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
 - A plan is being filed with this petition.
 - Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
 - The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
 - The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.
- Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- No.
- Yes.

If more than 2 cases, attach a separate list.

District	Central District of Illinois	When	3/12/15	Case number	15-80389
District	_____	When	_____	Case number	_____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- No
- Yes.

List all cases. If more than 1, attach a separate list

Debtor	Mahmood Choudhari	Relationship	70% sharholder
District	Central District of Illinois	When	3/05/15
		Case number, if known	15-70304

Debtor **FNC Corporation**
Name

Case number (if known)

11. Why is the case filed in this district?

Check all that apply:

- Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

No

Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

- It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard? _____
- It needs to be physically secured or protected from the weather.
- It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- Other _____

Where is the property?

Number, Street, City, State & ZIP Code

Is the property insured?

- No
- Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- Funds will be available for distribution to unsecured creditors.
- After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

15. Estimated Assets

- | | | |
|--|--|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input checked="" type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion |
| <input type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion |

16. Estimated liabilities

- | | | |
|--|--|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input checked="" type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion |
| <input type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion |

Debtor **FNC Corporation**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **October 30, 2017**
MM / DD / YYYY

X /s/ Mahmood Choudhari
Signature of authorized representative of debtor

Title **President**

Mahmood Choudhari
Printed name

18. Signature of attorney

X /s/ Carleen L. Cignetto
Signature of attorney for debtor

Date **October 30, 2017**
MM / DD / YYYY

Carleen L. Cignetto
Printed name

Carleen Cignetto Attorney at Law
Firm name

**2 Dearborn Square
Suite 2
Kankakee, IL 60901**
Number, Street, City, State & ZIP Code

Contact phone _____ Email address _____

6192783
Bar number and State

2016 S Corporation Return
prepared by:

Halawa & Associates, LTD
7000 West 111th Street STE 102
Worth, IL 60482

FNC CORPORATION
MAPLETON MINI MART
8626 W WHEELER DR
MAPLETON, IL 61547

U.S. Income Tax Return for an S Corporation

OMB No. 1545-0123

Form **1120S**

Department of the Treasury
Internal Revenue Service

▶ **Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.**
▶ **Information about Form 1120S and its separate instructions is at www.irs.gov/form1120s.**

2016

For calendar year 2016 or tax year beginning , 2016, ending , 20

A S election effective date 03/01/2005	TYPE OR PRINT	Name FNC CORPORATION	D Employer identification number 20-2447821
B Business activity code number (see instructions) 447100		Number, street, and room or suite no. If a P.O. box, see instructions. 8626 W WHEELER DR	E Date incorporated 03/01/2005
C Check if Sch. M-3 attached <input type="checkbox"/>		City or town, state or province, country, and ZIP or foreign postal code MAPLETON IL 61547	F Total assets (see instructions) \$ 488,353.

G Is the corporation electing to be an S corporation beginning with this tax year? Yes No If "Yes," attach Form 2553 if not already filed
H Check if: (1) Final return (2) Name change (3) Address change (4) Amended return (5) S election termination or revocation
I Enter the number of shareholders who were shareholders during any part of the tax year ▶ 1

Caution: Include **only** trade or business income and expenses on lines 1a through 21. See the instructions for more information.

Income	1a Gross receipts or sales	1a 2,167,937.	
	b Returns and allowances	1b	
	c Balance. Subtract line 1b from line 1a	1c 2,167,937.	
	2 Cost of goods sold (attach Form 1125-A)	2 1,851,582.	
	3 Gross profit. Subtract line 2 from line 1c	3 316,355.	
	4 Net gain (loss) from Form 4797, line 17 (attach Form 4797)	4	
5 Other income (loss) (see instructions—attach statement) See Statement	5 15,805.		
6 Total income (loss). Add lines 3 through 5 ▶	6 332,160.		
Deductions (see instructions for limitations)	7 Compensation of officers (see instructions—attach Form 1125-E)	7	
	8 Salaries and wages (less employment credits)	8 80,515.	
	9 Repairs and maintenance	9 3,650.	
	10 Bad debts	10	
	11 Rents	11	
	12 Taxes and licenses	12 37,123.	
	13 Interest	13 39,659.	
	14 Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	14 17,949.	
	15 Depletion (Do not deduct oil and gas depletion.)	15	
	16 Advertising	16	
	17 Pension, profit-sharing, etc., plans	17	
	18 Employee benefit programs	18	
	19 Other deductions (attach statement) See Statement	19 105,414.	
	20 Total deductions. Add lines 7 through 19 ▶	20 284,310.	
	21 Ordinary business income (loss). Subtract line 20 from line 6	21 47,850.	
Tax and Payments	22a Excess net passive income or LIFO recapture tax (see instructions)	22a	
	b Tax from Schedule D (Form 1120S)	22b	
	c Add lines 22a and 22b (see instructions for additional taxes)	22c	
	23a 2016 estimated tax payments and 2015 overpayment credited to 2016	23a	
	b Tax deposited with Form 7004	23b 0.	
	c Credit for federal tax paid on fuels (attach Form 4136)	23c	
	d Add lines 23a through 23c	23d 0.	
	24 Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ <input type="checkbox"/>	24	
	25 Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter amount owed	25 0.	
	26 Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid	26	
27 Enter amount from line 26 Credited to 2017 estimated tax ▶ Refunded ▶	27		

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: PRESIDENT

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

Paid Preparer Use Only

Print/Type preparer's name ABDO HALAWA	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00693232
Firm's name ▶ Halawa & Associates, LTD	Firm's EIN ▶ 16-1623290			
Firm's address ▶ 7000 West 111th Street STE 102 Worth IL 60482	Phone no. (708)923-1813			

For Paperwork Reduction Act Notice, see separate instructions.

Form **1120S** (2016)

Schedule B Other Information (see instructions)

1	Check accounting method: a <input checked="" type="checkbox"/> Cash b <input type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) ▶ _____	Yes	No
2	See the instructions and enter the: a Business activity ▶ GAS STATION b Product or service ▶ GAS STATION		
3	At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation . . .		X
4	At the end of the tax year, did the corporation: a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below		X

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage of Stock Owned	(v) If Percentage in (iv) is 100%, Enter the Date (if any) a Qualified Subchapter S Subsidiary Election Was Made

b	Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below	Yes	No
			X

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

5 a	At the end of the tax year, did the corporation have any outstanding shares of restricted stock? If "Yes," complete lines (i) and (ii) below. (i) Total shares of restricted stock ▶ _____ (ii) Total shares of non-restricted stock ▶ _____	Yes	No
b	At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments? If "Yes," complete lines (i) and (ii) below. (i) Total shares of stock outstanding at the end of the tax year ▶ _____ (ii) Total shares of stock outstanding if all instruments were executed ▶ _____	Yes	No
6	Has this corporation filed, or is it required to file, Form 8918 , Material Advisor Disclosure Statement, to provide information on any reportable transaction?	Yes	No
7	Check this box if the corporation issued publicly offered debt instruments with original issue discount <input type="checkbox"/> If checked, the corporation may have to file Form 8281 , Information Return for Publicly Offered Original Issue Discount Instruments.	Yes	No
8	If the corporation: (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation and (b) has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years (see instructions) ▶ \$ _____	Yes	No
9	Enter the accumulated earnings and profits of the corporation at the end of the tax year. \$ _____	Yes	No
10	Does the corporation satisfy both of the following conditions? a The corporation's total receipts (see instructions) for the tax year were less than \$250,000 b The corporation's total assets at the end of the tax year were less than \$250,000 If "Yes," the corporation is not required to complete Schedules L and M-1.	Yes	No
11	During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt? If "Yes," enter the amount of principal reduction \$ _____	Yes	No
12	During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions	Yes	No
13 a	Did the corporation make any payments in 2016 that would require it to file Form(s) 1099?	Yes	No
b	If "Yes," did the corporation file or will it file required Forms 1099?	Yes	No

Schedule K Shareholders' Pro Rata Share Items		Total amount	
Income (Loss)	1 Ordinary business income (loss) (page 1, line 21)	1	47,850.
	2 Net rental real estate income (loss) (attach Form 8825)	2	
	3a Other gross rental income (loss) 3a		
	b Expenses from other rental activities (attach statement) 3b		
	c Other net rental income (loss). Subtract line 3b from line 3a 3c		
	4 Interest income 4		
	5 Dividends: a Ordinary dividends 5a		
	b Qualified dividends 5b		
	6 Royalties 6		
	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120S)) 7		
Income (Loss)	8a Net long-term capital gain (loss) (attach Schedule D (Form 1120S)) 8a		
	b Collectibles (28%) gain (loss) 8b		
	c Unrecaptured section 1250 gain (attach statement) 8c		
	9 Net section 1231 gain (loss) (attach Form 4797) 9		
	10 Other income (loss) (see instructions) . . . Type ▶ 10		
Deductions	11 Section 179 deduction (attach Form 4562) 11		
	12a Charitable contributions 12a		
	b Investment interest expense 12b		
	c Section 59(e)(2) expenditures (1) Type ▶ (2) Amount ▶ 12c(2)		
d Other deductions (see instructions) . . . Type ▶ 12d			
Credits	13a Low-income housing credit (section 42(j)(5)) 13a		
	b Low-income housing credit (other) 13b		
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable) 13c		
	d Other rental real estate credits (see instructions) Type ▶ 13d		
	e Other rental credits (see instructions) . . . Type ▶ 13e		
	f Biofuel producer credit (attach Form 6478) 13f		
	g Other credits (see instructions) Type ▶ 13g		
Foreign Transactions	14a Name of country or U.S. possession ▶ 14a		
	b Gross income from all sources 14b		
	c Gross income sourced at shareholder level 14c		
	Foreign gross income sourced at corporate level		
	d Passive category 14d		
	e General category 14e		
	f Other (attach statement) 14f		
	Deductions allocated and apportioned at shareholder level		
	g Interest expense 14g		
	h Other 14h		
	Deductions allocated and apportioned at corporate level to foreign source income		
	i Passive category 14i		
	j General category 14j		
	k Other (attach statement) 14k		
Other information			
l Total foreign taxes (check one): ▶ <input type="checkbox"/> Paid <input type="checkbox"/> Accrued 14l			
m Reduction in taxes available for credit (attach statement) 14m			
n Other foreign tax information (attach statement)			
Alternative Minimum Tax (AMT) Items	15a Post-1986 depreciation adjustment 15a		0.
	b Adjusted gain or loss 15b		
	c Depletion (other than oil and gas) 15c		
	d Oil, gas, and geothermal properties—gross income 15d		
	e Oil, gas, and geothermal properties—deductions 15e		
	f Other AMT items (attach statement) 15f		
Items Affecting Shareholder Basis	16a Tax-exempt interest income 16a		
	b Other tax-exempt income 16b		
	c Nondeductible expenses 16c		
	d Distributions (attach statement if required) (see instructions) 16d		
	e Repayment of loans from shareholders 16e		

Schedule K Shareholders' Pro Rata Share Items (continued)		Total amount	
Other Information	17a Investment income	17a	
	b Investment expenses	17b	
	c Dividend distributions paid from accumulated earnings and profits	17c	
	d Other items and amounts (attach statement)		
Reconciliation	18 Income/loss reconciliation. Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 14l	18	47,850.

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1	Cash				
2a	Trade notes and accounts receivable				
b	Less allowance for bad debts	()		()	
3	Inventories				
4	U.S. government obligations				
5	Tax-exempt securities (see instructions)				
6	Other current assets (attach statement)				
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (attach statement)				
10a	Buildings and other depreciable assets	700,000.		700,000.	
b	Less accumulated depreciation	(193,698.)	506,302.	(211,647.)	488,353.
11a	Depletable assets				
b	Less accumulated depletion	()		()	
12	Land (net of any amortization)				
13a	Intangible assets (amortizable only)				
b	Less accumulated amortization	()		()	
14	Other assets (attach statement)				
15	Total assets		506,302.		488,353.
Liabilities and Shareholders' Equity					
16	Accounts payable				
17	Mortgages, notes, bonds payable in less than 1 year				
18	Other current liabilities (attach statement)				
19	Loans from shareholders				
20	Mortgages, notes, bonds payable in 1 year or more		248,074.		182,275.
21	Other liabilities (attach statement)				
22	Capital stock		1,000.		1,000.
23	Additional paid-in capital				
24	Retained earnings		257,228.		305,078.
25	Adjustments to shareholders' equity (attach statement)				
26	Less cost of treasury stock		()		()
27	Total liabilities and shareholders' equity		506,302.		488,353.

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

Note: The corporation may be required to file Schedule M-3 (see instructions)

1 Net income (loss) per books	47,850.	5 Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize) _____		a Tax-exempt interest \$ _____	
3 Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 14l (itemize):		6 Deductions included on Schedule K, lines 1 through 12 and 14l, not charged against book income this year (itemize):	
a Depreciation \$ _____		a Depreciation \$ _____	
b Travel and entertainment \$ _____		7 Add lines 5 and 6	
4 Add lines 1 through 3	47,850.	8 Income (loss) (Schedule K, line 18). Line 4 less line 7	47,850.

Schedule M-2 Analysis of Accumulated Adjustments Account, Other Adjustments Account, and Shareholders' Undistributed Taxable Income Previously Taxed (see instructions)

	(a) Accumulated adjustments account	(b) Other adjustments account	(c) Shareholders' undistributed taxable income previously taxed
1 Balance at beginning of tax year	257,228.	0.	0.
2 Ordinary income from page 1, line 21	47,850.		
3 Other additions			
4 Loss from page 1, line 21	()		
5 Other reductions	()	()	
6 Combine lines 1 through 5	305,078.	0.	0.
7 Distributions other than dividend distributions			
8 Balance at end of tax year. Subtract line 7 from line 6	305,078.	0.	0.

Cost of Goods Sold

Form **1125-A**

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

OMB No. 1545-0123

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

Name FNC CORPORATION		Employer identification number 20-2447821
1	Inventory at beginning of year	1
2	Purchases	2 1,851,582
3	Cost of labor	3
4	Additional section 263A costs (attach schedule)	4
5	Other costs (attach schedule)	5
6	Total. Add lines 1 through 5	6 1,851,582
7	Inventory at end of year	7
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return. See instructions	8 1,851,582
9a	Check all methods used for valuing closing inventory: (i) <input checked="" type="checkbox"/> Cost (ii) <input type="checkbox"/> Lower of cost or market (iii) <input type="checkbox"/> Other (Specify method used and attach explanation.) ▶	
b	Check if there was a writedown of subnormal goods	<input type="checkbox"/>
c	Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970)	<input type="checkbox"/>
d	If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO	9d
e	If property is produced or acquired for resale, do the rules of section 263A apply to the entity? See instructions	<input type="checkbox"/> Yes <input type="checkbox"/> No
f	Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section references are to the Internal Revenue Code unless otherwise noted.

General Instructions

Purpose of Form

Use Form 1125-A to calculate and deduct cost of goods sold for certain entities.

Who Must File

Filers of Form 1120, 1120-C, 1120-F, 1120S, 1065, or 1065-B, must complete and attach Form 1125-A if the applicable entity reports a deduction for cost of goods sold.

Inventories

Generally, inventories are required at the beginning and end of each tax year if the production, purchase, or sale of merchandise is an income-producing factor. See Regulations section 1.471-1. If inventories are required, you generally must use an accrual method of accounting for sales and purchases of inventory items.

Exception for certain taxpayers. If you are a qualifying taxpayer or a qualifying small business taxpayer (defined below), you can adopt or change your accounting method to account for inventoriable items in the same manner as materials and supplies that are not incidental.

Under this accounting method, inventory costs for raw materials purchased for use in producing finished goods and merchandise purchased for resale are deductible in the year the finished goods or merchandise are sold (but not before the year you paid for the raw materials or merchandise, if you are also using the cash method).

If you account for inventoriable items in the same manner as materials and supplies that are not incidental, you can currently deduct expenditures for direct labor and all indirect costs that would otherwise be included in inventory costs. See the instructions for lines 2 and 7.

For additional guidance on this method of accounting, see Pub. 538, Accounting Periods and Methods. For guidance on adopting or changing to this method of accounting, see Form 3115, Application for Change in Accounting Method, and its instructions.

Qualifying taxpayer. A qualifying taxpayer is a taxpayer that, (a) for each prior tax year ending after December 31, 1998, has average annual gross receipts of \$1 million or less for the 3 prior tax years, and (b) its business is not a tax shelter (as defined in section 448(d)(3)). See Rev. Proc. 2001-10, 2001-2 I.R.B. 272.

Qualifying small business taxpayer. A qualifying small business taxpayer is a taxpayer that, (a) for each prior tax year

ending on or after December 31, 2000, has average annual gross receipts of \$10 million or less for the 3 prior tax years, (b) whose principal business activity is not an ineligible activity, and (c) whose business is not a tax shelter (as defined in section 448(d)(3)). See Rev. Proc. 2002-28, 2002-18 I.R.B. 815.

Uniform capitalization rules. The uniform capitalization rules of section 263A generally require you to capitalize, or include in inventory, certain costs incurred in connection with the following.

- The production of real property and tangible personal property held in inventory or held for sale in the ordinary course of business.
- Real property or personal property (tangible and intangible) acquired for resale.
- The production of real property and tangible personal property by a corporation for use in its trade or business or in an activity engaged in for profit.

See the discussion on section 263A uniform capitalization rules in the instructions for your tax return before completing Form 1125-A. Also see Regulations sections 1.263A-1 through 1.263A-3. See Regulations section 1.263A-4 for rules for property produced in a farming business.

**Schedule K-1
(Form 1120S)**

Department of the Treasury
Internal Revenue Service

2016

For calendar year 2016, or tax
year beginning _____, 2016
ending _____, 20____

**Shareholder's Share of Income, Deductions,
Credits, etc.**

▶ See back of form and separate instructions.

Part I Information About the Corporation

A Corporation's employer identification number
20-2447821

B Corporation's name, address, city, state, and ZIP code
FNC CORPORATION
MAPLETON MINI MART
8626 W WHEELER DR
MAPLETON, IL 61547

C IRS Center where corporation filed return
Cincinnati, OH 45999-0013

Part II Information About the Shareholder

D Shareholder's identifying number
328-88-2876

E Shareholder's name, address, city, state, and ZIP code
MAHMOOD CHOUDHARI
1 MACKENZIE CT
BLOOMINGTON, IL 61704

F Shareholder's percentage of stock
ownership for tax year 100.00000 %

For IRS Use Only

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

1	Ordinary business income (loss)	13	Credits
	47,850.		
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends	14	Foreign transactions
6	Royalties		
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)		
10	Other income (loss)	15	Alternative minimum tax (AMT) items
		A	0.
11	Section 179 deduction	16	Items affecting shareholder basis
12	Other deductions		
		17	Other information

* See attached statement for additional information.

This list identifies the codes used on Schedule K-1 for all shareholders and provides summarized reporting information for shareholders who file Form 1040. For detailed reporting and filing information, see the separate Shareholder's Instructions for Schedule K-1 and the instructions for your income tax return.

	<i>Code</i>	<i>Report on</i>
1. Ordinary business income (loss). Determine whether the income (loss) is passive or nonpassive and enter on your return as follows:	N Credit for employer social security and Medicare taxes	} See the Shareholder's Instructions
Passive loss	O Backup withholding	
Passive income	P Other credits	
Nonpassive loss	14. Foreign transactions	
Nonpassive income	A Name of country or U.S. possession	} Form 1116, Part I
	B Gross income from all sources	
	C Gross income sourced at shareholder level	
2. Net rental real estate income (loss)	<i>Foreign gross income sourced at corporate level</i>	
3. Other net rental income (loss)	D Passive category	} Form 1116, Part I
Net income	E General category	
Net loss	F Other	
4. Interest income	<i>Deductions allocated and apportioned at shareholder level</i>	
5a. Ordinary dividends	G Interest expense	Form 1116, Part I
5b. Qualified dividends	H Other	Form 1116, Part I
6. Royalties	<i>Deductions allocated and apportioned at corporate level to foreign source income</i>	
7. Net short-term capital gain (loss)	I Passive category	} Form 1116, Part I
8a. Net long-term capital gain (loss)	J General category	
8b. Collectibles (28%) gain (loss)	K Other	
8c. Unrecaptured section 1250 gain	<i>Other information</i>	
9. Net section 1231 gain (loss)	L Total foreign taxes paid	Form 1116, Part II
10. Other income (loss)	M Total foreign taxes accrued	Form 1116, Part II
<i>Code</i>	N Reduction in taxes available for credit	Form 1116, line 12
A Other portfolio income (loss)	O Foreign trading gross receipts	Form 8873
B Involuntary conversions	P Extraterritorial income exclusion	Form 8873
C Sec. 1256 contracts & straddles	Q Other foreign transactions	See the Shareholder's Instructions
D Mining exploration costs recapture	15. Alternative minimum tax (AMT) items	
E Other income (loss)	A Post-1986 depreciation adjustment	} See the Shareholder's Instructions and the Instructions for Form 6251
11. Section 179 deduction	B Adjusted gain or loss	
12. Other deductions	C Depletion (other than oil & gas)	
A Cash contributions (50%)	D Oil, gas, & geothermal—gross income	
B Cash contributions (30%)	E Oil, gas, & geothermal—deductions	
C Noncash contributions (50%)	F Other AMT items	
D Noncash contributions (30%)	16. Items affecting shareholder basis	
E Capital gain property to a 50% organization (30%)	A Tax-exempt interest income	Form 1040, line 8b
F Capital gain property (20%)	B Other tax-exempt income	} See the Shareholder's Instructions
G Contributions (100%)	C Nondeductible expenses	
H Investment interest expense	D Distributions	
I Deductions—royalty income	E Repayment of loans from shareholders	
J Section 59(e)(2) expenditures	17. Other information	
K Deductions—portfolio (2% floor)	A Investment income	Form 4952, line 4a
L Deductions—portfolio (other)	B Investment expenses	Form 4952, line 5
M Preproductive period expenses	C Qualified rehabilitation expenditures (other than rental real estate)	See the Shareholder's Instructions
N Commercial revitalization deduction from rental real estate activities	D Basis of energy property	See the Shareholder's Instructions
O Reforestation expense deduction	E Recapture of low-income housing credit (section 42(j)(5))	Form 8611, line 8
P Domestic production activities information	F Recapture of low-income housing credit (other)	Form 8611, line 8
Q Qualified production activities income	G Recapture of investment credit	See Form 4255
R Employer's Form W-2 wages	H Recapture of other credits	See the Shareholder's Instructions
S Other deductions	I Look-back interest—completed long-term contracts	See Form 8697
13. Credits	J Look-back interest—income forecast method	See Form 8866
A Low-income housing credit (section 42(j)(5)) from pre-2008 buildings	K Dispositions of property with section 179 deductions	} See the Shareholder's Instructions
B Low-income housing credit (other) from pre-2008 buildings	L Recapture of section 179 deduction	
C Low-income housing credit (section 42(j)(5)) from post-2007 buildings	M Section 453(l)(3) information	
D Low-income housing credit (other) from post-2007 buildings	N Section 453A(c) information	
E Qualified rehabilitation expenditures (rental real estate)	O Section 1260(b) information	
F Other rental real estate credits	P Interest allocable to production expenditures	
G Other rental credits	Q CCF nonqualified withdrawals	
H Undistributed capital gains credit	R Depletion information—oil and gas	
I Biofuel producer credit	S Reserved	
J Work opportunity credit	T Section 108(i) information	
K Disabled access credit	U Net investment income	
L Empowerment zone employment credit	V Other information	
M Credit for increasing research activities		

Form **8879-S**

IRS e-file Signature Authorization for Form 1120S

OMB No. 1545-0123

2016

Department of the Treasury
Internal Revenue Service

► **Don't send to the IRS. Keep for your records.**
► **Information about Form 8879-S and its instructions is at www.irs.gov/form8879s.**

For calendar year 2016, or tax year beginning _____, 2016, and ending _____, 20_____.

Name of corporation
FNC CORPORATION

Employer identification number
20-2447821

Part I Tax Return Information (Whole dollars only)

1	Gross receipts or sales less returns and allowances (Form 1120S, line 1c)	1	2,167,937.
2	Gross profit (Form 1120S, line 3)	2	316,355.
3	Ordinary business income (loss) (Form 1120S, line 21)	3	47,850.
4	Net rental real estate income (loss) (Form 1120S, Schedule K, line 2)	4	
5	Income (loss) reconciliation (Form 1120S, Schedule K, line 18)	5	47,850.

Part II Declaration and Signature Authorization of Officer (Be sure to get a copy of the corporation's return)

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's 2016 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's PIN: check one box only

- I authorize _____ to enter my PIN _____ as my signature
ERO firm name don't enter all zeros
on the corporation's 2016 electronically filed income tax return.
- As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2016 electronically filed income tax return.

Officer's signature ► _____ Date ► _____ Title ► PRESIDENT

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

3 6 9 8 4 3 2 1 2 1 1
don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 3112**, IRS e-file Application and Participation, and **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ► _____ Date ► _____

**ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So**

Additional information from your 2016 US Form 1120S: Income Tax Return for S Corp Tax Return

Form 1120S: S-Corporation Tax Return

Other Income

Continuation Statement

Description	Amount
STAPLES	2,741.
ILLINOIS STATE LOTTERY	13,064.
Total	15,805.

Form 1120S: S-Corporation Tax Return

Other Deductions

Continuation Statement

Description	Amount
AUTOMOBILE AND TRUCK EXPENSE	4,056.
BANK CHARGES	2,774.
CREDIT AND COLLECTION COSTS	38,850.
INSURANCE	11,782.
JANITORIAL	3,140.
LEGAL AND PROFESSIONAL	7,500.
OFFICE EXPENSE	540.
PERMITS AND FEES	2,350.
TELEPHONE	3,012.
UNIFORMS	1,250.
UTILITIES	23,640.
LAWN CARE	2,500.
SNOW REMOVAL	2,500.
WINDSHELD/SQUEEGE	1,520.
Total	105,414.

SMART WORKSHEET FOR: Form 1120S: S-Corporation Tax Return

Other Misc Taxes

Itemization Statement

Description	Amount
SALES TAX	19,443.
property tax	9,521.
Total	28,964.



Illinois Department of Revenue
2016 IL-1120-ST-V
IL-1120-ST-V (R-12/16) ID: 2BNP

**Payment Voucher for Small Business
Corporation Replacement Tax**

Official use only

Mail to: Illinois Department of Revenue, P.O. Box 19053, Springfield, IL 62794-9053



If no payment is due or you make your payment electronically, do not file this form.

FEIN 20-2447821 000 2

Tax year ending

12 16
Month Year

FNC CORPORATION
8626 W WHEELER DR
MAPLETON IL 61547

\$ 790 00

Payment Amount (Whole dollars only)
Write your FEIN, tax year ending, and "IL-1120-ST-V"
on your check or money order and make it payable
to "Illinois Department of Revenue."

Preparer's phone number (708)923-1813

REV 01/25/17 PRO

112071216 5 202447821 000 2 00000079000



2016 Form IL-1120-ST Small Business Corporation Replacement Tax Return

Due on or before the 15th day of the 3rd month following the close of the tax year.

If this return is not for calendar year 2016, enter your fiscal tax year here. Tax year beginning _____ 20_____, ending _____ 20_____ <small>month day year month day year</small> For tax years ending on or after December 31, 2016. For prior years, use the form for that year.	Enter the amount you are paying. \$ _____ 718.
--	---

Step 1: Identify your small business corporation

A Enter your complete legal business name.
If you have a name change, check this box.

Name: FNC CORPORATION

B Enter your mailing address.
Check this box if either of the following apply:
• this is your **first return**, or
• you have an **address change**.

C/O: _____

Mailing address: 8626 W WHEELER DR

City: MAPLETON State: IL ZIP: 61547

C Check the applicable box if one of the following applies.
 First return Final return (If final, enter the date. _____)
mm dd yyyy

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

E Special Apportionment Formulas. If you use a special apportionment formula, check the appropriate box, and see the Special Apportionment Formula instructions.
 Financial organizations Transportation companies
 Federally regulated exchanges

F Check this box if you attached Form IL-4562.

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

H Check this box if you attached Schedule 80/20.

I Check this box if you attached Schedule 1299-A.

J Enter your federal employer identification no. (FEIN).
2 0 - 2 4 4 7 8 2 1

K Check this box if you are a member of a unitary business group, and enter the FEIN of the member who prepared the Schedule UB, Combined Apportionment for Unitary Business Group. **Attach** Schedule UB to this return.

L Enter your North American Industry Classification System (NAICS) Code. See instructions.
4 4 7 1 0 0

M Enter your Illinois corporate file (charter) number issued by the Secretary of State.
64079689

N Enter the city, state, and zip code where your accounting records are kept. (Use the two-letter postal abbreviation, **e.g.**, IL, GA, etc.)
MAPLETON, IL 61547
City State Zip

O If you are making the business income election to treat all nonbusiness income as business income, check this box and enter "0" on Lines 36 and 44.

P If you have completed the following, check the box and **attach** the federal form(s) to this return.
 Federal Form 8886 Federal Sch. M-3, Part II, Line 10

Q If you are making a Discharge of Indebtedness adjustment on Schedule NLD, or Form IL-1120-ST, Line 48, check this box **and** attach federal Form 982.

Step 2: Figure your ordinary income or loss

(Whole dollars only)

1 Ordinary income or loss, or equivalent from federal Schedule K.	1 <u>47,850.00</u>
2 Net income or loss from all rental real estate activities.	2 <u>.00</u>
3 Net income or loss from other rental activities.	3 <u>.00</u>
4 Portfolio income or loss.	4 <u>.00</u>
5 Net IRC Section 1231 gain or loss.	5 <u>.00</u>
6 All other items of income or loss that were not included in the computation of income or loss on Page 1 of U.S. Form 1120-S. See instructions. Identify: _____	6 <u>.00</u>
7 Add Lines 1 through 6. This is your ordinary income or loss.	7 <u>47,850.00</u>

Step 3: Figure your unmodified base income or loss

8 Charitable contributions.	8 <u>.00</u>
9 Expense deduction under IRC Section 179.	9 <u>.00</u>
10 Interest on investment indebtedness.	10 <u>.00</u>
11 All other items of expense that were not deducted in the computation of ordinary income or loss on Page 1 of U.S. Form 1120-S. See instructions. Identify: _____	11 <u>.00</u>
12 Add Lines 8 through 11.	12 <u>.00</u>
13 Subtract Line 12 from Line 7. This amount is your total unmodified base income or loss.	13 <u>47,850.00</u>

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



14	Enter the amount from Line 13. Unitary filers , enter the amount from Schedule UB, Step 2, Col E, Line 30.	14	47,850.00
15	State, municipal, and other interest income excluded from Line 14.	15	.00
16	Illinois replacement tax and surcharge deducted in arriving at Line 14.	16	.00
17	Illinois Special Depreciation addition. Attach Form IL-4562.	17	.00
18	Related-party expenses addition. Attach Schedule 80/20.	18	.00
19	Distributive share of additions. Attach Schedule(s) K-1-P or K-1-T.	19	.00
20	The amount of loss distributable to a shareholder subject to replacement tax. Attach Schedule B.	20	.00
21	Other additions. Attach Illinois Schedule M (for businesses).	21	.00
22	Add Lines 14 through 21. This amount is your income or loss.	22	47,850.00

Step 5: Figure your base income or loss

23	Interest income from U.S. Treasury or other exempt federal obligations.	23	.00
24	Share of income distributable to a shareholder subject to replacement tax. Attach Schedule B.	24	.00
25	River Edge Redevelopment Zone Dividend subtraction. Attach Schedule 1299-A.	25	.00
26	River Edge Redevelopment Zone Interest subtraction. Attach Schedule 1299-A.	26	.00
27	High Impact Business Dividend subtraction. Attach Schedule 1299-A.	27	.00
28	High Impact Business Interest subtraction. Attach Schedule 1299-A.	28	.00
29	Contribution subtraction. Attach Schedule 1299-A.	29	.00
30	Illinois Special Depreciation subtraction. Attach Form IL-4562.	30	.00
31	Related-party expenses subtraction. Attach Schedule 80/20.	31	.00
32	Distributive share of subtractions. Attach Schedule(s) K-1-P or K-1-T.	32	.00
33	Other subtractions. Attach Schedule M (for businesses).	33	.00
34	Total subtractions. Add Lines 23 through 33.	34	.00
35	Base income or loss. Subtract Line 34 from Line 22.	35	47,850.00



- A** If the amount on Line 35 is derived inside Illinois only, check this box and enter the amount from Step 5, Line 35 on Step 7, Line 47. You may not complete Step 6. (You must leave Step 6, Lines 36 through 46 blank.)
- B** If any portion of the amount on Line 35 is derived outside Illinois, check this box and complete all lines of Step 6. See instructions. (If you are a unitary filer, you must complete Lines 40 through 42).

Step 6: Figure your income allocable to Illinois (Complete only if you checked the box on Line B, above.)

36	Nonbusiness income or loss. Attach Schedule NB.	36	.00
37	Business income or loss included in Line 35 from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions.	37	.00
38	Add Lines 36 and 37.	38	.00
39	Business income or loss. Subtract Line 38 from Line 35.	39	.00
40	Total sales everywhere. This amount cannot be negative.	40	
41	Total sales inside Illinois. This amount cannot be negative.	41	
42	Apportionment factor. Divide Line 41 by Line 40 (carry to six decimal places).	42	
43	Business income or loss apportionable to Illinois. Multiply Line 39 by Line 42.	43	.00
44	Nonbusiness income or loss allocable to Illinois. Attach Schedule NB.	44	.00
45	Business income or loss apportionable to Illinois from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions.	45	.00
46	Base income or loss allocable to Illinois. Add Lines 43 through 45.	46	.00



Step 7: Figure your net income

47	Base income or net loss from Step 5, Line 35, or Step 6, Line 46.	47	47,850.00
48	Discharge of Indebtedness adjustment. Attach federal Form 982. See instructions.	48	0.00
49	Adjusted base income or net loss. Add Lines 47 and 48.	49	47,850.00
50	Illinois net loss deduction. Attach Schedule NLD. If Line 49 is zero or a negative amount, enter "0."	50	.00
51	Net income. Subtract Line 50 from Line 49.	51	47,850.00

Step 8: Figure your net replacement tax, surcharge, and pass-through withholding payments you owe

52	Replacement tax. Multiply Line 51 by 1.5% (.015).	52	718.00
53	Recapture of investment credits. Attach Schedule 4255.	53	.00
54	Replacement tax before investment credits. Add Lines 52 and 53.	54	718.00
55	Investment credits. Attach Form IL-477.	55	.00
56	Net replacement tax. Subtract Line 55 from Line 54. If the amount is negative, enter "0."	56	718.00
57	Compassionate Use of Medical Cannabis Pilot Program Act surcharge. See instructions.	57	.00
58	Pass-through withholding payments you owe on behalf of your members. Enter the amount from Schedule B, Section A, Line 9. See Instructions. Attach Schedule B.	58	.00
59	Total net replacement tax, surcharge, and pass-through withholding payments you owe. Add Lines 56, 57, and 58.	59	718.00

Step 9: Figure your refund or balance due

60	Payments. See instructions.		
a	Credit from prior year overpayments.	60a	.00
b	Form IL-505-B (extension) payment.	60b	.00
c	Pass-through withholding payments reported to you on Schedule(s) K-1-P or K-1-T. Attach Schedule(s) K-1-P or K-1-T.	60c	.00
d	Illinois gambling withholding. Attach Form(s) W-2G.	60d	.00
e	Form IL-516-I prepayments.	60e	.00
f	Form IL-516-B prepayments.	60f	.00
61	Total payments. Add Lines 60a through 60f.	61	.00
62	Overpayment. If Line 61 is greater than Line 59, subtract Line 59 from Line 61.	62	.00
63	Amount to be credited forward. See instructions.	63	.00
64	Refund. Subtract Line 63 from Line 62. This is the amount to be refunded.	64	.00

65 **Complete to direct deposit your refund**

Routing Number	<input type="text"/>	<input type="checkbox"/> Checking or	<input type="checkbox"/> Savings
Account Number	<input type="text"/>		

66	Tax Due. If Line 59 is greater than Line 61, subtract Line 61 from Line 59. This is the amount you owe.	66	718.00
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▶ If you owe tax on Line 66, complete a payment voucher, Form IL-1120-ST-V. Write your FEIN, tax year ending, and "IL-1120-ST-V" on your check or money order and make it payable to "Illinois Department of Revenue." Attach your voucher and payment to the first page of this form.

Special Note → Enter the amount of your payment on the top of Page 1 in the space provided.

Step 10: Sign here

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

Signature of authorized officer	07 12 2017	PRESIDENT	(847) 809-9820	Check this box if the Department may discuss this return with the paid preparer shown in this step. <input type="checkbox"/>
	Date	Title	Phone	
Signature of paid preparer		P00693232		
	Date	Paid preparer's PTIN		
Halawa & Associates, LTD	7000 West 111th Street STE 102, Worth, IL 60482		(708) 923-1813	
Paid preparer's firm name	Address		Phone	

▶ If a payment is not enclosed, mail this return to:	▶ If a payment is enclosed, mail this return to:
Illinois Department of Revenue	Illinois Department of Revenue
P.O. Box 19032	P.O. Box 19053
Springfield, IL 62794-9032	Springfield, IL 62794-9053



Enter your name as shown on your Form IL-1065 or Form IL-1120-ST.

FNC CORPORATION

Enter your federal employer identification number (FEIN).

2 0 - 2 4 4 7 8 2 1



Read this information first

- You must read the Schedule B instructions and complete Schedule(s) K-1-P and Schedule(s) K-1-P(3) before completing this schedule.
You must complete Section B of Schedule B and provide all the required information for your partners or shareholders before completing Section A of Schedule B.



Failure to follow these instructions may delay the processing of your return or result in you receiving further correspondence from the Department. You may also be required to submit further information to support your filing.

Section A: Total members' information (from Schedule(s) K-1-P and Schedule B, Section B)



Before completing this section you must first complete Schedule(s) K-1-P, Schedule(s) K-1-P(3), and Schedule B, Section B. You will use the amounts from those schedules when completing this section.

Totals for resident and nonresident partners or shareholders (from Schedule(s) K-1-P and Schedule B, Section B)

- 1 Enter the total of all nonbusiness income or loss you reported on Schedule(s) K-1-P for your members. See instructions. 1
2 Enter the total of all income and replacement tax credits you reported on Schedule(s) K-1-P for your members. See instructions. 2
3 Add the amounts shown on Schedule B, Section B, Column E for all partners or shareholders on all pages for which you have entered a check mark in Column D. Enter the total here. See instructions. 3

Totals for nonresident partners or shareholders only (from Schedule B, Section B)

- 4 Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your nonresident individual members. See instructions. 4
5 Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your nonresident estate members. See instructions. 5
6 Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your partnership and S corporation members. See instructions. 6
7 Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your nonresident trust members. See instructions. 7
8 Enter the total pass-through withholding you reported on all pages of your Schedule B, Section B, Column J for your C corporation members. See instructions. 8
9 Add Line 4 through Line 8. This is the total pass-through withholding you owe on behalf of all your nonresident partners or shareholders. This amount should match the total amount from Schedule B, Section B, Column J for all nonresident partners or shareholders on all pages. Enter the total here and on Form IL-1065, Line 59, or Form IL-1120-ST, Line 58. See instructions. 9



FNC CORPORATION

Enter your name as shown on your Form IL-1065 or Form IL-1120-ST.

2 0 - 2 4 4 7 8 2 1
Enter your federal employer identification number (FEIN).

Section B: Members' information (See instructions before completing.)

A	B	C	D	E	F	G	H	I	J
Name and Address	Partner or Shareholder type	SSN or FEIN	Subject to Illinois replacement tax or an ESOP	Member's distributable amount of base income or loss	Excluded from pass-through withholding payments	Share of Illinois income subject to pass-through withholding	Pass-through withholding before credits	Distributable share of credits	Pass-through withholding payment amount
1 Name <u>MAHMOOD CHOUDHARI</u> C/O _____ Addr. 1 <u>1 MACKENZIE CT</u> Addr. 2 _____ City <u>BLOOMINGTON, IL 61704</u> <small>State Zip</small>	<u>I</u>	<u>328-88-2876</u>	<input type="checkbox"/>	<u>47,850</u>	<u>R</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
<i>(If Column F is blank, complete Column G through Column J. Otherwise, enter zero in Column G through Column J.)</i>									
2 Name _____ C/O _____ Addr. 1 _____ Addr. 2 _____ City _____ <small>State Zip</small>			<input type="checkbox"/>						
3 Name _____ C/O _____ Addr. 1 _____ Addr. 2 _____ City _____ <small>State Zip</small>			<input type="checkbox"/>						
4 Name _____ C/O _____ Addr. 1 _____ Addr. 2 _____ City _____ <small>State Zip</small>			<input type="checkbox"/>						
5 Name _____ C/O _____ Addr. 1 _____ Addr. 2 _____ City _____ <small>State Zip</small>			<input type="checkbox"/>						

Note If you have more members than space provided, attach additional copies of this page as necessary.

Mapleton BP

Balance Sheet

Date: 10/30/2017

Assets		Jan 1 to October 30 2017
Current Assets		
Cash		13,400
Accounts receivable		-
Inventory	Restaurant, Gas Station/Cstore	125,000
Prepaid expenses		-
Short-term investments		
	<i>Total current assets</i>	138,400
Fixed (Long-Term) Assets		
Long-term investments		
Property, plant, and equipment		1,700,000
(Less accumulated depreciation)		
Intangible assets		
	<i>Total fixed assets</i>	1,700,000
Other Assets		
Deferred income tax		
Other		
	<i>Total Other Assets</i>	-
Total Assets		1,838,400
Liabilities and Owner's Equity		
Current Liabilities		
Accounts payable		
Short-term loans		-
Income taxes payable		-
Accrued salaries and wages		
Unearned revenue		-
Current portion of long-term debt		
	<i>Total current liabilities</i>	-
Long-Term Liabilities		
Long-term debt		1,379,128
Deferred income tax		-
Other		
	<i>Total long-term liabilities</i>	1,379,128
Owner's Equity		
Owner's investment		459,272
Retained earnings		13,400
Other		
	<i>Total owner's equity</i>	472,672
Total Liabilities and Owner's Equity		1,851,800

**United States Bankruptcy Court
Central District of Illinois**

In re FNC Corporation

Debtor(s)

Case No.

Chapter 11

BUSINESS INCOME AND EXPENSES

FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (NOTE: ONLY INCLUDE information directly related to the business operation.)

PART A - GROSS BUSINESS INCOME FOR PREVIOUS 12 MONTHS:

1. Gross Income For 12 Months Prior to Filing: \$ 0.00

PART B - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME:

2. Gross Monthly Income \$ 0.00

PART C - ESTIMATED FUTURE MONTHLY EXPENSES:

3. Net Employee Payroll (Other Than Debtor) \$ 0.00

4. Payroll Taxes 0.00

5. Unemployment Taxes 0.00

6. Worker's Compensation 0.00

7. Other Taxes 0.00

8. Inventory Purchases (Including raw materials) 0.00

9. Purchase of Feed/Fertilizer/Seed/Spray 0.00

10. Rent (Other than debtor's principal residence) 0.00

11. Utilities 0.00

12. Office Expenses and Supplies 0.00

13. Repairs and Maintenance 0.00

14. Vehicle Expenses 0.00

15. Travel and Entertainment 0.00

16. Equipment Rental and Leases 0.00

17. Legal/Accounting/Other Professional Fees 0.00

18. Insurance 0.00

19. Employee Benefits (e.g., pension, medical, etc.) 0.00

20. Payments to Be Made Directly By Debtor to Secured Creditors For Pre-Petition Business Debts (Specify):

DESCRIPTION	TOTAL
-------------	-------

21. Other (Specify):

DESCRIPTION	TOTAL
-------------	-------

22. Total Monthly Expenses (Add items 3-21) \$ 0.00

PART D - ESTIMATED AVERAGE NET MONTHLY INCOME:

23. AVERAGE NET MONTHLY INCOME (Subtract item 22 from item 2) \$ 0.00

Mapleton BP

Income Statement

Revenue Jan 1 to Oct 30, 2017

Gross sales	\$1,954,800.00
Other income (ATM)	\$5,000.00
Other Income (Lotto commission)	\$6,520.00
Net Sales	\$1,966,320.00

Cost of Goods Sold

Beginning inventory	\$135,425.00
Goods purchased or manufactured	\$1,814,058.00
Total Goods Available	\$1,949,483.00
(Less ending inventory)	\$125,000.00
Cost of Goods Sold	\$1,824,483.00
	\$0.00
Gross Profit (Loss)	\$141,837.00

Expenses

Bank Service Charges	\$1,560.00
Electric / Utilities	\$12,560.00
Janitorial	\$1,525.00
Internet	\$354.00
Donation	\$70.00
Trash Service	\$2,154.00
Advertising & Promo	\$650.00
Auto Expense	\$1,040.00
License and Permits	\$750.00
Water	\$780.00
Squeegee/Water/Paper	\$85.00
Insurance	\$5,820.00
Pest Control	\$300.00
Accountant	\$1,650.00
Office Supply	\$150.00
Postage	\$25.00
Snow Removal	\$350.00
Phone	\$1,500.00
Security Alarm	\$351.00
Misc. Expense	\$650.00
Salaries and Wages	\$62,810.00
Repairs and Maintenance	\$1,520.00
Mortgage	\$13,500.00
Depreciation	\$621.00
Taxes	\$17,662.00
Total Operating Expenses	\$128,437.00

Operating Income (Loss) \$13,400.00

Non-operating revenues, expenses, gains, losses	\$0.00
(Less interest expense)	\$0.00
Income Before Taxes	\$13,400.00
(Less income tax expense)	\$0.00

Income From Continuing Operations \$13,400.00

Below-the-Line Items

Income from discontinued operations	\$0.00
Extraordinary items	\$0.00
Cumulative effect of accounting changes	\$0.00

Net Income \$13,400.00

**United States Bankruptcy Court
Central District of Illinois**

In re FNC Corporation

Debtor(s)

Case No. _____

Chapter 11

STATEMENT REGARDING AUTHORITY TO SIGN AND FILE PETITION

I, **Mahmood Choudhari**, declare under penalty of perjury that I am the **President** of **FNC Corporation**, and that the following is a true and correct copy of the resolutions adopted by the Board of Directors of said corporation at a special meeting duly called and held on the 27th day of October, 2017.

"Whereas, it is in the best interest of this corporation to file a voluntary petition in the United States Bankruptcy Court pursuant to Chapter 11 of Title 11 of the United States Code;

Be It Therefore Resolved, that **Mahmood Choudhari**, **President** of this Corporation, is authorized and directed to execute and deliver all documents necessary to perfect the filing of a chapter 11 voluntary bankruptcy case on behalf of the corporation; and

Be It Further Resolved, that **Mahmood Choudhari**, **President** of this Corporation is authorized and directed to appear in all bankruptcy proceedings on behalf of the corporation, and to otherwise do and perform all acts and deeds and to execute and deliver all necessary documents on behalf of the corporation in connection with such bankruptcy case, and

Be It Further Resolved, that **Mahmood Choudhari**, **President** of this Corporation is authorized and directed to employ **Carleen L. Cignetto 6192783**, attorney and the law firm of **Carleen Cignetto Attorney at Law** to represent the corporation in such bankruptcy case."

Date October 27, 2017

Signed

Mahmood Choudhari
Mahmood Choudhari

Resolution of Board of Directors
of
FNC Corporation

Whereas, it is in the best interest of this corporation to file a voluntary petition in the the United States Bankruptcy Court pursuant to Chapter 11 of Title 11 of the United States Code;

Be It Therefore Resolved, that **Mahmood Choudhari, President** of this Corporation, is authorized and directed to execute and deliver all documents necessary to perfect the filing of a chapter 11 voluntary bankruptcy case on behalf of the corporation; and

Be It Further Resolved, that **Mahmood Choudhari, President** of this Corporation is authorized and directed to appear in all bankruptcy proceedings on behalf of the corporation, and to otherwise do and perform all acts and deeds and to execute and deliver all necessary documents on behalf of the corporation in connection with such bankruptcy case, and

Be It Further Resolved, that **Mahmood Choudhari, President** of this Corporation is authorized and directed to employ **Carleen L. Cignetto 6192783**, attorney and the law firm of **Carleen Cignetto Attorney at Law** to represent the corporation in such bankruptcy case.

Date October 27, 2017

Signed Mahmood Choudhari

Date October 27, 2017

Signed _____

Fill in this information to identify the case:

Debtor name FNC Corporation

United States Bankruptcy Court for the: CENTRAL DISTRICT OF ILLINOIS

Case number (if known) _____

Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- Schedule H: Codebtors* (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- Amended Schedule* _____
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on October 30, 2017

X /s/ Mahmood Choudhari
Signature of individual signing on behalf of debtor

Mahmood Choudhari
Printed name

President
Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **FNC Corporation**

United States Bankruptcy Court for the: **CENTRAL DISTRICT OF ILLINOIS**

Case number (if known): _____

Check if this is an amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders 12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Associated Bank Card Member Services PO Box 790408 Saint Louis, MO 63179		Credit Card				\$11,898.00
Chase PO Box 15123 Wilmington, DE 19850		credit Card				\$48,792.68
Chase Credit Card Link PO Box 15123 Wilmington, DE 19850		Credit Card				\$6,780.42
Cooper Construction 4634 S Tewkesbury Ct Mapleton, IL 61547		Services				\$2,860.06
Hermann & Associates 403 N. Galena Road Peoria Heights, IL 61616		collection				\$4,054.82
Home City Ice Company PO Box 111116 Cincinnati, OH 45211		services				\$5,486.75
IL Dept of Employment Security 33 S State Street Chicago, IL 60603						\$4,000.00

Debtor **FNC Corporation**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Illinois Department of Revenue P.O. Box 19447 Springfield, IL 62794		2009, 2011, 2013, 2014 Sales Tax				\$286,000.00
Internal Revenue Service Centralized Insolvency Operation P.O.Box 7346 Philadelphia, PA 19101-7346						\$25,255.00
Ira Lauter L&B All Star Mangement, LLC 5225 W. Touhy Ave Suite 212 Skokie, IL 60077		Receiver fees	Disputed			\$5,100.00
Johnson Mechanical, Inc 1820 Riverway Dr Pekin, IL 61554		services				\$3,250.00
Lynco Products 1410 11th Street West Milan, IL 61264		Services				\$2,575.42
Sams Club/Discover PO Box 960016 Orlando, FL 32896		credit card				\$26,026.11
Tazwell Plumbing, Inc 1412 Park Ave Pekin, IL 61554		services				\$1,455.00
Trap Electric 25238 Spring Creek Road Washington, IL 61571		services				\$1,985.00
William C O'Connor Attorney at Law PC 4600 N. Prospect Ave Suite 1 Peoria Heights, IL 61616		Creditor Collection				\$3,500.00
XPRS Capital, Inc 604 Arizona Ave Santa Monica, CA 90401		Services				\$41,129.24

Fill in this information to identify the case:

Debtor name FNC Corporation

United States Bankruptcy Court for the: CENTRAL DISTRICT OF ILLINOIS

Case number (if known) _____

Check if this is an amended filing

**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$ <u>1,000,000.00</u>
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ <u>403,400.00</u>
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ <u>1,403,400.00</u>

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ <u>902,979.74</u>
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ <u>311,255.00</u>
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ <u>168,893.50</u>
4. Total liabilities Lines 2 + 3a + 3b	\$ <u>1,383,128.24</u>

Fill in this information to identify the case:

Debtor name FNC Corporation

United States Bankruptcy Court for the: CENTRAL DISTRICT OF ILLINOIS

Case number (if known) _____

Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- No. Go to Part 2.
- Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest
\$5,000.00

2. **Cash on hand**

3. **Checking, savings, money market, or financial brokerage accounts** (Identify all)
Name of institution (bank or brokerage firm) Type of account

Last 4 digits of account number

3.1. **Business Checking PNC Bank Pekin**

\$8,400.00

4. **Other cash equivalents** (Identify all)

5. **Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$13,400.00

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

- No. Go to Part 3.
- Yes Fill in the information below.

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- No. Go to Part 4.
- Yes Fill in the information below.

Part 4: Investments

13. Does the debtor own any investments?

Debtor FNC Corporation Case number (If known) _____
 Name

- No. Go to Part 5.
- Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- No. Go to Part 6.
- Yes Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials Location: 8626 W. Wheeler Drive, Mapleton IL 61547 General retail merchandise offered for sale, average daily inventory value including gas		\$0.00		\$125,000.00

- 20. Work in progress
- 21. Finished goods, including goods held for resale
- 22. Other inventory or supplies

23. Total of Part 5. \$125,000.00
 Add lines 19 through 22. Copy the total to line 84.

24. Is any of the property listed in Part 5 perishable?

- No
- Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- No
- Yes. Book value _____ Valuation method _____ Current Value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- No
- Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- No. Go to Part 7.
- Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- No. Go to Part 8.
- Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
---------------------	---	---	------------------------------------

Debtor FNC Corporation Case number (If known) _____
 Name

39. **Office furniture**

40. **Office fixtures**
Location: 8626 W. Wheeler Drive, Mapleton IL 61547
Misc Business Equipment \$184,574.00 **Tax records** \$265,000.00

41. **Office equipment, including all computer equipment and communication systems equipment and software**

42. **Collectibles** *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.** **\$265,000.00**
 Add lines 39 through 42. Copy the total to line 86.

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

- No
 Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

- No
 Yes

Part 8: Machinery, equipment, and vehicles

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

- No. Go to Part 9.
 Yes Fill in the information below.

Part 9: Real property

54. **Does the debtor own or lease any real property?**

- No. Go to Part 10.
 Yes Fill in the information below.

55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1. Location: 8626 W. Wheeler Drive, Mapleton IL 61547	Fee simple	\$303,477.00	Tax records	\$1,000,000.00

56. **Total of Part 9.** **\$1,000,000.00**
 Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

57. **Is a depreciation schedule available for any of the property listed in Part 9?**

- No

Debtor **FNC Corporation** Case number (if known) _____
Name

Yes

58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**

No

Yes

Part 10: Intangibles and intellectual property

59. **Does the debtor have any interests in intangibles or intellectual property?**

No. Go to Part 11.

Yes Fill in the information below.

Part 11: All other assets

70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

No. Go to Part 12.

Yes Fill in the information below.

Debtor **FNC Corporation** Case number (If known) _____
 Name

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$13,400.00</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$0.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$125,000.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$265,000.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$1,000,000.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$403,400.00</u>	+ 91b. <u>\$1,000,000.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$1,403,400.00</u>

Fill in this information to identify the case:

Debtor name FNC Corporation

United States Bankruptcy Court for the: CENTRAL DISTRICT OF ILLINOIS

Case number (if known) _____

Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim <small>Do not deduct the value of collateral.</small>	Column B Value of collateral that supports this claim
<p>2.1 Ascentium Capital</p> <p><small>Creditor's Name</small></p> <p>PO Box 301593 Dallas, TX 75303</p> <p><small>Creditor's mailing address</small></p> <p><small>Creditor's email address, if known</small></p> <p>Date debt was incurred 9/2013</p> <p>Last 4 digits of account number</p> <p>Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>	<p><small>Describe debtor's property that is subject to a lien</small></p> <p>Location: 8626 W. Wheeler Drive, Mapleton IL 61547 Misc Business Equipment</p> <p><small>Describe the lien</small></p> <p><small>Is the creditor an insider or related party?</small> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><small>Is anyone else liable on this claim?</small> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p><small>As of the petition filing date, the claim is:</small> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p>\$112,615.80</p>	<p>\$265,000.00</p>

<p>2.2 Associated Bank Mortgage</p> <p><small>Creditor's Name</small></p> <p>PO Box 7070 Green Bay, WI 54307</p> <p><small>Creditor's mailing address</small></p> <p><small>Creditor's email address, if known</small></p> <p>Date debt was incurred 02/2014</p> <p>Last 4 digits of account number</p> <p>Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>	<p><small>Describe debtor's property that is subject to a lien</small></p> <p>Location: 8626 W. Wheeler Drive, Mapleton IL 61547</p> <p><small>Describe the lien</small></p> <p><small>Is the creditor an insider or related party?</small> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><small>Is anyone else liable on this claim?</small> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p><small>As of the petition filing date, the claim is:</small> Check all that apply</p>	<p>\$695,000.00</p>	<p>\$1,000,000.00</p>
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Debtor **FNC Corporation** Case number (if know) _____
Name

- No Contingent
 Yes. Specify each creditor, including this creditor and its relative priority. Unliquidated
 Disputed

- 1. Associated Bank Mortgage**
2. John Wall Remodeling
3. IOU Central

2.3 IOU Central Describe debtor's property that is subject to a lien **\$23,337.94** **\$1,000,000.00**

Creditor's Name
600 Town Park Lane
Suite 140
Kennesaw, GA 30144
Creditor's mailing address

Location: 8626 W. Wheeler Drive, Mapleton IL 61547

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

- No Yes. Specify each creditor, including this creditor and its relative priority.
Specified on line 2.2

Describe the lien

Is the creditor an insider or related party?

- No
 Yes

Is anyone else liable on this claim?

- No
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:
 Check all that apply

- Contingent
 Unliquidated
 Disputed

2.4 John Wall Remodeling Describe debtor's property that is subject to a lien **\$72,026.00** **\$1,000,000.00**

Creditor's Name
101 Barron Street
Glassford, IL 60533
Creditor's mailing address

Location: 8626 W. Wheeler Drive, Mapleton IL 61547

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

- No Yes. Specify each creditor, including this creditor and its relative priority.
Specified on line 2.2

Describe the lien

Is the creditor an insider or related party?

- No
 Yes

Is anyone else liable on this claim?

- No
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:
 Check all that apply

- Contingent
 Unliquidated
 Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. **\$902,979.74**

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Debtor **FNC Corporation** Case number (if know) _____
Name

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
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Joyce Childers PO Box 550291 Atlanta, GA 30355	Line <u>2.3</u>	
---	-----------------	--

Kevin R. Purtill Chuhak & Tecson 30 S Wacker Drive Suite 2600 Chicago, IL 60606	Line <u>2.2</u>	
--	-----------------	--

Fill in this information to identify the case:

Debtor name FNC Corporation

United States Bankruptcy Court for the: CENTRAL DISTRICT OF ILLINOIS

Case number (if known) _____

Check if this is an amended filing

Official Form 206E/F
Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- No. Go to Part 2.
 Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address Illinois Department of Revenue P.O. Box 19447 Springfield, IL 62794	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$286,000.00</u>	<u>\$286,000.00</u>
	Date or dates debt was incurred	Basis for the claim: 2009, 2011, 2013, 2014 Sales Tax		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)			
2.2	Priority creditor's name and mailing address Internal Revenue Service Centralized Insolvency Operation P.O.Box 7346 Philadelphia, PA 19101-7346	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$25,255.00</u>	<u>\$19,273.00</u>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)			

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

Debtor **FNC Corporation** Case number (if known) _____
 Name _____

3.1	Nonpriority creditor's name and mailing address Associated Bank Card Member Services PO Box 790408 Saint Louis, MO 63179 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Credit Card Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,898.00
3.2	Nonpriority creditor's name and mailing address Chase PO Box 15123 Wilmington, DE 19850 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: credit Card Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$48,792.68
3.3	Nonpriority creditor's name and mailing address Chase Credit Card Link PO Box 15123 Wilmington, DE 19850 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Credit Card Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,780.42
3.4	Nonpriority creditor's name and mailing address Cooper Construction 4634 S Tewkesbury Ct Mapleton, IL 61547 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,860.06
3.5	Nonpriority creditor's name and mailing address Hermann & Associates 403 N. Galena Road Peoria Heights, IL 61616 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: collection Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,054.82
3.6	Nonpriority creditor's name and mailing address Home City Ice Company PO Box 111116 Cincinnati, OH 45211 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,486.75
3.7	Nonpriority creditor's name and mailing address IL Dept of Employment Security 33 S State Street Chicago, IL 60603 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,000.00

Debtor **FNC Corporation** Case number (if known) _____
Name

3.8	Nonpriority creditor's name and mailing address Ira Lauter L&B All Star Mangement, LLC 5225 W. Touhy Ave Suite 212 Skokie, IL 60077 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Receiver fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,100.00
3.9	Nonpriority creditor's name and mailing address Johnson Mechanical, Inc 1820 Riverway Dr Pekin, IL 61554 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,250.00
3.10	Nonpriority creditor's name and mailing address Lynco Products 1410 11th Street West Milan, IL 61264 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,575.42
3.11	Nonpriority creditor's name and mailing address Sams Club/Discover PO Box 960016 Orlando, FL 32896 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>credit card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26,026.11
3.12	Nonpriority creditor's name and mailing address Tazwell Plumbing, Inc 1412 Park Ave Pekin, IL 61554 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,455.00
3.13	Nonpriority creditor's name and mailing address Trap Electric 25238 Spring Creek Road Washington, IL 61571 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,985.00
3.14	Nonpriority creditor's name and mailing address William C O'Connor Attorney at Law PC 4600 N. Prospect Ave Suite 1 Peoria Heights, IL 61616 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Creditor Collection</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,500.00

Debtor **FNC Corporation** Case number (if known) _____
Name

3.15	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$41,129.24
	XPRS Capital, Inc 604 Arizona Ave Santa Monica, CA 90401	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: <u>Services</u>	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	J. Robert Morgan Johnson, Morgan & White 6800 Broken Sound Parkway Boca Raton, FL 33487	Line <u>3.15</u> <input type="checkbox"/> Not listed. Explain _____	—
4.2	Leon Wexler 77 W Washington Street Suite 1618 Chicago, IL 60602	Line <u>3.8</u> <input type="checkbox"/> Not listed. Explain _____	—
4.3	Philip Quatrochi 1700 Lincoln Street Sutie 2000 Denver, CO 80203	Line <u>3.15</u> <input type="checkbox"/> Not listed. Explain _____	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

		Total of claim amounts	
5a. Total claims from Part 1	\$	311,255.00	
5b. Total claims from Part 2	+	168,893.50	
5c. Total of Parts 1 and 2 <small>Lines 5a + 5b = 5c.</small>	\$	480,148.50	

Fill in this information to identify the case:

Debtor name FNC Corporation

United States Bankruptcy Court for the: CENTRAL DISTRICT OF ILLINOIS

Case number (if known) _____

Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
---	---

2.1 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

2.2 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

2.3 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

2.4 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

Fill in this information to identify the case:

Debtor name FNC Corporation

United States Bankruptcy Court for the: CENTRAL DISTRICT OF ILLINOIS

Case number (if known) _____

Check if this is an amended filing

**Official Form 206H
Schedule H: Your Codebtors**

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

	Name	Mailing Address	Name	Check all schedules that apply:
2.1	_____	Street _____ City State Zip Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2	_____	Street _____ City State Zip Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3	_____	Street _____ City State Zip Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4	_____	Street _____ City State Zip Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:

Debtor name FNC Corporation

United States Bankruptcy Court for the: CENTRAL DISTRICT OF ILLINOIS

Case number (if known) _____

Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue
Check all that apply

Gross revenue
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:
From 1/01/2017 to Filing Date

Operating a business
 Other Debtor Mapleton Mini Mart

\$1,954,800.00

For prior year:
From 1/01/2016 to 12/31/2016

Operating a business
 Other Debtor Mapleton Mini Mart

\$2,167,937.00

For year before that:
From 1/01/2015 to 12/31/2015

Operating a business
 Other Debtor Mapleton Mini Mart

\$4,816,433.00

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed

Debtor **FNC Corporation**

Case number (if known)

or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
--	-------	-----------------------	---------------------------------

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

None.

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1.	Ira Lauter vs FNC Corporation et. al Case No 15 Lm 156	Forcible Entry and Detainer	Peoria County, IL	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2.	Associated Bank vs. FNC Corporation Case No. 14 CH 429	Foreclosure	Peoria County, IL	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.3.	IOU Central, Inc vs FNC Corporation Case No. 2014 A 30145	collection	Cobb County GA	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

None

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

Debtor **FNC Corporation**

Case number (if known) _____

None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).		

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Carleen Cignetto Attorney at Law 2 Dearborn Square Suite 2 Kankakee, IL 60901	\$1717.00 applied to filing fee	October 15, 2017	\$1,717.00

Email or website address _____

Who made the payment, if not debtor? _____

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device. Do not include transfers already listed on this statement.

None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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Part 7: Previous Locations

Debtor **FNC Corporation**

Case number (if known) _____

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

Does not apply

Address	Dates of occupancy From-To
---------	-------------------------------

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:
 - diagnosing or treating injury, deformity, or disease, or
 - providing any surgical, psychiatric, drug treatment, or obstetric care?

- No. Go to Part 9.
 Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	--	---

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

- No.
 Yes. State the nature of the information collected and retained.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- No. Go to Part 10.
 Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?
 Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1. Chase Bank	XXXX-0	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other __	\$350.00 August 2014	\$350.00
18.2. Associated Bank	XXXX-	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other __		\$0.00

19. Safe deposit boxes

Debtor **FNC Corporation**

Case number (if known) _____

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
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20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
---------------------------	-----------------------------------	-----------------------------	-----------------------

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

None

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- No.
- Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- No.
- Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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24. Has the debtor notified any governmental unit of any release of hazardous material?

- No.
- Yes. Provide details below.

Debtor **FNC Corporation**

Case number (if known) _____

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
		Dates business existed

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

None

Name and address	Date of service From-To
26a.1. Halawa & Associates 7000 West 111th Street Suite 102 Worth, IL 60482	2013 to date
26a.2. Mahmood Choudhari 1 Mackenzie Court Bloomington, IL 61704	Ongoing since incorporation in 2005

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

None

Name and address	If any books of account and records are unavailable, explain why
26c.1. Halawa & Associates 7000 W. 111th Street Suite 102 Worth, IL 60482	
26c.2. Mahmood Choudhari 1 Mackenzie Court Suite 102 Bloomington, IL 61704	

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

None

Name and address

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

No

Yes. Give the details about the two most recent inventories.

Debtor **FNC Corporation**

Case number (if known) _____

	Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
27.1	Mahmood Choudhari	Daily	\$27,000.00 cost basis daily average

Name and address of the person who has possession of inventory records
Mahmood Choudhari
1 Mackenzie Court
Bloomington, IL 61704

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Mahmood Choudhari	1 Mackenzie Court	President	common, 70%

Name	Address	Position and nature of any interest	% of interest, if any
Aliana Choudhari	1 Mackenzie Court	shareholder	common, 30%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- No
- Yes. Identify below.

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- No
- Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
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31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- No
- Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
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32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- No
- Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
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Debtor **FNC Corporation**

Case number (if known) _____

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **October 30, 2017**

/s/ Mahmood Choudhari
Signature of individual signing on behalf of the debtor

Mahmood Choudhari
Printed name

Position or relationship to debtor **President**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy (Official Form 207)* attached?

No

Yes

United States Bankruptcy Court Central District of Illinois

In re FNC Corporation

Debtor(s)

Case No.

Chapter 11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

Table with 2 columns: Description of compensation and Amount. Rows include: For legal services, I have agreed to accept (\$ 1,783.00); Prior to the filing of this statement I have received (\$ 1,783.00); Balance Due (\$ 0.00).

2. \$ 1,717.00 of the filing fee has been paid.

3. The source of the compensation paid to me was:

Debtor [checked] Other (specify): [unchecked]

4. The source of compensation to be paid to me is:

Debtor [checked] Other (specify): [unchecked]

5. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
d. [Other provisions as needed]

none all work to be performed by counsel up to and including Confirmation of at Plan of Reorganization, conversion or dismissal shall be billed at \$250 per hour with appropriate application to the Court and request for payment.

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

None

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

October 30, 2017

Date

/s/ Carleen L. Cignetto

Carleen L. Cignetto

Signature of Attorney

Carleen Cignetto Attorney at Law

2 Dearborn Square

Suite 2

Kankakee, IL 60901

Name of law firm

**United States Bankruptcy Court
Central District of Illinois**

In re **FNC Corporation** Debtor(s) Case No. _____
Chapter **11**

VERIFICATION OF CREDITOR MATRIX

I, the President of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **October 30, 2017**

/s/ Mahmood Choudhari
Mahmood Choudhari/President
Signer/Title

**United States Bankruptcy Court
Central District of Illinois**

In re **FNC Corporation**

Debtor(s)

Case No.

Chapter **11**

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **FNC Corporation** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s) equity interests, or states that there are no entities to report under FRBP 7007.1:

None [*Check if applicable*]

October 30, 2017

Date

/s/ Carleen L. Cignetto

Carleen L. Cignetto

Signature of Attorney or Litigant

Counsel for **FNC Corporation**

Carleen Cignetto Attorney at Law

2 Dearborn Square

Suite 2

Kankakee, IL 60901