

Form **1120**Department of the Treasury
Internal Revenue Service**U.S. Corporation Income Tax Return**For calendar year 2013 or tax year beginning January 1, 2013, ending December 1, 2013

OMB No. 1545-0123

2013Information about Form 1120 and its separate instructions is at www.irs.gov/form1120.

A Check if: 1 a Consolidated return (attach Form 851) <input type="checkbox"/> b Life/nonlife consolidated return <input type="checkbox"/> 2 Personal holding co. (attach Sch PH) <input type="checkbox"/> 3 Personal service corp (see instrs) <input type="checkbox"/> 4 Schedule M-3 attached <input type="checkbox"/>		TYPE OR PRINT Name INTERNATIONAL GREEN BUILDING GROUP INC Number, street, and room or suite number. If a P.O. box, see instructions. 127 SOUTH WITCHDUCK ROAD SUITE 201 City or town, state, or province, country and ZIP or foreign postal code VIRGINIA BEACH VA 23462	B Employer identification number [REDACTED] C Date incorporated D Total assets (see instructions) \$
E Check if: (1) <input type="checkbox"/> Initial return (2) <input type="checkbox"/> Final return (3) <input type="checkbox"/> Name change (4) <input type="checkbox"/> Address change			

INCOME	1 a Gross receipts or sales	1 a	680,734.	
	b Returns and allowances	1 b		
	c Balance. Subtract line 1b from line 1a	1 c	680,734.	
	2 Cost of goods sold (attach Form 1125-A)	2	283,847.	
	3 Gross profit. Subtract line 2 from line 1c	3	396,887.	
	4 Dividends (Schedule C, line 19)	4		
	5 Interest	5	248.	
	6 Gross rents	6		
	7 Gross royalties	7		
	8 Capital gain net income (attach Schedule D (Form 1120))	8		
	9 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)	9		
10 Other income (see instructions — attach schedule) See Other Income Statement	10	8,844.		
11 Total income. Add lines 3 through 10	11	405,979.		
DEDUCTIONS SEE INSTRUCTIONS	12 Compensation of officers (see instructions — attach Form 1125-E)	12		
	13 Salaries and wages (less employment credits)	13		
	14 Repairs and maintenance	14		
	15 Bad debts	15		
	16 Rents	16		
	17 Taxes and licenses	17		
	18 Interest	18		
	19 Charitable contributions	19		
	20 Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	20		
	21 Depletion	21		
	22 Advertising	22	37,424.	
	23 Pension, profit-sharing, etc, plans	23		
	24 Employee benefit programs	24		
	25 Domestic production activities deduction (attach Form 8903)	25		
	26 Other deductions (attach statement) See Other Deductions Statement	26	335,339.	
	27 Total deductions. Add lines 12 through 26	27	372,763.	
	28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11	28	33,216.	
29 a Net operating loss deduction (see instructions)	29 a			
b Special deductions (Schedule C, line 20)	29 b			
c Add lines 29a and 29b	29 c			
TAXES, CREDITS, AND PAYMENTS	30 Taxable income. Subtract line 29c from line 28 (see instructions)	30	33,216.	
	31 Total tax (Schedule J, Part I, line 11)	31	4,982.	
	32 Total payments and refundable credits (Schedule J, Part II, line 21)	32		
	33 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input checked="" type="checkbox"/>	33	91.	
	34 Amount owed. If line 32 is smaller than the total of lines 31 and 33, enter amount owed	34	5,073.	
	35 Overpayment. If line 32 is larger than the total of lines 31 and 33, enter amount overpaid	35		
	36 Enter amount from line 35 you want: Credited to 2014 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	36		

Sign Here

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

Signature of officer _____ Date _____ Title _____

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

Paid Preparer Use Only

Print/Type preparer's name _____ Preparer's signature _____ Date _____ Check ☐ if self-employed PTIN P00084897

Firm's name _____ Firm's EIN _____

Firm's address _____ Phone no. _____

BAA For Paperwork Reduction Act Notice, see separate instructions.

CPCA0212 07/30/13

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