B1 (Official Form 1) (04/13)

# United States Bankruptcy Court
## Western District of Michigan

**Voluntary Petition**

| | |
|---|---|
| Name of Debtor (if individual, enter Last, First, Middle): **York Enterprises, LLC** | Name of Joint Debtor (Spouse) (Last, First, Middle): |
| All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): **Yorks Landing** | All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): |
| Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all): **38-3611601** | Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all): |
| Street Address of Debtor (No. & Street, City, and State): **515 Williams Street South Haven, MI 49090** ZIP CODE **49090-0000** | Street Address of Joint Debtor (No. & Street, City, and State): ZIP CODE |
| County of Residence or of the Principal Place of Business: **Van Buren** | County of Residence or of the Principal Place of Business: |
| Mailing Address of Debtor (if different from street address): ZIP CODE | Mailing Address of Joint Debtor (if different from street address): ZIP CODE |

Location of Principal Assets of Business Debtor (if different from street address above): **515 Williams Street South Haven, MI 49090**

**Type of Debtor** (Form of Organization) (Check one box.)

- ☐ Individual (includes Joint Debtors) *See Exhibit D on page 2 of this form.*
- ☒ Corporation (includes LLC and LLP)
- ☐ Partnership
- ☐ Other (If debtor is not one of the above entities, check this box and state type of entity below.)

**Nature of Business** (Check one box.)

- ☐ Health Care Business
- ☐ Single Asset Real Estate as defined in 11 U.S.C. § 101(51B)
- ☐ Railroad
- ☐ Stockbroker
- ☐ Commodity Broker
- ☐ Clearing Bank
- ☒ Other

**Chapter of Bankruptcy Code Under Which the Petition is Filed** (Check one box)

- ☐ Chapter 7
- ☐ Chapter 9
- ☒ Chapter 11
- ☐ Chapter 12
- ☐ Chapter 13
- ☐ Chapter 15 Petition for Recognition of a Foreign Main Proceeding
- ☐ Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding

**Chapter 15 Debtors**

Country of debtor's center of main interests:

Each country in which a foreign proceeding by, regarding, or against debtor is pending:

**Tax-Exempt Entity** (Check box, if applicable.)

- ☐ Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).

**Nature of Debts** (Check one box)

- ☐ Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."
- ☒ Debts are primarily business debts.

**Filing Fee** (Check one box.)

- ☒ Full Filing Fee attached
- ☐ Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.
- ☐ Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.

**Chapter 11 Debtors**

**Check one box:**

- ☒ Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D).
- ☐ Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).

**Check if:**

- ☒ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than $2,490,925 *(amount subject to adjustment on 4/01/16 and every three years thereafter).*

**Check all applicable boxes:**

- ☐ 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).

**Statistical/Administrative Information**

THIS SPACE IS FOR COURT USE ONLY

- ☒ Debtor estimates that funds will be available for distribution to unsecured creditors.
- ☐ Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.

Estimated Number of Creditors

| ☒ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
|---|---|---|---|---|---|---|---|---|---|
| 1-49 | 50-99 | 100-199 | 200-999 | 1,000-5,000 | 5001-10,000 | 10,001-25,000 | 25,001-50,000 | 50,001-100,000 | OVER 100,000 |

Estimated Assets

| ☐ | ☐ | ☐ | ☐ | ☒ | ☐ | ☐ | ☐ | ☐ | ☐ |
|---|---|---|---|---|---|---|---|---|---|
| $0 to $50,000 | $50,001 to $100,000 | $100,001 to $500,000 | $500,001 to $1 million | $1,000,001 to $10 million | $10,000,001 to $50 million | $50,000,001 to $100 million | $100,000,001 to $500 million | $500,000,001 to $1 billion | More than $1 billion |

Estimated Liabilities

| ☐ | ☐ | ☐ | ☒ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
|---|---|---|---|---|---|---|---|---|---|
| $0 to $50,000 | $50,001 to $100,000 | $100,001 to $500,000 | $500,001 to $1 million | $1,000,001 to $10 million | $10,000,001 to $50 million | $50,000,001 to $100 million | $100,000,001 to $500 million | $500,000,001 to $1 billion | More than $1 billion |

| **Voluntary Petition**<br>*(This page must be completed and filed in every case)* | Name of Debtor(s):<br>**York Enterprises, LLC** | |
|---|---|---|
| **All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than two, attach additional sheet.) | | |
| Location Where Filed: **- None -** | Case Number: | Date Filed: |
| Location Where Filed: | Case Number: | Date Filed: |
| **Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor** (If more than one, attach additional sheet.) | | |
| Name of Debtor: **- None -** | Case Number: | Date Filed: |
| District: | Relationship: | Judge: |

| **Exhibit A** | **Exhibit B** |
|---|---|
| (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)<br><br>☐ Exhibit A is attached and made a part of this petition. | (To be completed if debtor is an individual whose debts are primarily consumer debts.)<br><br>I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. § 342(b).<br>X __________________<br>Signature of Attorney for Debtor(s) (Date) |

**Exhibit C**

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.

☒ No

**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☐ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.

**Information Regarding the Debtor - Venue**
(Check any applicable box.)

☒ Debtor has been domiciled or has had a residence, 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.

☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.

☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

**Certification by a Debtor Who Resides as a Tenant of Residential Property**
(Check all applicable boxes.)

☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

____________________
(Name of landlord that obtained judgment)

____________________
(Address of landlord)

☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and

☐ Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.

☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

**Voluntary Petition**
*(This page must be completed and filed in every case)*

Name of Debtor(s):
**York Enterprises, LLC**

## Signatures

### Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.
[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X ______________________________
Signature of Debtor

X ______________________________
Signature of Joint Debtor

______________________________
Telephone Number (If not represented by attorney)

______________________________
Date

### Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only **one** box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.

☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X ______________________________
(Signature of Foreign Representative)

______________________________
(Printed Name of Foreign Representative)

______________________________
Date

### Signature of Attorney*

X **/s/ James Shek**
Signature of Attorney for Debtor(s)
**James Shek P37444**
Printed Name of Attorney for Debtor(s)
**Shek Law Offices**
Firm Name
**225 Hubbard Street, Suite B**
**Allegan, MI 49010**
Address
**Email:jshekesq@btc-bci.com**
**269-673-3547 Fax:269-686-9449**
Telephone Number
**February 5, 2014**
Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

### Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.
The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X **/s/ Frank J. York**
Signature of Authorized Individual
**Frank J. York**
Printed Name of Authorized Individual
**Sole Member/Manager**
Title of Authorized Individual
**February 5, 2014**
Date

### Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official form 19 is attached.

______________________________
Printed Name and title, if any, of Bankruptcy Petition Preparer

______________________________
Social-Security number (If the bankrutpcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

______________________________
Address

X ______________________________

______________________________
Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose social security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.*

**UNITED STATES BANKRUPTCY COURT**
**WESTERN DISTRICT OF MICHIGAN**
One Division Avenue North, Room 200
Grand Rapids, MI 49503

***IN RE:***

YORK ENTERPRISES, L.L.C.,
aka York's Landing,
Tax I.D.: 38-3611601,

Debtor.
_______________________________/

Case Number: 14- -

Chapter 11

**Hon.**_______________

VERIFICATION OF CREDTIOR MATRIX ON
BEHALF OF A LIMITED LIABILITY COMPANY

I, Frank J. York, Sole member and Manager of York Enterprises, L.L.C., aka York's Landing, named as Debtor in this case, hereby declare, under penalty of perjury, that the attached list of creditors, consisting of 2 pages, is true and correct to the best of my knowledge, information and belief.

February 5, 2014

Frank J. York
Sole member/manager
York Enterprises, L.L.C.

James Shek (P37444)
Attorney for Debtor

Basic Enterprises, Inc.
13900 Sharon Hollow
Manchester MI 48518

CHS
15888 Collections Center Dr.
Chicago IL 60693

Comerica Bank
99 Monroe Ave
Suite 1000
Grand Rapids MI 49503

Comerica Bank/Dan Kubiak, Esq
Ross A. Leisman
Mika Meyers Beckett & Jones
900 Monroe Avenue, NW
Grand Rapids MI 49503

Country House Furniture
PO Box 506
South Haven MI 49090

Frank J. York
13900 Sharon Hollow
Manchester MI 48518

Glen Cole
8400 Crane Road
Milan MI 48160

Gordon Food Service
1300 Gezon Prwy SW
Wyoming MI 49509

Jay Marcoux
523 Phoenix St.
South Haven MI 49090

Maurers Textile Rental Service
PO Box 515
DeWitt MI 48820

Old Harbor Village Condo Assoc
PO Box 46
South Haven MI 49090

Old Harbor Village Condo Assoc
C/O Mark A. Manning
212 E. Paw Paw Street
Paw Paw MI 49079

Reminder Shopping Guide
209 W. Monroe St.
Bangor MI 49013

Stanz Food Service Inc
1840 Commerce Dr.
South Bend IN 46628

State of Michigan Sales Tax Un
Dept of Treasury
PO Box 30158

Lansing MI 48909

State of Michigan Withholding
Dept of Treasury
PO Box 30158
Lansing MI 48909

Tracy Baker & John Arundel
515 Williams Street
South Haven MI 49090

Tracy Baker & John Arundel
C/O George S. Dunn
401 Center Street
South Haven MI 49090

Van Buren County Treasurer
Property taxes
219 E. Paw Paw St
Suite 101
Paw Paw MI 49079

Wildwood Builders Inc.
10300 Wildwood Rd.
Petoskey MI 49770

WSJM
PO Box 107
Saint Joseph MI 49085

B4 (Official Form 4) (12/07)

# United States Bankruptcy Court
## Western District of Michigan

In re York Enterprises, LLC
Debtor(s)

Case No.
Chapter 11

## LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [*or* chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

| (1)<br>*Name of creditor and complete mailing address including zip code* | (2)<br>*Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted* | (3)<br>*Nature of claim (trade debt, bank loan, government contract, etc.)* | (4)<br>*Indicate if claim is contingent, unliquidated, disputed, or subject to setoff* | (5)<br>*Amount of claim [if secured, also state value of security]* |
|---|---|---|---|---|
| CHS<br>15888 Collections Center Dr.<br>Chicago, IL 60693 | CHS<br>15888 Collections Center Dr.<br>Chicago, IL 60693 | Trade | Liquidated | 982.20 |
| Country House Furniture<br>PO Box 506<br>South Haven, MI 49090 | Country House Furniture<br>PO Box 506<br>South Haven, MI 49090 | Trade | Disputed | 9,800.00 |
| Glen Cole<br>8400 Crane Road<br>Milan, MI 48160 | Glen Cole<br>8400 Crane Road<br>Milan, MI 48160 | Business Loan | Unliquidated | 25,000.00 |
| Gordon Food Service<br>1300 Gezon Prwy SW<br>Wyoming, MI 49509 | Gordon Food Service<br>1300 Gezon Prwy SW<br>Wyoming, MI 49509 | Trade | Liquidated | 2,023.00 |
| Jay Marcoux<br>523 Phoenix St.<br>South Haven, MI 49090 | Jay Marcoux<br>523 Phoenix St.<br>South Haven, MI 49090 | Trade | Unliquidated | 8,000.00 |
| Maurers Textile Rental Service<br>PO Box 515<br>DeWitt, MI 48820 | Maurers Textile Rental Service<br>PO Box 515<br>DeWitt, MI 48820 | Trade | Liquidated | 194.00 |
| Reminder Shopping Guide<br>209 W. Monroe St.<br>Bangor, MI 49013 | Reminder Shopping Guide<br>209 W. Monroe St.<br>Bangor, MI 49013 | Trade | Liquidated | 325.00 |
| Stanz Food Service Inc<br>1840 Commerce Dr.<br>South Bend, IN 46628 | Stanz Food Service Inc<br>1840 Commerce Dr.<br>South Bend, IN 46628 | Trade | Unliquidated | 15,000.00 |
| State of Michigan Sales Tax Un<br>Dept of Treasury<br>PO Box 30158<br>Lansing, MI 48909 | State of Michigan Sales Tax Un<br>Dept of Treasury<br>PO Box 30158<br>Lansing, MI 48909 | Sales Taxes | Liquidated | 18,416.24 |
| State of Michigan Withholding<br>Dept of Treasury<br>PO Box 30158<br>Lansing, MI 48909 | State of Michigan Withholding<br>Dept of Treasury<br>PO Box 30158<br>Lansing, MI 48909 | Withholding Taxes | Liquidated | 2,881.18 |

B4 (Official Form 4) (12/07) - Cont.

In re **York Enterprises, LLC** Case No. ______
Debtor(s)

# LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS
(Continuation Sheet)

| (1)<br>*Name of creditor and complete mailing address including zip code* | (2)<br>*Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted* | (3)<br>*Nature of claim (trade debt, bank loan, government contract, etc.)* | (4)<br>*Indicate if claim is contingent, unliquidated, disputed, or subject to setoff* | (5)<br>*Amount of claim [if secured, also state value of security]* |
|---|---|---|---|---|
| Tracy Baker & John Arundel<br>515 Williams Street<br>South Haven, MI 49090 | Tracy Baker & John Arundel<br>515 Williams Street<br>South Haven, MI 49090 | Contract | Liquidated | 5,000.00 |
| Van Buren County Treasurer<br>Property taxes<br>219 E. Paw Paw St<br>Suite 101<br>Paw Paw, MI 49079 | Van Buren County Treasurer<br>Property taxes<br>219 E. Paw Paw St<br>Paw Paw, MI 49079 | Property Taxes | Liquidated | 36,517.00 |
| Wildwood Builders Inc.<br>10300 Wildwood Rd.<br>Petoskey, MI 49770 | Wildwood Builders Inc.<br>10300 Wildwood Rd.<br>Petoskey, MI 49770 | Trade | Disputed | 3,647.00 |
| WSJM<br>PO Box 107<br>Saint Joseph, MI 49085 | WSJM<br>PO Box 107<br>Saint Joseph, MI 49085 | Trade | Liquidated | 527.00 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

## DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP

I, the Sole Member/Manager of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date **February 5, 2014** Signature **/s/ Frank J. York**
**Frank J. York**
**Sole Member/Manager**

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

 

B 6 Summary (Official Form 6 - Summary) (12/13)

# United States Bankruptcy Court
## Western District of Michigan

In re **York Enterprises, LLC**, Debtor

Case No. ________

Chapter **11**

## SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE | ATTACHED (YES/NO) | NO. OF SHEETS | ASSETS | LIABILITIES | OTHER |
|---|---|---|---|---|---|
| A - Real Property | Yes | 1 | 1,521,000.00 | | |
| B - Personal Property | Yes | 3 | 125,700.00 | | |
| C - Property Claimed as Exempt | No | 0 | | | |
| D - Creditors Holding Secured Claims | Yes | 2 | | 715,084.75 | |
| E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E) | Yes | 2 | | 57,814.42 | |
| F - Creditors Holding Unsecured Nonpriority Claims | Yes | 3 | | 70,498.20 | |
| G - Executory Contracts and Unexpired Leases | Yes | 1 | | | |
| H - Codebtors | Yes | 1 | | | |
| I - Current Income of Individual Debtor(s) | No | 0 | | | N/A |
| J - Current Expenditures of Individual Debtor(s) | No | 0 | | | N/A |
| Total Number of Sheets of ALL Schedules | | 13 | | | |
| | | Total Assets | 1,646,700.00 | | |
| | | | Total Liabilities | 843,397.37 | |

B 6 Summary (Official Form 6 - Summary) (12/13)

# United States Bankruptcy Court
## Western District of Michigan

In re **York Enterprises, LLC**, Debtor

Case No. ____________

Chapter **11**

## STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C.§ 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

| Type of Liability | Amount |
|---|---|
| Domestic Support Obligations (from Schedule E) | |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E) | |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | |
| Student Loan Obligations (from Schedule F) | |
| Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E | |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F) | |
| TOTAL | |

**State the following:**

| | |
|---|---|
| Average Income (from Schedule I, Line 12) | |
| Average Expenses (from Schedule J, Line 22) | |
| Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20 ) | |

**State the following:**

| | | |
|---|---|---|
| 1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column | | |
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column | | |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column | | |
| 4. Total from Schedule F | | |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4) | | |

B6A (Official Form 6A) (12/07)

In re **York Enterprises, LLC** , Debtor Case No. ______

# SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

**Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

| Description and Location of Property | Nature of Debtor's Interest in Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption | Amount of Secured Claim |
|---|---|---|---|---|
| **Harbor Village Condominiums-Hotel/Residential Rental Properties, South Haven, Michigan Units 25, 27,28,29,36,43,59 & 60** | **Fee simple** | - | **855,600.00** | **376,609.05** |
| **Harbor Village Condominiums-Restaurant/Bar Properties, South Haven, Michigan Units 21,22 & 23** | **Fee simple** | - | **567,800.00** | **240,875.70** |
| **Parking Lot, South Haven, Michigan: South 80' of Lot 1, Block 11, Hale Congor & Co. Addition** | **Fee simple subject to license to city of South Haven** | - | **97,600.00** | **Unknown** |

Sub-Total > **1,521,000.00** (Total of this page)

Total > **1,521,000.00**

(Report also on Summary of Schedules)

**0** continuation sheets attached to the Schedule of Real Property

B6B (Official Form 6B) (12/07)

In re **York Enterprises, LLC** , Case No. ____________
Debtor

# SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

**Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

| Type of Property | NONE | Description and Location of Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption |
|---|---|---|---|---|
| 1. Cash on hand | | **Petty Cash**<br>**Location: 515 Williams Street, South Haven MI 49090** | - | **200.00** |
| 2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives. | | **Fifth Third Bank**<br>**Location: 515 Williams Street, South Haven MI 49090** | - | **4,000.00** |
| 3. Security deposits with public utilities, telephone companies, landlords, and others. | X | | | |
| 4. Household goods and furnishings, including audio, video, and computer equipment. | X | | | |
| 5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles. | X | | | |
| 6. Wearing apparel. | X | | | |
| 7. Furs and jewelry. | X | | | |
| 8. Firearms and sports, photographic, and other hobby equipment. | X | | | |
| 9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each. | X | | | |
| 10. Annuities. Itemize and name each issuer. | X | | | |

Sub-Total > **4,200.00**
(Total of this page)

**2** continuation sheets attached to the Schedule of Personal Property

 

B6B (Official Form 6B) (12/07) - Cont.

In re **York Enterprises, LLC** Case No. ____________________

Debtor

# SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

| Type of Property | N O N E | Description and Location of Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption |
|---|---|---|---|---|
| 11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | X | | | |
| 12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars. | X | | | |
| 13. Stock and interests in incorporated and unincorporated businesses. Itemize. | X | | | |
| 14. Interests in partnerships or joint ventures. Itemize. | X | | | |
| 15. Government and corporate bonds and other negotiable and nonnegotiable instruments. | X | | | |
| 16. Accounts receivable. | X | | | |
| 17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars. | X | | | |
| 18. Other liquidated debts owed to debtor including tax refunds. Give particulars. | X | | | |
| 19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property. | X | | | |
| 20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust. | X | | | |
| 21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each. | X | | | |

Sub-Total > **0.00**
(Total of this page)

Sheet **1** of **2** continuation sheets attached to the Schedule of Personal Property

 

B6B (Official Form 6B) (12/07) - Cont.

In re **York Enterprises, LLC** , Debtor

Case No. ______________

# SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

| Type of Property | N O N E | Description and Location of Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption |
|---|---|---|---|---|
| 22. Patents, copyrights, and other intellectual property. Give particulars. | X | | | |
| 23. Licenses, franchises, and other general intangibles. Give particulars. | | **MLCC licenses**<br>**Location: 515 Williams Street, South Haven MI 49090** | - | **15,000.00** |
| 24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | X | | | |
| 25. Automobiles, trucks, trailers, and other vehicles and accessories. | X | | | |
| 26. Boats, motors, and accessories. | X | | | |
| 27. Aircraft and accessories. | X | | | |
| 28. Office equipment, furnishings, and supplies. | | **Desk, File Cabinets, Computer**<br>**Location: 515 Williams Street, South Haven MI 49090** | - | **1,000.00** |
| 29. Machinery, fixtures, equipment, and supplies used in business. | | **Restaurant equip. and furniture**<br>**Location: 515 Williams Street, South Haven MI 49090** | - | **100,000.00** |
| 30. Inventory. | | **Food, beverages, and supplies**<br>**Location: 515 Williams Street, South Haven MI 49090** | - | **5,500.00** |
| 31. Animals. | X | | | |
| 32. Crops - growing or harvested. Give particulars. | X | | | |
| 33. Farming equipment and implements. | X | | | |
| 34. Farm supplies, chemicals, and feed. | X | | | |
| 35. Other personal property of any kind not already listed. Itemize. | X | | | |

Sub-Total > **121,500.00**
(Total of this page)
Total > **125,700.00**

Sheet 2 of 2 continuation sheets attached to the Schedule of Personal Property

(Report also on Summary of Schedules)

B6D (Official Form 6D) (12/07)

In re **York Enterprises, LLC** , Case No. ____________
Debtor

# SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor" ,include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | Husband, Wife, Joint, or Community H W J C | DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL | UNSECURED PORTION, IF ANY |
|---|---|---|---|---|---|---|---|---|
| Account No.<br><br>**Comerica Bank**<br>**99 Monroe Ave**<br>**Suite 1000**<br>**Grand Rapids, MI 49503** | | - | **Mortgage**<br><br>**Harbor Village Condominiums-Hotel/Residential Rental Properties, South Haven, Michigan Units 25, 27,28,29,36,43,59 & 60**<br><br>Value $ **855,600.00** | | | | **369,066.67** | **0.00** |
| Account No.<br><br>**Comerica Bank**<br>**99 Monroe Ave**<br>**Suite 1000**<br>**Grand Rapids, MI 49503** | | - | **Mortgage**<br><br>**Harbor Village Condominiums-Restaurant/Bar Properties, South Haven, Michigan Units 21,22 & 23**<br><br>Value $ **567,800.00** | | | | **233,333.33** | **0.00** |
| Account No.<br><br>**Comerica Bank**<br>**99 Monroe Ave**<br>**Suite 1000**<br>**Grand Rapids, MI 49503** | | - | **Mortgage**<br><br>**Parking Lot, South Haven, Michigan: South 80' of Lot 1, Block 11, Hale Congor & Co. Addition**<br><br>Value $ **97,600.00** | | | | **97,600.00** | **0.00** |
| Account No.<br><br>**Old Harbor Village Condo Assoc**<br>**PO Box 46**<br>**South Haven, MI 49090** | | - | **Harbor Village Condominiums-Hotel/Residential Rental Properties, South Haven, Michigan Units 25, 27,28,29,36,43,59 & 60**<br><br>Value $ **855,600.00** | | | | **7,542.38** | **0.00** |
| | | | | | | Subtotal (Total of this page) | **707,542.38** | **0.00** |

**1** continuation sheets attached

 

B6D (Official Form 6D) (12/07) - Cont.

In re **York Enterprises, LLC** , Debtor Case No. ______

# SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.) | CODEBTOR | Husband, Wife, Joint, or Community H W J C | DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL | UNSECURED PORTION, IF ANY |
|---|---|---|---|---|---|---|---|---|
| Account No.<br><br>**Old Harbor Village Condo Assoc**<br>**PO Box 46**<br>**South Haven, MI 49090** | | - | **Harbor Village Condominiums-Restaurant/Bar Properties, South Haven, Michigan Units 21,22 & 23**<br><br>Value $ **567,800.00** | | | | **7,542.37** | **0.00** |
| Account No. | | | Value $ | | | | | |
| Account No. | | | Value $ | | | | | |
| Account No. | | | Value $ | | | | | |
| Account No. | | | Value $ | | | | | |

| | | | |
|---|---|---|---|
| Sheet **1** of **1** continuation sheets attached to Schedule of Creditors Holding Secured Claims | Subtotal (Total of this page) | **7,542.37** | **0.00** |
| | Total (Report on Summary of Schedules) | **715,084.75** | **0.00** |

B6E (Official Form 6E) (4/13)

In re **York Enterprises, LLC**, Debtor    Case No. ____________

# SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to $12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to $6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to $2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

■ **Taxes and certain other debts owed to governmental units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to maintain the capital of an insured depository institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).

☐ **Claims for death or personal injury while debtor was intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* *Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.*

**1** continuation sheets attached

B6E (Official Form 6E) (4/13) - Cont.

In re **York Enterprises, LLC**, Debtor Case No. __________

# SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

**Taxes and Certain Other Debts Owed to Governmental Units**

TYPE OF PRIORITY

| CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.) | CODEBTOR | Husband, Wife, Joint, or Community (H W J C) | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM | AMOUNT NOT ENTITLED TO PRIORITY, IF ANY / AMOUNT ENTITLED TO PRIORITY |
|---|---|---|---|---|---|---|---|---|
| Account No.<br>**State of Michigan Sales Tax Un**<br>**Dept of Treasury**<br>**PO Box 30158**<br>**Lansing, MI 48909** | | - | **Sales Taxes** | | | | **18,416.24** | **0.00**<br>**18,416.24** |
| Account No.<br>**State of Michigan Withholding**<br>**Dept of Treasury**<br>**PO Box 30158**<br>**Lansing, MI 48909** | | - | **Withholding Taxes** | | | | **2,881.18** | **0.00**<br>**2,881.18** |
| Account No.<br>**Van Buren County Treasurer**<br>**Property taxes**<br>**219 E. Paw Paw St**<br>**Suite 101**<br>**Paw Paw, MI 49079** | | - | **Property Taxes** | | | | **36,517.00** | **0.00**<br>**36,517.00** |
| Account No. | | | | | | | | |
| Account No. | | | | | | | | |

Sheet **1** of **1** continuation sheets attached to Schedule of Creditors Holding Unsecured Priority Claims

| | | |
|---|---|---|
| Subtotal (Total of this page) | **57,814.42** | **0.00**<br>**57,814.42** |
| Total (Report on Summary of Schedules) | **57,814.42** | **0.00**<br>**57,814.42** |

B6F (Official Form 6F) (12/07)

In re **York Enterprises, LLC**, Debtor Case No. ____________

# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | Husband, Wife, Joint, or Community (H W J C) | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|---|---|---|---|---|---|---|
| Account No.<br>**CHS**<br>**15888 Collections Center Dr.**<br>**Chicago, IL 60693** | | - | | | | | **982.20** |
| Account No.<br>**Country House Furniture**<br>**PO Box 506**<br>**South Haven, MI 49090** | | - | | | | | **9,800.00** |
| Account No.<br>**Glen Cole**<br>**8400 Crane Road**<br>**Milan, MI 48160** | | - | | | | | **25,000.00** |
| Account No.<br>**Gordon Food Service**<br>**1300 Gezon Prwy SW**<br>**Wyoming, MI 49509** | | - | | | | | **2,023.00** |

_2_ continuation sheets attached

Subtotal (Total of this page) **37,805.20**

B6F (Official Form 6F) (12/07) - Cont.

In re **York Enterprises, LLC** Case No. ____________________
Debtor

# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | Husband, Wife, Joint, or Community H W J C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|---|---|---|---|---|---|---|
| Account No.<br>**Jay Marcoux**<br>**523 Phoenix St.**<br>**South Haven, MI 49090** | | - | | | | | **8,000.00** |
| Account No.<br>**Maurers Textile Rental Service**<br>**PO Box 515**<br>**DeWitt, MI 48820** | | - | | | | | **194.00** |
| Account No.<br>**Reminder Shopping Guide**<br>**209 W. Monroe St.**<br>**Bangor, MI 49013** | | - | | | | | **325.00** |
| Account No.<br>**Stanz Food Service Inc**<br>**1840 Commerce Dr.**<br>**South Bend, IN 46628** | | - | | | | | **15,000.00** |
| Account No.<br>**Tracy Baker & John Arundel**<br>**515 Williams Street**<br>**South Haven, MI 49090** | | - | **Contract violation** | | | | **5,000.00** |

Sheet no. **1** of **2** sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal (Total of this page) **28,519.00**

B6F (Official Form 6F) (12/07) - Cont.

In re **York Enterprises, LLC** Case No. ____________
Debtor

# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | Husband, Wife, Joint, or Community H W J C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|---|---|---|---|---|---|---|
| Account No.<br>**Wildwood Builders Inc.**<br>**10300 Wildwood Rd.**<br>**Petoskey, MI 49770** | | - | | | | | **3,647.00** |
| Account No.<br>**WSJM**<br>**PO Box 107**<br>**Saint Joseph, MI 49085** | | - | | | | | **527.00** |
| Account No. | | | | | | | |
| Account No. | | | | | | | |
| Account No. | | | | | | | |

Sheet no. 2 of 2 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal (Total of this page) **4,174.00**

Total (Report on Summary of Schedules) **70,498.20**

 

B6G (Official Form 6G) (12/07)

In re York Enterprises, LLC , Case No. ______
Debtor

# SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

■ Check this box if debtor has no executory contracts or unexpired leases.

| Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract | Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract. |
|---|---|

0 continuation sheets attached to Schedule of Executory Contracts and Unexpired Leases

 

B6H (Official Form 6H) (12/07)

In re **York Enterprises, LLC** , Debtor    Case No. ________

# SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

| NAME AND ADDRESS OF CODEBTOR | NAME AND ADDRESS OF CREDITOR |
|---|---|
| **Basic Enterprises, Inc.<br>13900 Sharon Hollow<br>Manchester, MI 48518<br>Guarantor** | **Comerica Bank<br>99 Monroe Ave<br>Suite 1000<br>Grand Rapids, MI 49503** |
| **Basic Enterprises, Inc.<br>13900 Sharon Hollow<br>Manchester, MI 48518<br>Guarantor** | **Comerica Bank<br>99 Monroe Ave<br>Suite 1000<br>Grand Rapids, MI 49503** |
| **Basic Enterprises, Inc.<br>13900 Sharon Hollow<br>Manchester, MI 48518<br>Guarantor** | **Comerica Bank<br>99 Monroe Ave<br>Suite 1000<br>Grand Rapids, MI 49503** |
| **Frank J. York<br>13900 Sharon Hollow<br>Manchester, MI 48518<br>Guarantor** | **Comerica Bank<br>99 Monroe Ave<br>Suite 1000<br>Grand Rapids, MI 49503** |
| **Frank J. York<br>13900 Sharon Hollow<br>Manchester, MI 48518<br>Guarantor** | **Comerica Bank<br>99 Monroe Ave<br>Suite 1000<br>Grand Rapids, MI 49503** |
| **Frank J. York<br>13900 Sharon Hollow<br>Manchester, MI 48518<br>Guarantor** | **Comerica Bank<br>99 Monroe Ave<br>Suite 1000<br>Grand Rapids, MI 49503** |

**0** continuation sheets attached to Schedule of Codebtors

B6 Declaration (Official Form 6 - Declaration). (12/07)

**United States Bankruptcy Court**
**Western District of Michigan**

In re **York Enterprises, LLC** Debtor(s)

Case No.
Chapter **11**

## DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the Sole Member/Manager of the corporation named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of **15** sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **February** 5, **2014**

Signature **/s/ Frank J. York**
**Frank J. York**
**Sole Member/Manager**

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

B7 (Official Form 7) (04/13)

# United States Bankruptcy Court
## Western District of Michigan

In re **York Enterprises, LLC** Case No. ______

Debtor(s) Chapter **11**

# STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

*DEFINITIONS*

*"In business."* A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

*"Insider."* The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate 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(2), (31).

**1. Income from employment or operation of business**

None ☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| AMOUNT | SOURCE |
|---|---|
| | **See Attached Exhibit 1** |

**2. Income other than from employment or operation of business**

None ■ State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| AMOUNT | SOURCE |
|---|---|

**3. Payments to creditors**

None ■ ***Complete a. or b., as appropriate, and c.***

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than $600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CREDITOR | DATES OF PAYMENTS | AMOUNT PAID | AMOUNT STILL OWING |
|---|---|---|---|

None ■ b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than $6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CREDITOR | DATES OF PAYMENTS/ TRANSFERS | AMOUNT PAID OR VALUE OF TRANSFERS | AMOUNT STILL OWING |
|---|---|---|---|

None ■ c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR | DATE OF PAYMENT | AMOUNT PAID | AMOUNT STILL OWING |
|---|---|---|---|

**4. Suits and administrative proceedings, executions, garnishments and attachments**

None □ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| CAPTION OF SUIT AND CASE NUMBER | NATURE OF PROCEEDING | COURT OR AGENCY AND LOCATION | STATUS OR DISPOSITION |
|---|---|---|---|
| **See Attached Exhibit 1** | | | |

None ■ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED | DATE OF SEIZURE | DESCRIPTION AND VALUE OF PROPERTY |
|---|---|---|

* *Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.*

**5. Repossessions, foreclosures and returns**

None ■ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CREDITOR OR SELLER | DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN | DESCRIPTION AND VALUE OF PROPERTY |
|---|---|---|

**6. Assignments and receiverships**

None ■ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF ASSIGNEE | DATE OF ASSIGNMENT | TERMS OF ASSIGNMENT OR SETTLEMENT |
|---|---|---|

None ■ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CUSTODIAN | NAME AND LOCATION OF COURT CASE TITLE & NUMBER | DATE OF ORDER | DESCRIPTION AND VALUE OF PROPERTY |
|---|---|---|---|

**7. Gifts**

None ■ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than $200 in value per individual family member and charitable contributions aggregating less than $100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF PERSON OR ORGANIZATION | RELATIONSHIP TO DEBTOR, IF ANY | DATE OF GIFT | DESCRIPTION AND VALUE OF GIFT |
|---|---|---|---|

**8. Losses**

None ■ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| DESCRIPTION AND VALUE OF PROPERTY | DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS | DATE OF LOSS |
|---|---|---|

**9. Payments related to debt counseling or bankruptcy**

None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

| NAME AND ADDRESS OF PAYEE | DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR | AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY |
|---|---|---|
| **James Shek**<br>**225 Hubbard Street, Suite B**<br>**Allegan, MI 49010** | **02/05/2014** | **13,787.00** |

**10. Other transfers**

None ■ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR | DATE | DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED |
|---|---|---|

None ■ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

| NAME OF TRUST OR OTHER DEVICE | DATE(S) OF TRANSFER(S) | AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY |
|---|---|---|

**11. Closed financial accounts**

None ■ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF INSTITUTION | TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE | AMOUNT AND DATE OF SALE OR CLOSING |
|---|---|---|

**12. Safe deposit boxes**

None ■ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY | NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY | DESCRIPTION OF CONTENTS | DATE OF TRANSFER OR SURRENDER, IF ANY |
|---|---|---|---|

**13. Setoffs**

None ■ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CREDITOR | DATE OF SETOFF | AMOUNT OF SETOFF |
|---|---|---|

**14. Property held for another person**

None ■ List all property owned by another person that the debtor holds or controls.

| NAME AND ADDRESS OF OWNER | DESCRIPTION AND VALUE OF PROPERTY | LOCATION OF PROPERTY |
|---|---|---|

**15. Prior address of debtor**

None ■ If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

| ADDRESS | NAME USED | DATES OF OCCUPANCY |
|---|---|---|

**16. Spouses and Former Spouses**

None ■ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

**17. Environmental Information.**

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None ■ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

| SITE NAME AND ADDRESS | NAME AND ADDRESS OF GOVERNMENTAL UNIT | DATE OF NOTICE | ENVIRONMENTAL LAW |
|---|---|---|---|

None ■ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

| SITE NAME AND ADDRESS | NAME AND ADDRESS OF GOVERNMENTAL UNIT | DATE OF NOTICE | ENVIRONMENTAL LAW |
|---|---|---|---|

None ■ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

| NAME AND ADDRESS OF GOVERNMENTAL UNIT | DOCKET NUMBER | STATUS OR DISPOSITION |
|---|---|---|

 

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**18 . Nature, location and name of business**

None ■ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

*If the debtor is a partnership*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

*If the debtor is a corporation*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

| NAME | LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN | ADDRESS | NATURE OF BUSINESS | BEGINNING AND ENDING DATES |
|---|---|---|---|---|

None ■ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

| NAME | ADDRESS |
|---|---|

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

*(An individual or joint debtor should complete this portion of the statement* ***only*** *if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)*

**19. Books, records and financial statements**

None ■ a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

| NAME AND ADDRESS | DATES SERVICES RENDERED |
|---|---|

None ■ b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

| NAME | ADDRESS | DATES SERVICES RENDERED |
|---|---|---|

None ☐ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

| NAME | ADDRESS |
|---|---|
| **See Attached Exhibit 1** | |

None ■ d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

| NAME AND ADDRESS | DATE ISSUED |
|---|---|

**20. Inventories**

None ☐ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

| DATE OF INVENTORY | INVENTORY SUPERVISOR | DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis) |
|---|---|---|
| **January 3, 2014** | **Frank York** | **5,500.00 cost** |

None ☐ b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

| DATE OF INVENTORY | NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS |
|---|---|
| **January 3, 2014** | **Frank York**<br>**515 Williams Street**<br>**South Haven, MI 49090** |

**21 . Current Partners, Officers, Directors and Shareholders**

None ■ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

| NAME AND ADDRESS | NATURE OF INTEREST | PERCENTAGE OF INTEREST |
|---|---|---|

None ☐ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

| NAME AND ADDRESS | TITLE | NATURE AND PERCENTAGE OF STOCK OWNERSHIP |
|---|---|---|
| **Frank J. York** | **Sole Member/Manager** | **100% Membership Interest** |

**22 . Former partners, officers, directors and shareholders**

None ■ a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

| NAME | ADDRESS | DATE OF WITHDRAWAL |
|---|---|---|

None ■ b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

| NAME AND ADDRESS | TITLE | DATE OF TERMINATION |
|---|---|---|

**23 . Withdrawals from a partnership or distributions by a corporation**

None ■ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

| NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR | DATE AND PURPOSE OF WITHDRAWAL | AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY |
|---|---|---|

**24. Tax Consolidation Group.**

None ■ If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

| NAME OF PARENT CORPORATION | TAXPAYER IDENTIFICATION NUMBER (EIN) |
|---|---|

**25. Pension Funds.**

None ■ If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

| NAME OF PENSION FUND | TAXPAYER IDENTIFICATION NUMBER (EIN) |
|---|---|

* * * * * *

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct to the best of my knowledge, information and belief.

Date **February 5, 2014** Signature **/s/ Frank J. York**
**Frank J. York**
**Sole Member/Manager**

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

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

**UNITED STATES BANKRUPTCY COURT**
**WESTERN DISTRICT OF MICHIGAN**
One Division Avenue North, Room 200
Grand Rapids, MI 49503

***IN RE:***

YORK ENTERPRISES, L.L.C.,
aka York's Landing,
Tax I.D.: 38-3611601,

Debtor.
______________________/

Case Number: 14- -

Chapter 11

**Hon.**________________

**EXHIBIT 1 TO STATEMENT OF FINANCIAL AFFAIRS**

Question 1: Gross Income from Operation of Business:

| Dates: | Amounts: | Source: |
|---|---|---|
| January 1, 2014 - February 3, 2014: | $ 17,295.33 | Sales/Rentals |
| January 1, 2013 - December 31, 2013 | $475,393.43 | Sales/Rentals |
| January 1, 2012 - December 31, 2013 | $525,790.13 | Sales/Rentals |

Question 4(a): Suits and administrative proceedings:

| Caption of Suit & Case No: | Nature of Proceeding: | Court/Agency Location: | Status/ Disposition |
|---|---|---|---|
| Comerica Bank v York Enterprises, LLC, Basic Enterprises, LLC & Frank J. York,2013-63-711-CR | Complaint for Money Judgment & Appointment of Receiver | State of Michigan County of Van Buren, 36th Circuit Court | Pending/Hrg. on Motion to Appoint Receiver sch. 2/10/14 |
| Baker & Arundel v York Enterprises, LLC & Frank York, 13-63276-CH | Complaint for Claim & Delivery Breach of Lease/ Counterclaim for Conversion | State of Michigan County of Van Buren, 36th Circuit Court | Pending/ Evaluation Award to Plaintiffs $5,000.00 |
| Old Harbor Village Condominium Ass'n Inc. v. Basic Enterprises & Frank York | Complaint for Judgment Delinquent Ass'n Dues | State of Michigan County of Van Buren, 7th West District Court | Pending |

Question 19 (c):

| Name: | Address: |
|---|---|
| Tracy Baker & John Arundel | C/O George Dunn, Esq.<br>401 Center Street<br>South Haven, MI 49090 |

"If any of the books of account and records are not available, explain:"

Tracy Baker & John Arundel managed Debtors restaurant/bar business pursuant to a parol management agreement in conjunction with a purchase agreement of the restaurant bar business from on or about April 2012 through April 2013. Expense & revenue records which they maintained in conjunction therewith may be in their possession.

**UNITED STATES BANKRUPTCY COURT**
**WESTERN DISTRICT OF MICHIGAN**
One Division Avenue North, Room 200
Grand Rapids, MI 49503

***IN RE:***

YORK ENTERPRISES, L.L.C.,
aka York's Landing,
Tax I.D.: 38-3611601,

Debtor.

_______________________________/

Case Number: 14- -

Chapter 11

**Hon.**____________________

DEBTOR'S STATEMENT REGARDING BUSINESS RECORDS PURSUANT TO 11 U.S.C. § 1116(1)

Pursuant to 11 U.S.C. §1116(1), I certify under penalty of perjury:

(1) Attached are true and correct copies of Debtor's most recent:

____ balance sheets

____ statement of operations

_x__ cash flow statements

_x__ most recently filed Federal income tax returns

(2) The following documents have never been prepared by or for Debtor:

__x_ balance sheets

__x_ statement of operations

____ cash flow statements

____ Federal income tax returns

February 5, 2014

Frank J. York
Sole Member/Manager

**YORK'S LANDING DEPOSITS FOR 2012 AND 2013**

| | |
|---|---|
| January-12 | $51,660.75 |
| February-12 | $5,538.41 |
| March-12 | $6,587.84 |
| April-12 | $10,750.55 |
| May-14 | $53,379.33 |
| June-12 | $71,119.53 |
| July-12 | $146,166.86 |
| August-12 | $97,531.20 |
| September-12 | $48,611.48 |
| October-12 | $16,264.75 |
| November-12 | $6,380.93 |
| December-12 | $11,798.50 |
| **Total Deposits for 2012** | $525,790.13 |
| | |
| January-13 | $19,305.16 |
| February-13 | $16,633.52 |
| March-13 | $11,615.36 |
| April-13 | $15,288.48 |
| May-13 | $27,757.16 |
| June-13 | $37,887.48 |
| July-13 | $100,700.85 |
| August-13 | $114,920.93 |
| September-13 | $68,270.32 |
| October-13 | $28,117.02 |
| November-13 | $22,294.22 |
| December-13 | $12,602.93 |
| **Total Deposits for 2013** | $475,393.43 |
| | |
| January-14 | $12,917.85 |
| As of 2/5/14 | $4,377.48 |
| | $17,295.33 |

Form **1040** Department of the Treasury -- Internal Revenue Service (99)
# U.S. Individual Income Tax Return 2011
OMB No. 1545-0074 | IRS Use Only – Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2011, or other tax year beginning , 2011, ending , 20

See separate instructions.

**Your social security number** 386-52-0379

**Spouse's social security no.**

FRANK J YORK

13235 RAINBOW DRIVE
Gregory MI 48137

Make sure the SSN(s) above and on line 6c are correct

**Presidential Election Campaign**
Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

## Filing Status
Check only one box.

1 ☒ Single
2 ☐ Married filing jointly (even if only one had income)
3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶
4 ☐ Head of household (with qualifying person). (See inst.) If the qualifying person is a child but not your dependent, enter child's name here. ▶
5 ☐ Qualifying widow(er) with dependent child

## Exemptions
If more than four dependents, see inst. & check here ▶ ☐

6a ☒ **Yourself.** If someone can claim you as a dependent, **do not** check box 6a
b ☐ **Spouse**

Boxes checked on 6a and 6b: 1

c **Dependents:**

| (1) First name Last name | (2) Dependent's social security number | (3) Dependent's relationship to you | (4) √ if child under age 17 qualifying for child tax credit (see inst.) |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

No. of children on 6c who: ● lived with you: 0
● did not live with you due to divorce or separation (see inst.):
Dependents on 6c not entered above:

d Total number of exemptions claimed — Add numbers on lines above ▶ 1

## Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

| | | | |
|---|---|---|---|
| 7 | Wages, salaries, tips, etc. Attach Form(s) W-2 | 7 | 0 |
| 8a | **Taxable** interest. Attach Schedule B if required | 8a | |
| b | **Tax-exempt** interest. **Do not** include on line 8a — 8b | | |
| 9a | Ordinary dividends. Attach Schedule B if required | 9a | |
| b | Qualified dividends — 9b | | |
| 10 | Taxable refunds, credits, or offsets of state and local income taxes | 10 | |
| 11 | Alimony received | 11 | |
| 12 | Business income or (loss). Attach Schedule C or C-EZ | 12 | -26,006 |
| 13 | Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐ | 13 | |
| 14 | Other gains or (losses). Attach Form 4797 | 14 | |
| 15a | IRA distributions — 15a — b Taxable amount | 15b | |
| 16a | Pensions and annuities — 16a — b Taxable amount | 16b | |
| 17 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 17 | |
| 18 | Farm income or (loss). Attach Schedule F | 18 | |
| 19 | Unemployment compensation | 19 | |
| 20a | Social security benefits — 20a — b Taxable amount | 20b | |
| 21 | Other income. | 21 | |
| 22 | Combine amounts in the far right column for lines 7 through 21. This is your **total income** ▶ | 22 | -26,006 |

## Adjusted Gross Income

| | | | |
|---|---|---|---|
| 23 | Educator expenses | 23 | |
| 24 | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106/2106-EZ | 24 | |
| 25 | Health savings account deduction. Attach Form 8889 | 25 | |
| 26 | Moving expenses. Attach Form 3903 | 26 | |
| 27 | Deductible part of self-employment tax. Attach Schedule SE | 27 | |
| 28 | Self-employed SEP, SIMPLE, and qualified plans | 28 | |
| 29 | Self-employed health insurance deduction | 29 | |
| 30 | Penalty on early withdrawal of savings | 30 | |
| 31a | Alimony paid b Recipient's SSN ▶ | 31a | |
| 32 | IRA deduction | 32 | |
| 33 | Student loan interest deduction | 33 | |
| 34 | Tuition and fees. Attach Form 8917 | 34 | |
| 35 | Domestic production activities ded. Attach Form 8903 | 35 | |
| 36 | Add lines 23 through 35 | 36 | 0 |
| 37 | Subtract line 36 from line 22. This is your **adjusted gross income** ▶ | 37 | -26,006 |

**Tax and Credits**

| | | | |
|---|---|---|---|
| 38 | Amount from line 37 (adjusted gross income) | 38 | -26,006 |
| 39a | Check if: ☐ You were born before January 2, 1947, ☐ Blind. ☐ Spouse was born before January 2, 1947, ☐ Blind. Total boxes checked ▶ 39a | | |
| b | If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b ☐ | | |
| 40 | **Itemized deductions** (from Schedule A) or your **standard deduction** (see left margin) | 40 | 5,800 |
| 41 | Subtract line 40 from line 38 | 41 | -31,806 |
| 42 | **Exemptions.** Multiply $3,700 by the number on line 6d | 42 | 3,700 |
| 43 | **Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- | 43 | 0 |
| 44 | Tax (see inst.). Check if any is from: a ☐ Form(s) 8814 b ☐ Form 4972 c ☐ 962 elec | 44 | |
| 45 | **Alternative minimum tax** (see instructions). Attach Form 6251 | 45 | |
| 46 | Add lines 44 and 45 ▶ | 46 | |
| 47 | Foreign tax credit. Attach Form 1116 if required — 47 | | |
| 48 | Credit for child & dependent care expenses. Attach Form 2441 — 48 | | |
| 49 | Education credits from Form 8863, line 23 — 49 | | |
| 50 | Retirement savings contributions credit. Attach Form 8880 — 50 | | |
| 51 | Child tax credit (see instructions) — 51 | | |
| 52 | Residential energy credits. Attach Form 5695 — 52 | | |
| 53 | Other credits from Form: a ☐ 3800 b ☐ 8801 c ☐ — 53 | | |
| 54 | Add lines 47 through 53. These are your **total credits** | 54 | |
| 55 | Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- ▶ | 55 | 0 |

Standard Deduction for–
- People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.
- All others:

Single or Married filing separately, $5,800

Married filing jointly or Qualifying widow(er), $11,600

Head of household, $8,500

**Other Taxes**

| | | | |
|---|---|---|---|
| 56 | Self-employment tax. Attach Schedule SE | 56 | |
| 57 | Unreported social security and Medicare tax from Form: a ☐ 4137 b ☐ 8919 | 57 | |
| 58 | Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required | 58 | |
| 59a | Household employment taxes from Schedule H | 59a | |
| b | First-time homebuyer credit repayment. Attach Form 5405 if required | 59b | |
| 60 | Other taxes. Enter code(s) from instructions | 60 | |
| 61 | Add lines 55 through 60. This is your **total tax** ▶ | 61 | 0 |

**Payments**

| | | | |
|---|---|---|---|
| 62 | Federal income tax withheld from Forms W-2 and 1099 — 62 | | |
| 63 | 2011 estimated tax payments & amt. applied from 2010 return — 63 | | |
| 64a | **Earned income credit (EIC)** — 64a | | NO |
| b | Nontaxable combat pay election — 64b | | |
| 65 | Additional child tax credit. Attach Form 8812 — 65 | | |
| 66 | American opportunity credit from Form 8863, line 14 — 66 | | |
| 67 | First-time homebuyer credit from Form 5405, line 10 — 67 | | |
| 68 | Amount paid with request for extension to file — 68 | | |
| 69 | Excess social security and tier 1 RRTA tax withheld — 69 | | |
| 70 | Credit for federal tax on fuels. Attach Form 4136 — 70 | | |
| 71 | Credits from Form: a ☐ 2439 b ☐ 8839 c ☐ 8801 d ☐ 8885 — 71 | | |
| 72 | Add lines 62, 63, 64a, and 65 through 71. These are your **total payments** ▶ | 72 | 0 |

If you have a qualifying child, attach Schedule EIC.

**Refund**

| | | | |
|---|---|---|---|
| 73 | If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you **overpaid** | 73 | |
| 74a | Amount of line 73 you want **refunded to you.** If Form 8888 is attached, check here ▶ ☐ | 74a | 0 |
| ▶ b | Routing no. ▶ c Type: ☐ Checking ☐ Savings | | |
| ▶ d | Account no. | | |
| 75 | Amt. of line 73 you want **applied to your 2012 estimated tax** ▶ 75 | | |

Direct deposit? See instructions.

**Amount You Owe**

| | | | |
|---|---|---|---|
| 76 | **Amount you owe.** Subtract line 72 from line 61. For details on how to pay, see instructions ▶ | 76 | |
| 77 | Estimated tax penalty (see instructions) — 77 | | |

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS (see instructions)? ☒ **Yes.** Complete below. ☐ **No**

Designee's name ▶ KATHLEEN TURK Phone no. ▶ 2698327273 Personal identification number (PIN) ▶ 12345

**Sign Here**

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

Joint return? See instructions. Keep a copy for your records.

| Your signature | Date | Your occupation | Daytime phone number |
|---|---|---|---|
| Spouse's signature. If a joint return, **both** must sign. | Date | Spouse's occupation | If the IRS sent you an Identity Protection PIN, enter it here (see inst.) |

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check ☒ if self-employed | PTIN |
|---|---|---|---|---|
| KATHLEEN TURK | | | | P00546377 |

Firm's name ▶ Katie's Tax & Accounting Services — Firm's EIN ▶ 45-4676637

Firm's address ▶ 77 N Cedar Ave, Battle Creek MI 49017 — Phone no. (269)832-7273

#1

**SCHEDULE C (Form 1040)**

Department of the Treasury Internal Revenue Service (99)

# Profit or Loss From Business

(Sole Proprietorship)

▶ For information on Schedule C and its instructions, go to www.irs.gov/schedulec

▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

**2011**

Attachment Sequence No. **09**

Name of proprietor: FRANK J YORK

Social security number (SSN): 386-52-0379

A Principal business or profession, including product or service (see instructions): FOOD & BEVERAGE

B Enter code from instructions ▶ 722410

C Business name. If no separate business name, leave blank.: YORK'S LANDING

D Employer ID no. (EIN), (see instr.): 38-3611601

E Business address (including suite or room no.) ▶ 515 WILLIAMS STREET

City, town or post office, state, and ZIP code: South Haven MI 49090

F Accounting method: (1) ☐ Cash (2) ☒ Accrual (3) ☐ Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2011? If "No," see instructions for limit on losses ☒ Yes ☐ No

H If you started or acquired this business during 2011, check here ▶ ☐

I Did you make any payments in 2011 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☒ No

J If "Yes," did you or will you file all required Forms 1099? ☐ Yes ☐ No

## Part I Income

| | | | |
|---|---|---|---|
| 1a | Merchant card and third party payments. For 2011, enter -0- | 1a | 0 |
| b | Gross receipts or sales not entered on line 1a (see instructions) | 1b | 433,100 |
| c | Income reported to you on Form W-2 if the "Statutory Employee" box on that form was checked. **Caution.** See instr. before completing this line | 1c | |
| d | **Total gross receipts.** Add lines 1a through 1c | 1d | 433,100 |
| 2 | Returns and allowances plus any other adjustments (see instructions) | 2 | 0 |
| 3 | Subtract line 2 from line 1d | 3 | 433,100 |
| 4 | Cost of goods sold (from line 42) | 4 | 153,575 |
| 5 | **Gross profit.** Subtract line 4 from line 3 | 5 | 279,525 |
| 6 | Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) | 6 | |
| 7 | **Gross income.** Add lines 5 and 6 ▶ | 7 | 279,525 |

## Part II Expenses

**Enter expenses for business use of your home only on line 30.**

| | | | | | |
|---|---|---|---|---|---|
| 8 | Advertising | 4,025 | 18 | Office expense (see instructions) | 1,225 |
| 9 | Car and truck expenses (see instructions) | 13,372 | 19 | Pension & profit-sharing plans | |
| 10 | Commissions and fees | 14,272 | 20 | Rent or lease (see instructions): | |
| 11 | Contract labor (see instructions) | 2,591 | 20a | Vehicles, machinery, and equipment | |
| 12 | Depletion | | 20b | Other business property | 2,000 |
| 13 | Depreciation and section 179 expense deduction (not included in Part III) (see instr.) | 41,979 | 21 | Repairs and maintenance | 22,641 |
| 14 | Employee benefit programs (other than on line 19) | 46,382 | 22 | Supplies (not included in Part III) | 5,739 |
| 15 | Insurance (other than health) | 24,409 | 23 | Taxes and licenses | 1,920 |
| 16 | Interest: | | 24 | Travel, meals, and entertainment: | |
| 16a | Mortgage (paid to banks, etc.) | | 24a | Travel | 86 |
| 16b | Other | | 24b | Deductible meals and entertainment (see instructions) | 882 |
| 17 | Legal and professional services | 6,865 | 25 | Utilities | 10,123 |
| | | | 26 | Wages (less employment credits) | 424 |
| | | | 27a | Other expenses (from line 48) | 106,596 |
| | | | 27b | **Reserved for future use** | |

| | | | |
|---|---|---|---|
| 28 | **Total expenses** before expenses for business use of home. Add lines 8 through 27a ▶ | 28 | 305,531 |
| 29 | Tentative profit or (loss). Subtract line 28 from line 7 | 29 | -26,006 |
| 30 | Expenses for business use of your home. Attach **Form 8829.** Do not report such expenses elsewhere | 30 | |
| 31 | **Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Form 1040, line 12,** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2.** If you entered an amount on line 1c, see instr. Estates and trusts, enter on **Form 1041, line 3.** • If a loss, you **must** go to line 32. | 31 | -26,006 |

32 If you have a loss, check the box that describes your investment in this activity (see instructions).

- If you checked 32a, enter the loss on both **Form 1040, line 12,** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2.** If you entered an amount on line 1c, see the instructions for line 31. Estates and trusts, enter on **Form 1041, line 3.**
- If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.

32a ☒ All investment is at risk.

32b ☐ Some investment is not at risk.

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**Part III Cost of Goods Sold** (see instructions)

33 Method(s) used to value closing inventory: a [X] Cost b [ ] Lower of cost or market c [ ] Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation [ ] Yes [X] No

| | | | |
|---|---|---|---|
| 35 | Inventory at beginning of year. If different from last year's closing inventory, attach explanation | 35 | |
| 36 | Purchases less cost of items withdrawn for personal use | 36 | |
| 37 | Cost of labor. Do not include any amounts paid to yourself | 37 | |
| 38 | Materials and supplies | 38 | |
| 39 | Other costs | 39 | |
| 40 | Add lines 35 through 39 | 40 | |
| 41 | Inventory at end of year | 41 | |
| 42 | **Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on line 4 | 42 | 153,575 |

**Part IV Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

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

44 Of the total number of miles you drove your vehicle during 2011, enter the number of miles you used your vehicle for:

a Business ____ b Commuting (see instructions) ____ c Other ____

45 Was your vehicle available for personal use during off-duty hours? [ ] Yes [ ] No

46 Do you (or your spouse) have another vehicle available for personal use? [ ] Yes [ ] No

47a Do you have evidence to support your deduction? [ ] Yes [ ] No

b If "Yes," is the evidence written? [ ] Yes [ ] No

**Part V Other Expenses.** List below business expenses not included on lines 8-26 or line 30.

| | |
|---|---|
| Business Telephone | 1,146 |
| DUES & SUBSCRIPTIONS | 15,000 |
| MUSIC & ENTERTAINMENT | 4,022 |
| MISC EXPENSES | 86,428 |
| | |
| | |
| | |
| | |
| | |

| | | | |
|---|---|---|---|
| 48 | **Total other expenses.** Enter here and on line 27a | 48 | 106,596 |

**Schedule A -- NOL** (see instructions)

| | | | | | |
|---|---|---|---|---|---|
| 1 | Enter the amount from your 2011 Form 1040, line 41, or Form 1040NR, line 39. Estates and trusts, enter taxable income increased by the total of the charitable deduction, income distribution deduction, and exemption amount | | | 1 | -31,806 |
| 2 | Nonbusiness capital losses before limitation. Enter as a positive number | 2 | | | |
| 3 | Nonbusiness capital gains (without regard to any section 1202 exclusion) | 3 | | | |
| 4 | If line 2 is more than line 3, enter the difference. Otherwise, enter -0- | 4 | 0 | | |
| 5 | If line 3 is more than line 2, enter the difference; otherwise, enter -0- — 5: 0 | | | | |
| 6 | Nonbusiness deductions (see instructions) | 6 | 5,800 | | |
| 7 | Nonbusiness income other than capital gains (see instructions) — 7: | | | | |
| 8 | Add lines 5 and 7 | 8 | | | |
| 9 | If line 6 is more than line 8, enter the difference. Otherwise, enter -0- | | | 9 | 5,800 |
| 10 | If line 8 is more than line 6, enter the difference. Otherwise, enter -0-. **But do not enter more than line 5** — 10: 0 | | | | |
| 11 | Business capital losses before limitation. Enter as a positive number | 11 | | | |
| 12 | Business capital gains (without regard to any section 1202 exclusion) — 12: | | | | |
| 13 | Add lines 10 and 12 | 13 | | | |
| 14 | Subtract line 13 from line 11. If zero or less, enter -0- | 14 | 0 | | |
| 15 | Add lines 4 and 14 | 15 | | | |
| 16 | Enter the loss, if any, from line 16 of your 2011 Schedule D (Form 1040). (Estates and trusts, enter the loss, if any, from line 15, column (3), of Schedule D (Form 1041).) Enter as a positive number. If you do not have a loss on that line (and do not have a section 1202 exclusion), skip lines 16 through 21 and enter on line 22 the amount from line 15 | 16 | | | |
| 17 | Section 1202 exclusion. Enter as a positive number | | | 17 | |
| 18 | Subtract line 17 from line 16. If zero or less, enter-0- | 18 | 0 | | |
| 19 | Enter the loss, if any, from line 21 of your 2011 Schedule D (Form 1040). (Estates and trusts, enter the loss, if any, from line 16 of Schedule D (Form 1041).) Enter as a positive number | 19 | | | |
| 20 | If line 18 is more than line 19, enter the difference. Otherwise, enter -0- | 20 | 0 | | |
| 21 | If line 19 is more than line 18, enter the difference. Otherwise, enter -0- | | | 21 | 0 |
| 22 | Subtract line 20 from line 15. If zero or less, enter -0- | | | 22 | 0 |
| 23 | Domestic production activities deduction from your 2011 Form 1040, line 35, or Form 1040NR, line 34 (or included on Form 1041, line 15a) | | | 23 | |
| 24 | NOL deduction for losses from other years. Enter as a positive number | | | 24 | |
| 25 | **NOL**. Combine lines 1, 9, 17, and 21 through 24. If the result is less than zero, enter it here and on page 1, line 1a. If the result is zero or more, you **do not** have an NOL | | | 25 | -26,006 |

  

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

# Depreciation and Amortization
## (Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No. 1545-0172

**2011**

Attachment Sequence No. **179**

| Name(s) shown on return | Business or activity to which this form relates | Identifying number |
|---|---|---|
| FRANK J YORK | FOR SCHEDULE C #1 | 386-52-0379 |

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

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

| | | | |
|---|---|---|---|
| 1 | Maximum amount (see instructions) | 1 | |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 | Threshold cost of section 179 property before reduction in limitation (see instructions) | 3 | |
| 4 | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 | 500,000 |

| 6 | (a) Description of property | (b) Cost (busn. use only) | (c) Elected cost |
|---|---|---|---|
| | | | |
| | | | |
| 7 | Listed property. Enter the amount from line 29 | 7 | |

| | | | |
|---|---|---|---|
| 8 | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 | Tentative deduction. Enter the **smaller** of line 5 or line 8 | 9 | |
| 10 | Carryover of disallowed deduction from line 13 of your 2010 Form 4562 | 10 | |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) | 11 | 500,000 |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 | 12 | |
| 13 | Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12 ▶ | 13 | |

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II** **Special Depreciation Allowance and Other Depreciation** (Do not include listed property.) (See instructions.)

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

**Part III** **MACRS Depreciation** (Do not include listed property.) (See instructions.)

**Section A**

| | | | |
|---|---|---|---|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2011 | 17 | 41,979 |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐ | | |

**Section B -- Assets Placed in Service During 2011 Tax Year Using the General Depreciation System**

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

**Section C -- Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System**

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depr. | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|---|---|---|---|---|---|---|
| 20a Class life | | | | | S/L | |
| b 12-year | | | 12 yrs. | | S/L | |
| c 40-year | | | 40 yrs. | MM | S/L | |

**Part IV** **Summary** (See instructions.)

| | | | |
|---|---|---|---|
| 21 | Listed property. Enter amount from line 28 | 21 | |
| 22 | **Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations -- see instructions | 22 | 41,979 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

**For Paperwork Reduction Act Notice, see separate instructions.** Form **4562** (2011)

Form **8879**

Department of the Treasury
Internal Revenue Service

# IRS e-file Signature Authorization

▶ Do not send to the IRS. This is not a tax return.
▶ Keep this form for your records. See instructions.

OMB No. 1545-0074

**2011**

Declaration Control Number (DCN) ▶ 00389976001462

| Taxpayer's name | Social security number |
|---|---|
| FRANK J YORK | 386-52-0379 |
| Spouse's name | Spouse's social security number |
| | |

**Part I Tax Return Information -- Tax Year Ending December 31, 2011** (Whole Dollars Only)

| | | | |
|---|---|---|---|
| 1 | Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4) | 1 | -26,006 |
| 2 | Total tax (Form 1040, line 61; Form 1040A, line 35; Form 1040EZ, line 10) | 2 | |
| 3 | Federal income tax withheld (Form 1040, line 62; Form 1040A, line 36; Form 1040EZ, line 7) | 3 | |
| 4 | Refund (Form 1040, line 74a; Form 1040A, line 43a; Form 1040EZ, line 11; Form 1040-SS, Part I, line 12a) | 4 | |
| 5 | Amount you owe (Form 1040, line 76; Form 1040A, line 45; Form 1040EZ, line 12) | 5 | |

**Part II Taxpayer Declaration and Signature Authorization** (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2011, 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 from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my 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 ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). I authorize EFTPS to issue me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To request that my PIN be mailed to me, or to revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received 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 further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

**Taxpayer's PIN: check one box only**

[X] I authorize Katie's Tax & Accounting Service (**ERO firm name**) to enter or generate my PIN 00379 (**Enter five numbers, but do not enter all zeros**) as my signature on my tax year 2011 electronically filed income tax return.

[ ] I will enter my PIN as my signature on my tax year 2011 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ ____________________ Date ▶ ____________

**Spouse's PIN: check one box only**

[ ] I authorize ____________________ (**ERO firm name**) to enter or generate my PIN ______ (**Enter five numbers, but do not enter all zeros**) as my signature on my tax year 2011 electronically filed income tax return.

[ ] I will enter my PIN as my signature on my tax year 2011 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ ____________________ Date ▶ ____________

## Practitioner PIN Method Returns Only -- continue below

**Part III Certification and Authentication -- Practitioner PIN Method Only**

**ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN. 38997635130
**do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2011 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Publication 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ ____________________ Date ▶ ____________

**ERO Must Retain This Form -- See Instructions**
**Do Not Submit This Form to the IRS Unless Requested To Do So**

# 2011 MISCELLANEOUS INCOME SUMMARY ATTACHMENT

| Payer Name | Payer's Federal ID Number | T or S | Activity | Rent (Box 1) | Royalties (Box 2) | Other Income (Box 3) | NonEmp Comp (Box 7) | Federal Tax Withheld (Box 4) | State | State Income (Box 18) | State Tax Withheld (Box 16) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| HAPA LLC | 01-0866534 | T | Sch C | 47,184 | | | | | | | |
| TOTAL | | | | 47,184 | | | | | | | |

# 2011 DETAIL STATEMENTS

FRANK J YORK
386-52-0379



STATEMENT #1 - Gross Receipts Not in Line 1a (SCHEDULE C #1 LINE 1b)

| | | |
|---|---|---|
| FOOD SALES | 181,680 | |
| BEVERAGE SALES | 209 | |
| OTHER TRADE | 204,027 | |
| TOTAL CARRIED TO SCHEDULE C #1 LINE 1b | | 385,916 |

STATEMENT #2 - Cost of Goods Sold (SCHEDULE C #1 LN 4 & 42)

| | | |
|---|---|---|
| FOOD & SOFT DRINKS | 106,438 | |
| BEER | 28,907 | |
| WINE | 3,387 | |
| LIQUOR | 14,565 | |
| DISPOSABLE PRODUCTS | 206 | |
| SHIRTS & HATS | | |
| CIGARETTES | | |
| OTHER | 72 | |
| TOTAL CARRIED TO SCHEDULE C #1 LN 4 & 42 | | 153,575 |

STATEMENT #3 - Advertising (SCHEDULE C #1 LINE 8)

| | | |
|---|---|---|
| RADIO & TV | 2,404 | |
| NEWSPAPER ADVERTISING | 604 | |
| SIGNAGE | 248 | |
| OTHER | 769 | |
| TOTAL CARRIED TO SCHEDULE C #1 LINE 8 | | 4,025 |

STATEMENT #4 - Commissions and Fees (SCHEDULE C #1 LINE 10)

| | | |
|---|---|---|
| BANK SERVICE CHARGES | 14,272 | |
| CREDIT CARD DISCOUNTS | | |
| TOTAL CARRIED TO SCHEDULE C #1 LINE 10 | | 14,272 |

STATEMENT #5 - Employee Benefit Program (SCHEDULE C #1 LINE 14)

| | | |
|---|---|---|
| HEALTH INSURANCE | 943 | |
| OTHER | 45,439 | |
| TOTAL CARRIED TO SCHEDULE C #1 LINE 14 | | 46,382 |

STATEMENT #6 - Insurance Other Than Health (SCHEDULE C #1 LINE 15)

| | | |
|---|---|---|
| GENERAL LIABILITY | 9,968 | |
| LIQUOR LIABILITY | 2,742 | |


Continued On Page2

## 2011 DETAIL STATEMENTS

FRANK J YORK
386-52-0379



| | | |
|---|---|---|
| WORKERS COMP INSURANCE......................... | 1,555 | |
| PERSONAL PROPERTY.............................. | 6,044 | |
| OTHER.......................................... | 4,100 | |
| TOTAL CARRIED TO SCHEDULE C #1 LINE 15..................... | | 24,409 |

STATEMENT #7 - Legal & Professional Services (SCHEDULE C #1 LINE 17)

| | | |
|---|---|---|
| PAYROLL PROCESSING FEES........................ | 5,765 | |
| LEGAL FEES..................................... | 1,100 | |
| ACCOUNTING FEES | | |
| TOTAL CARRIED TO SCHEDULE C #1 LINE 17..................... | | 6,865 |

STATEMENT #8 - Office Expense (SCHEDULE C #1 LINE 18)

| | | |
|---|---|---|
| PRINTING & STATIONERY | | |
| OTHER SUPPLIES................................. | 70 | |
| OTHER OFFICE................................... | 1,155 | |
| TOTAL CARRIED TO SCHEDULE C #1 LINE 18..................... | | 1,225 |

STATEMENT #9 - Repairs and Maintenance (SCHEDULE C #1 LINE 21)

| | | |
|---|---|---|
| BUILDING REPAIRS............................... | 4,369 | |
| COMPUTER REPAIRS | | |
| EQUIPMENT REPAIRS.............................. | 18,272 | |
| OTHER | | |
| TOTAL CARRIED TO SCHEDULE C #1 LINE 21..................... | | 22,641 |

STATEMENT #10 - Supplies (SCHEDULE C #1 LINE 22)

| | | |
|---|---|---|
| UTENSILS/OPERATING EQUIPMENT................... | 698 | |
| PROPANE FUEL................................... | 3,626 | |
| BAG ICE........................................ | 1,415 | |
| TOTAL CARRIED TO SCHEDULE C #1 LINE 22..................... | | 5,739 |

STATEMENT #11 - Taxes and Licenses (SCHEDULE C #1 LINE 23)

| | | |
|---|---|---|
| LICENSES & PERMITS............................. | 1,920 | |
| TOTAL CARRIED TO SCHEDULE C #1 LINE 23..................... | | 1,920 |

# 2011 DETAIL STATEMENTS

FRANK J YORK
386-52-0379



STATEMENT #12 - Utilities (SCHEDULE C #1 LINE 25)

| | | |
|---|---|---|
| ELECTRIC...................................... | 6,515 | |
| GAS........................................... | 867 | |
| CABLE TV...................................... | 2,741 | |
| TOTAL CARRIED TO SCHEDULE C #1 LINE 25..................... | | 10,123 |

# 2011 ALTERNATIVE TAX NET OPERATING LOSS (ATNOL)

FRANK J YORK
386-52-0379

**Keep for Your Records**

| | | | | | |
|---|---|---|---|---|---|
| 1. | Alternative minimum taxable income (Form 6251, line 28) | | 1. -26,006 | | |
| 2. | Alternative tax net operating loss deduction (Form 6251, line 11) | | 2. | | |
| 3. | Section 1202 Qualified small business stock adjustment (Form 6251, line 12) | | 3. | | |
| 4. | Adjusted alternative minimum taxable income (1 + 2 - 3) | | | 4. | -26,006 |
| 5. | AMT nonbusiness capital losses before limitation | | 5. | | |
| 6. | AMT nonbusiness capital gains (without regard to any Section 1202 exclusion) | | 6. | | |
| 7. | Line 5 less line 6 but not less than zero | | 7. | | |
| 8. | Line 6 less line 5 but not less than zero | 8. | | | |
| 9. | Regular tax nonbusiness deductions | | 9. 5,800 | | |
| 10. | AMT nonbusiness deduction adjustments already taken into consideration | | 10. 5,800 | | |
| 11. | AMT nonbusiness deductions (9-10) | | 11. | | |
| 12. | AMT nonbusiness income other than capital gains | 12. | | | |
| 13. | Line 8 plus line 12 | | 13. | | |
| 14. | Line 11 less line 13 but not less than zero | | | 14. | |
| 15. | Line 13 less line 11 but not less than zero (limited to line 8) | 15. | | | |
| 16. | Business capital losses before limitation (enter as a positive) | | 16. | | |
| 17. | Business capital gains (without regard to any Section 1202 exclusion) | 17. | | | |
| 18. | Add lines 15 and 17 | | 18. | | |
| 19. | Line 16 less line 18 but not less than zero | | 19. | | |
| 20. | Add lines 7 and 19 | | 20. | | |
| 21. | AMT loss, if any, from line 16 of Schedule D - entered as a positive. If there is no loss on that line and there is no Section 1202 exclusion, skip lines 21 through 26 and enter on line 27 the amount from line 20 | | 21. | | |
| 22. | Section 1202 exclusion entered as a positive | | | 22. | |
| 23. | Line 21 less line 22 but not less than zero | | 23. | | |
| 24. | AMT Schedule D, line 21 loss (if any) entered as a positive | | 24. | | |
| 25. | Line 23 less line 24 but not less than zero | | 25. | | |
| 26. | Line 24 less line 23 but not less than zero | | | 26. | |
| 27. | Line 20 less line 25 but not less than zero | | | 27. | |
| 28. | Domestic production activities deduction (enter as a negative) | | | 28. | |
| 29. | Combines lines 4, 14, 22, 26, 27, and 28. Any negative result is the current year ATNOL | | | 29. | -26,006 |

# 2011 Federal Depreciation Schedule

YORK, FRANK J
386-52-0379

04-02-2012

| Description | Date | Method | Year | Cost | Land/ Other | §179 | Spec Allow | Basis | Prior | Current |
|---|---|---|---|---|---|---|---|---|---|---|
| **Schedule C, Multiple #1** | | | | | | | | | | |
| 20 CU CHEST FREEZER | 07-19-02 | 200DBHY | 7 | 519 | 0 | 0 | 156 | 363 | 363 | 0 |
| BAR | 01-01-09 | S/LMM | 39 | 500,000 | 0 | 0 | 0 | 500,000 | 25,125 | 12,820 |
| CABINETRY | 07-13-02 | 200DBHY | 7 | 1,513 | 0 | 0 | 454 | 1,059 | 1,059 | 0 |
| CONDOS | 01-01-09 | S/LMM | 39 | 1,127,000 | 0 | 0 | 0 | 1,127,000 | 56,631 | 28,896 |
| ELECTRICAL WORK | 01-14-02 | 150DBHY | 15 | 1,885 | 0 | 0 | 566 | 1,319 | 813 | 78 |
| FREEZER-COUNTRY HOUS | 07-16-02 | 200DBHY | 7 | 392 | 0 | 0 | 118 | 274 | 274 | 0 |
| FREEZER-COUNTRY HOUS | 05-28-02 | 200DBHY | 7 | 230 | 0 | 0 | 69 | 161 | 161 | 0 |
| FREEZER-COUNTRYWIDE | 07-31-02 | 200DBHY | 7 | 370 | 0 | 0 | 111 | 259 | 259 | 0 |
| ICE MAKER | 06-10-02 | 200DBHY | 7 | 2,056 | 0 | 0 | 617 | 1,439 | 1,439 | 0 |
| KITCHEN VENTILATION | 01-16-02 | 200DBHY | 7 | 1,639 | 0 | 0 | 492 | 1,147 | 1,147 | 0 |
| PATIO GRILL IMPROVEM | 08-02-03 | 150DBHY | 15 | 3,132 | 0 | 0 | 0 | 3,132 | 1,746 | 185 |
| SINK - GOLD STAR | 05-10-02 | 200DBHY | 7 | 659 | 0 | 0 | 198 | 461 | 461 | 0 |
| STEREO EQUIPMENT | 08-07-02 | 200DBHY | 7 | 487 | 0 | 0 | 146 | 341 | 341 | 0 |
| TV SET -COUNTRY HOUS | 07-31-02 | 200DBHY | 7 | 1,707 | 0 | 0 | 512 | 1,195 | 1,195 | 0 |
| 14 Assets | | | Totals: | 1,641,589 | 0 | 0 | 3,439 | 1,638,150 | 91,014 | 41,979 |
| 14 Assets | | | Grand Totals: | 1,641,589 | 0 | 0 | 3,439 | 1,638,150 | 91,014 | 41,979 |

* Asset disposed this year
~C Carryover basis in like-kind exchange transaction
~B Excess basis in like-kind exchange transaction

# 2011 AMT Depreciation Schedule

YORK, FRANK J
386-52-0379
04-02-2012

| Description | Date | Method | Year | Basis | Prior | AMT | Regular | Adjust |
|---|---|---|---|---|---|---|---|---|
| **Schedule C, Multiple #1** | | | | | | | | |
| 20 CU CHEST FREEZER | 07-19-02 | 200DBHY | 7 | 363 | 16 | 0 | 0 | 0 |
| BAR | 01-01-09 | S/LMM | 39 | 500,000 | 0 | 12,820 | 12,820 | 0 |
| CABINETRY | 07-13-02 | 200DBHY | 7 | 1,059 | 47 | 0 | 0 | 0 |
| CONDOS | 01-01-09 | S/LMM | 39 | 1,127,000 | 0 | 28,896 | 28,896 | 0 |
| ELECTRICAL WORK | 01-14-02 | 150DBHY | 15 | 1,319 | 156 | 78 | 78 | 0 |
| FREEZER-COUNTRY HOUS | 07-16-02 | 200DBHY | 7 | 274 | 12 | 0 | 0 | 0 |
| FREEZER-COUNTRY HOUS | 05-28-02 | 200DBHY | 7 | 161 | 7 | 0 | 0 | 0 |
| FREEZER-COUNTRYWIDE | 07-31-02 | 200DBHY | 7 | 259 | 12 | 0 | 0 | 0 |
| ICE MAKER | 06-10-02 | 200DBHY | 7 | 1,439 | 64 | 0 | 0 | 0 |
| KITCHEN VENTILATION | 01-16-02 | 200DBHY | 7 | 1,147 | 51 | 0 | 0 | 0 |
| PATIO GRILL IMPROVEM | 08-02-03 | 150DBHY | 15 | 3,132 | 370 | 185 | 185 | 0 |
| SINK - GOLD STAR | 05-10-02 | 200DBHY | 7 | 461 | 21 | 0 | 0 | 0 |
| STEREO EQUIPMENT | 08-07-02 | 200DBHY | 7 | 341 | 15 | 0 | 0 | 0 |
| TV SET -COUNTRY HOUS | 07-31-02 | 200DBHY | 7 | 1,195 | 53 | 0 | 0 | 0 |
| 14 Assets | | Totals: | | 1,638,150 | 824 | 41,979 | 41,979 | 0 |
| 14 Assets | | Grand Totals: | | 1,638,150 | 824 | 41,979 | 41,979 | 0 |

* Asset disposed this year
~C Carryover basis in like-kind exchange transaction
~B Excess basis in like-kind exchange transaction

Michigan Department of Treasury (Rev. 07-11), Page 1

Issued under authority of Public Act 281 of 1967.

# 2011 MICHIGAN Individual Income Tax Return MI-1040

**Return is due April 17, 2012.**
Type or print in blue or black ink.

| 1. Filer's First Name | M.I. | Last Name | 2. Filer's Social Security No. |
|---|---|---|---|
| FRANK | J | YORK | 386-52-0379 |
| If a Joint Return, Spouse's First Name | M.I. | Last Name | 3. Spouse's Social Security No. |
| | | | |
| Home Address (No., Street, P.O. Box or Rural Route) | | | |
| 13235 RAINBOW DRIVE | | | |
| City or Town | State | ZIP Code | 4. School District Code (5 digits – see inst.) |
| GREGORY | MI | 48137 | |

**5. STATE CAMPAIGN FUND**
Check this box if you (or your spouse, if filing a joint return) want $3 of your taxes to go to this fund. This will not increase your tax or reduce your refund.

| | Yes | No |
|---|---|---|
| a. You | ☐ | ☒ |
| b. Spouse | ☐ | ☐ |

**6. FARMERS, FISHERMEN OR SEAFARERS**
☐ Check this box if 2/3 of your income is from farming, fishing or seafaring.

**7. FILING STATUS.** Check one.

a. ☒ Single
b. ☐ Married, filing jointly
c. ☐ Married, filing separately*

* If you check box "c," complete line 3 and enter spouse's name below:

**8. RESIDENCY.** Check all that apply.

a. ☒ Resident
b. ☐ Nonresident*
c. ☐ Part-Year Resident*

* If you check box "b" or "c," you must complete and attach Schedule NR.

**9. EXEMPTIONS**

| | | | | | |
|---|---|---|---|---|---|
| a. | Number of exemptions you claimed on your 2011 federal return | 9a. | 1 | x $3,700 | 3,700 00 |
| b. | Number of individuals 65 or older who qualify for a special exemption | 9b. | | x $2,400 | 00 |
| c. | Number of individuals who qualify for one of the following special exemptions: deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally & permanently disabled | 9c. | | x $2,400 | 00 |
| d. | Number of children ages 18 and under you claimed as Michigan exemptions | 9d. | | x $600 | 00 |
| e. | Number of qualified disabled veterans | 9e. | | x $300 | 00 |
| f. | If your unemployment compensation is 50% or more of your Adjusted Gross Income (amount claimed on line 10) check (X) the box and enter $2,400 | 9f. | ☐ | $2,400 | 00 |
| g. | If someone else can claim you as a dependent, check (X) the box, complete Worksheet 2 in the instructions, and enter the amount from the worksheet | 9g. | ☐ | 9g. | 00 |
| h. | Add lines 9a, 9b, 9c, 9d, 9e, 9f and 9g. Enter here and on line 15 | | | 9h. | 3,700 00 |

| | | |
|---|---|---|
| 10. | **Adjusted Gross Income** from your U.S. Forms 1040, 1040A, 1040EZ or 1040NR (see instructions) | -26,006 00 |
| 11. | Additions from Michigan Schedule 1, line 7. Attach Schedule 1 | 00 |
| 12. | **Total.** Add lines 10 and 11 | -26,006 00 |
| 13. | Subtractions from Michigan Schedule 1, line 21. Attach Schedule 1 | 00 |
| 14. | **Income subject to tax.** Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0" | 0 00 |
| 15. | **Exemption allowance.** Amount from line 9h or Schedule NR, line 20 | 3,700 00 |
| 16. | **Taxable income.** Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0" | 0 00 |
| 17. | **Tax.** Multiply line 16 by 4.35% (0.0435) | 0 00 |
| 18. | **Total Nonrefundable Credits.** Amount from Schedule 2, line 11. Attach Schedule 2 | 0 00 |
| 19. | **Income Tax.** Subtract line 18 from line 17. If line 18 is greater than line 17, enter "0" | 0 00 |

**DIRECT DEPOSIT**
Deposit your refund directly to your financial institution! See instr. and complete a, b and c.

a. Routing Transit Number ▶
b. Type of Account ▶ (1) ☐ Checking (2) ☐ Savings
c. Account Number ▶

11 MI12 TWF 51157 1040 Copyright Forms (Software Only) - 2011 TW

+ 1043 2011 05 01 27 6

**Continue on page 2. This form cannot be processed if page 2 is not completed and attached.**

Filer's Social Security Number 386-52-0379

| | | | |
|---|---|---|---|
| 20. | Enter amount of Income Tax from line 19 | 20. | 0 00 |
| 21. | Voluntary Contributions from Form 4642, line 7. Attach Form 4642 | 21. | 00 |
| 22. | **USE TAX** Use tax due on Internet, mail order or other out-of-state purchases from Worksheet 1, line 3, in the instructions | ▶ 22. | 0 00 |
| 23. | Add lines 20, 21 and 22 | 23. | 0 00 |

**REFUNDABLE CREDITS AND PAYMENTS**

| | | | |
|---|---|---|---|
| 24. | Property Tax Credit. Attach MI-1040CR or MI-1040CR-2 | ▶ 24. | 00 |
| 25. | Farmland Preservation Credit. Attach MI-1040CR-5 | ▶ 25. | 00 |
| 26. | Qualified Adoption Expenses. Attach U.S. Form 8839 and MI-8839 | ▶ 26. | 00 |
| 27. | Stillbirth Credit. Amount from Worksheet 3, line B, in the instructions | ▶ 27. | 00 |
| 28. | a. Federal Earned Income Tax Credit ▶ 28a. 00 | | |
| | b. Michigan Earned Income Tax Credit. Multiply line 28a by 20% (0.20) | ▶ 28b. | 00 |
| 29. | Energy Efficient Qualified Home Improvement Credit. Attach Form 4764 | ▶ 29. | 00 |
| 30. | Michigan Historic Preservation Tax Credit (refundable). Attach Form 3581 | ▶ 30. | 00 |
| 31. | Michigan tax withheld from Schedule W, line 3. Attach Schedule W **(do not submit W-2's)** | ▶ 31. | 00 |
| 32. | Estimated tax, extension payments and 2010 credit forward | ▶ 32. | 00 |
| 33. | Total refundable credits and payments. Add lines 24 through 27, 28b, and 29 through 32 | 33. | 00 |

**REFUND OR TAX DUE**

| | | | |
|---|---|---|---|
| 34. | If line 33 is less than line 23, subtract line 33 from line 23. ▶ [redacted] Include interest ____ and penalty ____ if applicable (see instructions) **YOU OWE** | 34. | 00 |
| 35. | **Overpayment.** If line 33 is greater than line 23, subtract line 23 from line 33 | 35. | 00 |
| 36. | **Credit Forward.** Amount of line 35 to be credited to your 2012 estimated tax for your 2012 tax return | ▶ 36. | 00 |
| 37. | Subtract line 36 from line 35 **REFUND** | ▶ 37. | 00 |

**Deceased Taxpayer.** If Filer and/or Spouse died after December 31, 2010, check the appropriate box below.

▶ ☐ Filer is Deceased ▶ ☐ Spouse is Deceased

**Taxpayer Certification.** I declare under penalty of perjury that the info. in this return and attachments is true and complete to the best of my knowledge.

| Filer's Signature | Date |
|---|---|
| Spouse's Signature | Date |

▶ I authorize Treasury to discuss my return with my preparer. ☒ Yes ☐ No

**Preparer Certification.** I declare under penalty of perjury that this return is based on all info. of which I have any knowledge.

▶ Preparer's PTIN, FEIN or SSN: P00546377

▶ Preparer's Business Name (print or type): Katie's Tax & Accounting Servic

Preparer's Business Address (print or type):
77 N Cedar Ave
Battle Creek MI 49017

**Refund, credit, or zero returns.** Mail your return to: **Michigan Department of Treasury, P.O. Box 30726, Lansing, MI 48956**
**Pay** amount on line 34. Mail your check and return to: **Michigan Department of Treasury, P.O. Box 30727, Lansing, MI 48929**

Make your check payable to "State of Michigan." Print your Social Security number and "2011 Income tax" on the front of your check. If paying on behalf of another taxpayer, write the taxpayer's name and Social Security number on the check. Do not staple your check to the return. Keep a copy of your return and all supporting schedules for six years. To check the status of your refund, have a copy of your MI-1040 available when you visit: www.michigan.gov/iit

 

Form **1040** Department of the Treasury – Internal Revenue Service
# U.S. Individual Income Tax Return 2010
(99) IRS Use Only – Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2010, or other tax year beginning , 2010, ending , 20 OMB No. 1545-0074

**Name, Address, and SSN** (PRINT CLEARLY) See separate instr.

FRANK J YORK
13235 RAINBOW DRIVE
Gregory MI 48137

**Your social security number** 386-52-0379
**Spouse's social security no.**

Make sure the SSN(s) above and on line 6c are correct

**Presidential Election Campaign** ▶ Check here if you, or your spouse if filing jointly, want $3 to go to this fund (see instructions) ▶ ☐ You ☐ Spouse
Checking a box below will not change your tax or refund.

## Filing Status
Check only one box.

1 ☒ Single
2 ☐ Married filing jointly (even if only one had income)
3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶
4 ☐ Head of household (with qualifying person). (See inst.) If the qualifying person is a child but not your dependent, enter child's name here. ▶
5 ☐ Qualifying widow(er) with dependent child (see instructions)

## Exemptions
If more than four dependents, see inst. & check here ▶ ☐

6a ☒ **Yourself.** If someone can claim you as a dependent, **do not** check box 6a — Boxes checked on 6a and 6b: 1
b ☐ **Spouse**
c **Dependents:**

| (1) First name | Last name | (2) Dependent's social security number | (3) Dependent's relationship to you | (4) ✓ if child under age 17 qualifying for child tax credit (see inst.) |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

No. of children on 6c who: ● lived with you: 0
● did not live with you due to divorce or separation (see inst.):
Dependents on 6c not entered above:

d Total number of exemptions claimed — Add numbers on lines above ▶ 1

## Income
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

| | | | |
|---|---|---|---|
| 7 | Wages, salaries, tips, etc. Attach Form(s) W-2 | 7 | 0 |
| 8a | **Taxable** interest. Attach Schedule B if required | 8a | |
| b | **Tax-exempt** interest. **Do not** include on line 8a — 8b | | |
| 9a | Ordinary dividends. Attach Schedule B if required | 9a | |
| b | Qualified dividends — 9b | | |
| 10 | Taxable refunds, credits, or offsets of state and local income taxes | 10 | |
| 11 | Alimony received | 11 | |
| 12 | Business income or (loss). Attach Schedule C or C-EZ | 12 | -9,973 |
| 13 | Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐ | 13 | |
| 14 | Other gains or (losses). Attach Form 4797 | 14 | |
| 15a | IRA distributions — 15a; b Taxable amount | 15b | |
| 16a | Pensions and annuities — 16a; b Taxable amount | 16b | |
| 17 | Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E | 17 | |
| 18 | Farm income or (loss). Attach Schedule F | 18 | |
| 19 | Unemployment compensation | 19 | |
| 20a | Social security benefits — 20a; b Taxable amount | 20b | |
| 21 | Other income. | 21 | |
| 22 | Combine amounts in the far right column for lines 7 through 21. This is your **total income** ▶ | 22 | -9,973 |

## Adjusted Gross Income

| | | | |
|---|---|---|---|
| 23 | Educator expenses | 23 | |
| 24 | Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106/2106-EZ | 24 | |
| 25 | Health savings account deduction. Attach Form 8889 | 25 | |
| 26 | Moving expenses. Attach Form 3903 | 26 | |
| 27 | One-half of self-employment tax. Attach Schedule SE | 27 | |
| 28 | Self-employed SEP, SIMPLE, and qualified plans | 28 | |
| 29 | Self-employed health insurance deduction | 29 | |
| 30 | Penalty on early withdrawal of savings | 30 | |
| 31a | Alimony paid b Recipient's SSN ▶ | 31a | |
| 32 | IRA deduction | 32 | |
| 33 | Student loan interest deduction | 33 | |
| 34 | Tuition and fees. Attach Form 8917 | 34 | |
| 35 | Domestic production activities ded. Attach Form 8903 | 35 | |
| 36 | Add lines 23 through 31a and 32 through 35 | 36 | 0 |
| 37 | Subtract line 36 from line 22. This is your **adjusted gross income** ▶ | 37 | -9,973 |

**For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.** Form **1040** (2010)

Form 1040 (2010) YORK 386-52-0379 Page 2

| | | | | |
|---|---|---|---|---|
| **Tax and Credits** | 38 | Amount from line 37 (adjusted gross income) | 38 | -9,973 |
| | 39a | Check if: [ ] You were born before January 2, 1946, [ ] Blind. [ ] **Spouse** was born before January 2, 1946, [ ] Blind. **Total boxes checked** ▶ 39a | | |
| | b | If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b [ ] | | |
| | 40 | **Itemized deductions** (from Schedule A) or your **standard deduction** (see instructions) | 40 | 5,700 |
| | 41 | Subtract line 40 from line 38 | 41 | -15,673 |
| | 42 | **Exemptions.** Multiply $3,650 by the number on line 6d | 42 | 3,650 |
| | 43 | **Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- | 43 | 0 |
| | 44 | **Tax** (see inst.). Check if any tax is from: a [ ] Form(s) 8814 b [ ] Form 4972 | 44 | |
| | 45 | **Alternative minimum tax** (see instructions). Attach Form 6251 | 45 | |
| | 46 | Add lines 44 and 45 ▶ | 46 | |
| | 47 | Foreign tax credit. Attach Form 1116 if required — 47 | | |
| | 48 | Credit for child & dependent care expenses. Attach Form 2441 — 48 | | |
| | 49 | Education credits from Form 8863, line 23 — 49 | | |
| | 50 | Retirement savings contributions credit. Attach Form 8880 — 50 | | |
| | 51 | Child tax credit (see instructions) — 51 | | |
| | 52 | Residential energy credits. Attach Form 5695 — 52 | | |
| | 53 | Other credits from Form: a [ ] 3800 b [ ] 8801 c [ ] — 53 | | |
| | 54 | Add lines 47 through 53. These are your **total credits** | 54 | |
| | 55 | Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- ▶ | 55 | 0 |
| **Other Taxes** | 56 | Self-employment tax. Attach Schedule SE | 56 | |
| | 57 | Unreported social security and Medicare tax from Form: a [ ] 4137 b [ ] 8919 | 57 | |
| | 58 | Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required | 58 | |
| | 59 | a [ ] Form(s) W-2, box 9 b [ ] Schedule H c [ ] Form 5405, line 16 | 59 | |
| | 60 | Add lines 55 through 59. This is your **total tax** ▶ | 60 | 0 |
| **Payments** | 61 | Federal income tax withheld from Forms W-2 and 1099 — 61 | | |
| | 62 | 2010 estimated tax payments & amt. applied from 2009 return — 62 | | |
| | 63 | Making work pay credit. Attach Schedule M — 63 | | |
| If you have a qualifying child, attach Schedule EIC. | 64a | **Earned income credit (EIC)** — 64a | | NO |
| | b | Nontaxable combat pay election — 64b | | |
| | 65 | Additional child tax credit. Attach Form 8812 — 65 | | |
| | 66 | American opportunity credit from Form 8863, line 14 — 66 | | |
| | 67 | First-time homebuyer credit from Form 5405, line 10 — 67 | | |
| | 68 | Amount paid with request for extension to file — 68 | | |
| | 69 | Excess social security and tier 1 RRTA tax withheld — 69 | | |
| | 70 | Credit for federal tax on fuels. Attach Form 4136 — 70 | | |
| | 71 | Credits from Form: a [ ] 2439 b [ ] 8839 c [ ] 8801 d [ ] 8885 — 71 | | |
| | 72 | Add lines 61, 62, 63, 64a, and 65 through 71. These are your **total payments** ▶ | 72 | 0 |
| **Refund** | 73 | If line 72 is more than line 60, subtract line 60 from line 72. This is the amount you **overpaid** | 73 | |
| Direct deposit? | 74a | Amount of line 73 you want **refunded to you.** If Form 8888 is attached, check here ▶ [ ] | 74a | 0 |
| See instructions. | ▶ b | Routing no. ▶ c Type: [ ] Checking [ ] Savings | | |
| | ▶ d | Account no. | | |
| | 75 | Amt. of line 73 you want **applied to your 2011 estimated tax** ▶ 75 | | |
| **Amount You Owe** | 76 | **Amount you owe.** Subtract line 72 from line 60. For details on how to pay, see instructions ▶ | 76 | |
| | 77 | Estimated tax penalty (see instructions) — 77 | | |

**Third Party Designee** Do you want to allow another person to discuss this return with the IRS (see instructions)? [ ] **Yes.** Complete below. [X] **No**

Designee's name ▶ Phone no. ▶ Personal identification number (PIN) ▶

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

Joint return? See instructions. Keep a copy for your records.

| Your signature | Date | Your occupation | Daytime phone number |
|---|---|---|---|
| Spouse's signature. If a joint return, **both** must sign. | Date | Spouse's occupation | |

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check [X] if self-employed | PTIN |
|---|---|---|---|---|
| KATHLEEN TURK | | | | P00546377 |
| Firm's name ▶ Katie's Tax & Accounting Services | | | Firm's EIN ▶ | |
| Firm's address ▶ 77 N Cedar Ave Battle Creek MI 49017 | | | Phone no. (269)963-8083 | |

#1

**SCHEDULE C (Form 1040)**

Department of the Treasury Internal Revenue Service (99)

# Profit or Loss From Business

**(Sole Proprietorship)**

▶ Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B.

▶ Attach to Form 1040, 1040NR, or 1041. ▶ See instructions for Schedule C (Form 1040).

OMB No. 1545-0074

**2010**

Attachment Sequence No. **09**

| | |
|---|---|
| Name of proprietor: FRANK J YORK | Social security number (SSN): 386-52-0379 |
| A Principal business or profession, including product or service (see instructions): FOOD & BEVERAGE | B Enter code from instructions ▶ 722410 |
| C Business name. If no separate business name, leave blank.: YORK'S LANDING | D Employer ID no. (EIN), if any: 38-3611601 |

E Business address (including suite or room no.) ▶ 515 WILLIAMS STREET

City, town or post office, state, and ZIP code: South Haven MI 49090

F Accounting method: (1) ☐ Cash (2) ☒ Accrual (3) ☐ Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2010? If "No," see instructions for limit on losses ☒ Yes ☐ No

H If you started or acquired this business during 2010, check here ▶ ☐

## Part I Income

| | | | |
|---|---|---|---|
| 1 | Gross receipts or sales. **Caution.** See instructions and check the box if: • This income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, or • You are a member of a qualified joint venture reporting only rental real estate income not subject to self-employment tax. Also see instructions for limit on losses. ▶ ☐ | 1 | 476,473 |
| 2 | Returns and allowances | 2 | |
| 3 | Subtract line 2 from line 1 | 3 | 476,473 |
| 4 | Cost of goods sold (from line 42 on page 2) | 4 | 119,864 |
| 5 | **Gross profit.** Subtract line 4 from line 3 | 5 | 356,609 |
| 6 | Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) | 6 | |
| 7 | **Gross income.** Add lines 5 and 6 ▶ | 7 | 356,609 |

## Part II Expenses. Enter expenses for business use of your home only on line 30.

| | | | | | |
|---|---|---|---|---|---|
| 8 | Advertising | 2,854 | 18 | Office expense | 902 |
| 9 | Car and truck expenses (see instructions) | 8,747 | 19 | Pension & profit-sharing plans | |
| 10 | Commissions and fees | 14,493 | 20 | Rent or lease (see instructions): | |
| 11 | Contract labor (see instructions) | | 20a | Vehicles, machinery, and equipment | |
| 12 | Depletion | | 20b | Other business property | 4,042 |
| 13 | Depreciation and section 179 expense deduction (not included in Part III) (see instructions) | 44,669 | 21 | Repairs and maintenance | 17,774 |
| 14 | Employee benefit programs (other than on line 19) | 44,136 | 22 | Supplies (not included in Part III) | 5,652 |
| 15 | Insurance (other than health) | 15,111 | 23 | Taxes and licenses | 33,059 |
| 16 | Interest: | | 24 | Travel, meals, and entertainment: | |
| 16a | Mortgage (paid to banks, etc.) | | 24a | Travel | |
| 16b | Other | | 24b | Deductible meals and entertainment (see instructions) | |
| 17 | Legal and professional services | 36,325 | 25 | Utilities | 11,775 |
| | | | 26 | Wages (less employment credits) | 5,865 |
| | | | 27 | Other expenses (from line 48 on page 2) | 121,178 |

| | | | |
|---|---|---|---|
| 28 | **Total expenses** before expenses for business use of home. Add lines 8 through 27 ▶ | 28 | 366,582 |
| 29 | Tentative profit or (loss). Subtract line 28 from line 7 | 29 | -9,973 |
| 30 | Expenses for business use of your home. Attach **Form 8829** | 30 | |
| 31 | **Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Form 1040, line 12,** and **Schedule SE, line 2,** or on **Form 1040NR, line 13** (if you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3.** • If a loss, you **must** go to line 32. | 31 | -9,973 |

32 If you have a loss, check the box that describes your investment in this activity (see instructions).

• If you checked 32a, enter the loss on both **Form 1040, line 12,** and **Schedule SE, line 2,** or on **Form 1040NR, line 13** (if you checked the box on line 1, see the instructions). Estates and trusts, enter on **Form 1041, line 3.**

• If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.

32a ☒ All investment is at risk.

32b ☐ Some investment is not at risk.

#1

Schedule C (Form 1040) 2010 YORK 386-52-0379 Page 2

## Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☒ No

| | | |
|---|---|---|
| 35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation | 35 | |
| 36 Purchases less cost of items withdrawn for personal use | 36 | |
| 37 Cost of labor. Do not include any amounts paid to yourself | 37 | |
| 38 Materials and supplies | 38 | |
| 39 Other costs | 39 | |
| 40 Add lines 35 through 39 | 40 | |
| 41 Inventory at end of year | 41 | |
| 42 **Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on page 1, line 4 | 42 | 119,864 |

## Part IV Information on Your Vehicle.

Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

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

44 Of the total number of miles you drove your vehicle during 2010, enter the number of miles you used your vehicle for:

a Business ____________ b Commuting (see instructions) ____________ c Other ____________

45 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

47a Do you have evidence to support your deduction? ☐ Yes ☐ No

b If "Yes," is the evidence written? ☐ Yes ☐ No

## Part V Other Expenses.

List below business expenses not included on lines 8-26 or line 30.

| | |
|---|---|
| Business Telephone | 1,605 |
| MUSIC & ENTERTAINMENT | 3,780 |
| MISC EXPENSES | 103,793 |
| OTHER EXPENSES | 12,000 |
| | |
| | |
| | |
| | |
| | |
| 48 **Total other expenses.** Enter here and on page 1, line 27 — 48 | 121,178 |

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

# Depreciation and Amortization
## (Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No. 1545-0172
**2010**
Attachment Sequence No. **67**

| Name(s) shown on return | Business or activity to which this form relates | Identifying number |
|---|---|---|
| FRANK J YORK | FOR SCHEDULE C #1 | 386-52-0379 |

**Part I** **Election To Expense Certain Property Under Section 179**
**Note:** If you have any listed property, complete Part V before you complete Part I.

| | | | |
|---|---|---|---|
| 1 | Maximum amount (see instructions) | 1 | |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 | Threshold cost of section 179 property before reduction in limitation (see instructions) | 3 | |
| 4 | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 | 500,000 |

| 6 | (a) Description of property | (b) Cost (busn. use only) | (c) Elected cost |
|---|---|---|---|
| | | | |
| | | | |
| 7 | Listed property. Enter the amount from line 29 | 7 | |

| | | | |
|---|---|---|---|
| 8 | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 | Tentative deduction. Enter the **smaller** of line 5 or line 8 | 9 | |
| 10 | Carryover of disallowed deduction from line 13 of your 2009 Form 4562 | 10 | |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) | 11 | 500,000 |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 | 12 | |
| 13 | Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12 ▶ | 13 | |

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II** **Special Depreciation Allowance and Other Depreciation** (Do not include listed property.) (See instructions.)

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

**Part III** **MACRS Depreciation** (Do not include listed property.) (See instructions.)

**Section A**

| | | | |
|---|---|---|---|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2010 | 17 | 44,669 |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐ | | |

**Section B – Assets Placed in Service During 2010 Tax Year Using the General Depreciation System**

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

**Section C -- Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System**

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

**Part IV** **Summary** (See instructions.)

| | | | |
|---|---|---|---|
| 21 | Listed property. Enter amount from line 28 | 21 | |
| 22 | **Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations -- see instructions | 22 | 44,669 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

**For Paperwork Reduction Act Notice, see separate instructions.** Form **4562** (2010)

JVA 10 45621 TWF 38848 

**Schedule A -- NOL** (see the instructions)

| | | | | | |
|---|---|---|---|---|---|
| 1 | Enter the amount from your 2010 Form 1040, line 41, or Form 1040NR, line 39. Estates and trusts, enter taxable income increased by the total of the charitable deduction, income distribution deduction, and exemption amount | | | 1 | -15,673 |
| 2 | Nonbusiness capital losses before limitation. Enter as a positive number | 2 | | | |
| 3 | Nonbusiness capital gains (without regard to any section 1202 exclusion) | 3 | | | |
| 4 | If line 2 is more than line 3, enter the difference; otherwise, enter -0- | 4 | 0 | | |
| 5 | If line 3 is more than line 2, enter the difference; otherwise, enter -0- (5) 0 | | | | |
| 6 | Nonbusiness deductions (see instructions) | 6 | 5,700 | | |
| 7 | Nonbusiness income other than capital gains (see instructions) (7) | | | | |
| 8 | Add lines 5 and 7 | 8 | | | |
| 9 | If line 6 is more than line 8, enter the difference; otherwise, enter -0- | | | 9 | 5,700 |
| 10 | If line 8 is more than line 6, enter the difference; otherwise, enter -0-. **But do not enter more than line 5** (10) 0 | | | | |
| 11 | Business capital losses before limitation. Enter as a positive number | 11 | | | |
| 12 | Business capital gains (without regard to any section 1202 exclusion) (12) | | | | |
| 13 | Add lines 10 and 12 | 13 | | | |
| 14 | Subtract line 13 from line 11. If zero or less, enter -0- | 14 | 0 | | |
| 15 | Add lines 4 and 14 | 15 | | | |
| 16 | Enter the loss, if any, from line 16 of your 2010 Schedule D (Form 1040). (Estates and trusts, enter the loss, if any, from line 15, column (3), of Schedule D (Form 1041).) Enter as a positive number. If you do not have a loss on that line (and do not have a section 1202 exclusion), skip lines 16 through 21 and enter on line 22 the amount from line 15 | 16 | | | |
| 17 | Section 1202 exclusion. Enter as a positive number | | | 17 | |
| 18 | Subtract line 17 from line 16. If zero or less, enter-0- | 18 | 0 | | |
| 19 | Enter the loss, if any, from line 21 of your 2010 Schedule D (Form 1040). (Estates and trusts, enter the loss, if any, from line 16 of Schedule D (Form 1041).) Enter as a positive number | 19 | | | |
| 20 | If line 18 is more than line 19, enter the difference; otherwise, enter -0- | 20 | 0 | | |
| 21 | If line 19 is more than line 18, enter the difference; otherwise, enter -0- | | | 21 | 0 |
| 22 | Subtract line 20 from line 15. If zero or less, enter -0- | | | 22 | 0 |
| 23 | Domestic production activities deduction from your 2010 Form 1040, line 35, or Form 1040NR, line 34 (or included on Form 1041, line 15a) | | | 23 | |
| 24 | NOL deduction for losses from other years. Enter as a positive number | | | 24 | |
| 25 | **NOL.** Combine lines 1, 9, 17, and 21 through 24. If the result is less than zero, enter it here and on page 1, line 1a. If the result is zero or more, you **do not** have an NOL | | | 25 | -9,973 |

**SCHEDULE M**
**(Form 1040A or 1040)**
Department of the Treasury
Internal Revenue Service (99)

# Making Work Pay Credit

▶ Attach to Form 1040A or 1040. ▶ See separate instructions.

OMB No. 1545-0074
**2010**
Attachment Sequence No. **166**

Name(s) shown on return: FRANK J YORK
**Your social security number:** 386-52-0379

CAUTION: To take the making work pay credit, you must include your social security number (if filing a joint return, the number of either you or your spouse) on your tax return. A social security number does not include an identification number issued by the IRS. Only the Social Security Administration issues social security numbers.

CAUTION: You cannot take the making work pay credit if you can be claimed as someone else's dependent or if you are a nonresident alien.

**Important:** Check the "**No**" box on line 1a and see the instructions if:
**(a)** You have a net loss from a business,
**(b)** You received a taxable scholarship or fellowship grant not reported on a Form W-2,
**(c)** Your wages include pay for work performed while an inmate in a penal institution,
**(d)** You received a pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan, or
**(e)** You are filing Form 2555 or 2555-EZ.

| | | | |
|---|---|---|---|
| 1a | Do you (& your spouse if filing jointly) have 2010 wages of more than $6,451 ($12,903 if married filing jointly)?<br>☐ **Yes.** Skip lines 1a through 3. Enter $400 ($800 if married filing jointly) on line 4 and go to line 5.<br>☒ **No.** Enter your earned income (see instructions) | 1a | |
| b | Nontaxable combat pay included on line 1a (see instructions) | 1b | |
| 2 | Multiply line 1a by 6.2% (.062) | 2 | |
| 3 | Enter $400 ($800 if married filing jointly) | 3 | |
| 4 | Enter the **smaller** of line 2 or line 3 (unless you checked "Yes" on line 1a) | 4 | |
| 5 | Enter the amount from Form 1040, line 38*, or Form 1040A, line 22 | 5 | |
| 6 | Enter $75,000 ($150,000 if married filing jointly) | 6 | |
| 7 | Is the amount on line 5 more than the amount on line 6?<br>☐ **No.** Skip line 8. Enter the amount from line 4 on line 9 below.<br>☐ **Yes.** Subtract line 6 from line 5 | 7 | |
| 8 | Multiply line 7 by 2% (.02) | 8 | |
| 9 | Subtract line 8 from line 4. If zero or less, enter -0- | 9 | 0 |
| 10 | Did you (or your spouse, if filing jointly) receive an economic recovery payment in **2010?** You may have received this payment in 2010 if you did not receive an economic recovery payment in 2009 but you received social security benefits, supplemental security income, railroad retirement benefits, or veterans disability compensation or pension benefits in November 2008, December 2008, or January 2009 (see instructions).<br>☒ **No.** Enter -0- on line 10 and go to line 11.<br>☐ **Yes.** Enter the total of the payments you (and your spouse, if filing jointly) received in **2010.** Do not enter more than $250 ($500 if married filing jointly) | 10 | 0 |
| 11 | **Making work pay credit.** Subtract line 10 from line 9. If zero or less, enter -0-. Enter the result here and on Form 1040, line 63; or Form 1040A, line 40 | 11 | 0 |

*If you are filing Form 2555, 2555-EZ, or 4563 or you are excluding income from Puerto Rico, see instructions.

# 2010 DETAIL STATEMENTS

FRANK J YORK
386-52-0379



STATEMENT #1 - Gross Receipts or Sales (SCHEDULE C #1 LINE 1)

| | | |
|---|---|---|
| FOOD SALES | 467,708 | |
| BEVERAGE SALES | 7,855 | |
| OTHER SALES | 910 | |
| TOTAL CARRIED TO SCHEDULE C #1 LINE 1 | | 476,473 |

STATEMENT #2 - Cost of Goods Sold (SCHEDULE C #1 LN 4 & 42)

| | | |
|---|---|---|
| FOOD & SOFT DRINKS | 79,318 | |
| BEER | 31,628 | |
| WINE | 4,175 | |
| LIQUOR | 4,743 | |
| DISPOSABLE PRODUCTS | | |
| SHIRTS & HATS | | |
| CIGARETTES | | |
| OTHER | | |
| TOTAL CARRIED TO SCHEDULE C #1 LN 4 & 42 | | 119,864 |

STATEMENT #3 - Advertising (SCHEDULE C #1 LINE 8)

| | | |
|---|---|---|
| NEWSPAPER ADVERTISING | 175 | |
| SIGNAGE | 352 | |
| ADVERTISING & PROMOTION | 2,327 | |
| TOTAL CARRIED TO SCHEDULE C #1 LINE 8 | | 2,854 |

STATEMENT #4 - Commissions and Fees (SCHEDULE C #1 LINE 10)

| | | |
|---|---|---|
| BANK SERVICE CHARGES | 14,493 | |
| CREDIT CARD DISCOUNTS | | |
| TOTAL CARRIED TO SCHEDULE C #1 LINE 10 | | 14,493 |

STATEMENT #5 - Employee Benefit Program (SCHEDULE C #1 LINE 14)

| | | |
|---|---|---|
| HEALTH INSURANCE | 999 | |
| OTHER | 43,137 | |
| TOTAL CARRIED TO SCHEDULE C #1 LINE 14 | | 44,136 |

STATEMENT #6 - Insurance Other Than Health (SCHEDULE C #1 LINE 15)

| | | |
|---|---|---|
| GENERAL LIABILITY | 8,158 | |
| LIQUOR LIABILITY | 4,130 | |
| WORKERS COMP INSURANCE | 250 | |

Continued On Page2

## 2010 DETAIL STATEMENTS

FRANK J YORK
386-52-0379



| | | |
|---|---|---|
| OTHER........................................ | 2,573 | |
| TOTAL CARRIED TO SCHEDULE C #1 LINE 15..................... | | 15,111 |

STATEMENT #7 - Legal & Professional Services (SCHEDULE C #1 LINE 17)

| | | |
|---|---|---|
| PAYROLL PROCESSING FEES......................... | 33,825 | |
| LEGAL FEES..................................... | 750 | |
| ACCOUNTING FEES................................ | 1,750 | |
| TOTAL CARRIED TO SCHEDULE C #1 LINE 17..................... | | 36,325 |

STATEMENT #8 - Office Expense (SCHEDULE C #1 LINE 18)

| | | |
|---|---|---|
| PRINTING & STATIONERY | | |
| OTHER SUPPLIES................................. | 197 | |
| OTHER OFFICE................................... | 705 | |
| TOTAL CARRIED TO SCHEDULE C #1 LINE 18..................... | | 902 |

STATEMENT #9 - Repairs and Maintenance (SCHEDULE C #1 LINE 21)

| | | |
|---|---|---|
| BUILDING REPAIRS............................... | 4,844 | |
| COMPUTER REPAIRS............................... | 2,125 | |
| EQUIPMENT REPAIRS.............................. | 9,305 | |
| OTHER.......................................... | 1,500 | |
| TOTAL CARRIED TO SCHEDULE C #1 LINE 21..................... | | 17,774 |

STATEMENT #10 - Supplies (SCHEDULE C #1 LINE 22)

| | | |
|---|---|---|
| UTENSILS/OPERATING EQUIPMENT................... | 678 | |
| PROPANE FUEL................................... | 3,230 | |
| BAG ICE........................................ | 1,507 | |
| DECORATIONS.................................... | 237 | |
| TOTAL CARRIED TO SCHEDULE C #1 LINE 22..................... | | 5,652 |

STATEMENT #11 - Taxes and Licenses (SCHEDULE C #1 LINE 23)

| | | |
|---|---|---|
| PROPERTY TAXES................................. | 31,062 | |
| LICENSES & PERMITS............................. | 1,997 | |
| TOTAL CARRIED TO SCHEDULE C #1 LINE 23..................... | | 33,059 |

## 2010 DETAIL STATEMENTS

FRANK J YORK
386-52-0379



STATEMENT #12 - Utilities (SCHEDULE C #1 LINE 25)

| | | |
|---|---|---|
| ELECTRIC..................................... | 5,915 | |
| GAS.......................................... | 2,100 | |
| CABLE TV..................................... | 3,760 | |
| TOTAL CARRIED TO SCHEDULE C #1 LINE 25..................... | | 11,775 |

# 2010 ALTERNATIVE TAX NET OPERATING LOSS (ATNOL)

FRANK J YORK
386-52-0379

**Keep for Your Records**

| | | | |
|---|---|---|---|
| 1. Alternative minimum taxable income (Form 6251, line 28) | 1. | -9,973 | |
| 2. Alternative tax net operating loss deduction (Form 6251, line 11) | 2. | | |
| 3. Section 1202 Qualified small business stock adjustment (Form 6251, line 12) | 3. | | |
| 4. Adjusted alternative minimum taxable income (1 + 2 - 3) | | | 4. -9,973 |
| 5. AMT nonbusiness capital losses before limitation | 5. | | |
| 6. AMT nonbusiness capital gains (without regard to any Section 1202 exclusion) | 6. | | |
| 7. Line 5 less line 6 but not less than zero | 7. | | |
| 8. Line 6 less line 5 but not less than zero 8. | | | |
| 9. Regular tax nonbusiness deductions | 9. | 5,700 | |
| 10. AMT nonbusiness deduction adjustments already taken into consideration | 10. | 5,700 | |
| 11. AMT nonbusiness deductions (9-10) | 11. | | |
| 12. AMT nonbusiness income other than capital gains 12. | | | |
| 13. Line 8 plus line 12 | 13. | | |
| 14. Line 11 less line 13 but not less than zero | | | 14. |
| 15. Line 13 less line 11 but not less than zero (limited to line 8) 15. | | | |
| 16. Business capital losses before limitation (enter as a positive) | 16. | | |
| 17. Business capital gains (without regard to any Section 1202 exclusion) 17. | | | |
| 18. Add lines 15 and 17 | 18. | | |
| 19. Line 16 less line 18 but not less than zero | 19. | | |
| 20. Add lines 7 and 19 | 20. | | |
| 21. AMT loss, if any, from line 16 of Schedule D - entered as a positive. If there is no loss on that line and there is no Section 1202 exclusion, skip lines 21 through 26 and enter on line 27 the amount from line 20 | 21. | | |
| 22. Section 1202 exclusion entered as a positive | | | 22. |
| 23. Line 21 less line 22 but not less than zero | 23. | | |
| 24. AMT Schedule D, line 21 loss (if any) entered as a positive | 24. | | |
| 25. Line 23 less line 24 but not less than zero | 25. | | |
| 26. Line 24 less line 23 but not less than zero | | | 26. |
| 27. Line 20 less line 25 but not less than zero | | | 27. |
| 28. Domestic production activities deduction (enter as a negative) | | | 28. |
| 29. Combines lines 4, 14, 22, 26, 27, and 28. Any negative result is the current year ATNOL | | | 29. -9,973 |

# 2010 STANDARD DEDUCTION WORKSHEET

FRANK J YORK
386-52-0379

**Keep for Your Records**

Do not complete this worksheet if you checked the box on Form 1040, line 39b (Form 1040A, line 23b); your standard deduction is zero.

1. Enter the amount shown below for your filing status.
   - Single or married filing separately - $5,700
   - Married filing jointly or Qualifying widow(er) - $11,400
   - Head of household - $8,400

   ........ **1.** 5,700

2. Can you, or your spouse, if filing jointly, be claimed as a dependent?
   - [X] **No.** Skip line 3; enter the amount from line 1 on line 4.
   - [ ] **Yes.** Go to line 3.

3. Is your **earned income** * more than $650?
   - [ ] **Yes.** Add $300 to your earned income. Enter the total
   - [ ] **No.** Enter $950

   ........ **3.** ______

4. Enter the **smaller** of line 1 or line 3 ........ **4.** 5,700

5. If born before January 2, 1946, or blind, multiply the number on Form 1040, line 39a (or Form 1040A, line 23a), by $1,100 ($1,400 if single or head of household). Otherwise, enter -0- ........ **5.** ______

6. Add lines 4 and 5. Enter the total here and on Form 1040, line 40a ........ **6.** 5,700

* **Earned income** includes wages, salaries, tips, professional fees, and other compensation received for personal services you performed. It also includes any amount received as a scholarship that you must include in your income. Generally, your earned income is the total of the amount(s) you reported on Form 1040, lines 7, 12, and 18, minus the amount, if any, on line 27.

# 2010 Federal Depreciation Schedule

YORK, FRANK J
386-52-0379

04-02-2012

| Description | Date | Method | Year | Cost | Land/ Other | §179 | Spec Allow | Basis | Prior | Current |
|---|---|---|---|---|---|---|---|---|---|---|
| **Schedule C, Multiple #1** | | | | | | | | | | |
| 20 CU CHEST FREEZER | 07-19-02 | 200DBHY | 7 | 519 | 0 | 0 | 156 | 363 | 363 | 0 |
| BAR | 01-01-09 | S/LMM | 39 | 500,000 | 0 | 0 | 0 | 500,000 | 12,305 | 12,820 |
| BUILDING | 03-07-01 | S/LMM | 39 | 71,187 | 0 | 0 | 0 | 71,187 | 16,045 | 1,825 |
| BUILDING IMPROVEMENT | 03-07-01 | 150DBHY | 15 | 14,653 | 0 | 0 | 0 | 14,653 | 8,973 | 865 |
| CABINETRY | 07-13-02 | 200DBHY | 7 | 1,513 | 0 | 0 | 454 | 1,059 | 1,059 | 0 |
| CONDOS | 01-01-09 | S/LMM | 39 | 1,127,000 | 0 | 0 | 0 | 1,127,000 | 27,735 | 28,898 |
| ELECTRICAL WORK | 01-14-02 | 150DBHY | 15 | 1,885 | 0 | 0 | 566 | 1,319 | 735 | 78 |
| FREEZER-COUNTR Y HOUS | 05-28-02 | 200DBHY | 7 | 230 | 0 | 0 | 69 | 161 | 161 | 0 |
| FREEZER-COUNTR Y HOUS | 07-16-02 | 200DBHY | 7 | 392 | 0 | 0 | 118 | 274 | 274 | 0 |
| FREEZER-COUNTR YWIDE | 07-31-02 | 200DBHY | 7 | 370 | 0 | 0 | 111 | 259 | 259 | 0 |
| ICE MAKER | 06-10-02 | 200DBHY | 7 | 2,056 | 0 | 0 | 617 | 1,439 | 1,439 | 0 |
| KITCHEN VENTILATION | 01-16-02 | 200DBHY | 7 | 1,639 | 0 | 0 | 492 | 1,147 | 1,147 | 0 |
| PATIO GRILL IMPROVEM | 08-02-03 | 150DBHY | 15 | 3,132 | 0 | 0 | 0 | 3,132 | 1,561 | 185 |
| SINK - GOLD STAR | 05-10-02 | 200DBHY | 7 | 659 | 0 | 0 | 198 | 461 | 461 | 0 |
| STEREO EQUIPMENT | 08-07-02 | 200DBHY | 7 | 487 | 0 | 0 | 146 | 341 | 341 | 0 |
| TV SET -COUNTRY HOUS | 07-31-02 | 200DBHY | 7 | 1,707 | 0 | 0 | 512 | 1,195 | 1,195 | 0 |
| 16 Assets | | Totals: | | 1,727,429 | 0 | 0 | 3,439 | 1,723,990 | 74,053 | 44,669 |
| 16 Assets | | Grand Totals: | | 1,727,429 | 0 | 0 | 3,439 | 1,723,990 | 74,053 | 44,669 |

* Asset disposed this year
~C Carryover basis in like-kind exchange transaction
~B Excess basis in like-kind exchange transaction

# 2010 AMT Depreciation Schedule

YORK, FRANK J
386-52-0379

04-02-2012

| Description | Date | Method | Year | Basis | Prior | AMT | Regular | Adjust |
|---|---|---|---|---|---|---|---|---|
| **Schedule C, Multiple #1** | | | | | | | | |
| 20 CU CHEST FREEZER | 07-19-02 | 200DBHY | 7 | 363 | 16 | 0 | 0 | 0 |
| BAR | 01-01-09 | S/LMM | 39 | 500,000 | 0 | 12,820 | 12,820 | 0 |
| BUILDING | 03-07-01 | S/LMM | 39 | 71,187 | 1,825 | 1,825 | 1,825 | 0 |
| BUILDING IMPROVEMENT | 03-07-01 | 150DBHY | 15 | 14,653 | 866 | 865 | 865 | 0 |
| CABINETRY | 07-13-02 | 200DBHY | 7 | 1,059 | 47 | 0 | 0 | 0 |
| CONDOS | 01-01-09 | S/LMM | 39 | 1,127,000 | 0 | 28,896 | 28,896 | 0 |
| ELECTRICAL WORK | 01-14-02 | 150DBHY | 15 | 1,319 | 78 | 78 | 78 | 0 |
| FREEZER-COUNTRY HOUS | 05-28-02 | 200DBHY | 7 | 161 | 7 | 0 | 0 | 0 |
| FREEZER-COUNTRY HOUS | 07-16-02 | 200DBHY | 7 | 274 | 12 | 0 | 0 | 0 |
| FREEZER-COUNTRYWIDE | 07-31-02 | 200DBHY | 7 | 259 | 12 | 0 | 0 | 0 |
| ICE MAKER | 06-10-02 | 200DBHY | 7 | 1,439 | 64 | 0 | 0 | 0 |
| KITCHEN VENTILATION | 01-16-02 | 200DBHY | 7 | 1,147 | 51 | 0 | 0 | 0 |
| PATIO GRILL IMPROVEM | 08-02-03 | 150DBHY | 15 | 3,132 | 185 | 185 | 185 | 0 |
| SINK - GOLD STAR | 05-10-02 | 200DBHY | 7 | 461 | 21 | 0 | 0 | 0 |
| STEREO EQUIPMENT | 08-07-02 | 200DBHY | 7 | 341 | 15 | 0 | 0 | 0 |
| TV SET -COUNTRY HOUS | 07-31-02 | 200DBHY | 7 | 1,195 | 53 | 0 | 0 | 0 |
| 16 Assets | | Totals: | | 1,723,990 | 3,252 | 44,669 | 44,669 | 0 |
| 16 Assets | | Grand Totals: | | 1,723,990 | 3,252 | 44,669 | 44,669 | 0 |

* Asset disposed this year
~C Carryover basis in like-kind exchange transaction
~B Excess basis in like-kind exchange transaction

Michigan Department of Treasury
4220 (Rev. 07-10), Page 1

# 2010 MICHIGAN Individual Income Tax Barcode Datasheet

This datasheet is PAGE 1 of your individual income tax return and/or home heating credit claim. You must staple this form to the top of Form MI-1040 and/or MI-1040CR-7 for your return to be complete and to speed the processing.

Do **NOT** file this form alone.

See additional instructions below.

**Software Use Only**

[X] MI-1040 included [ ] MI-1040CR-7 included

**FILER'S IDENTIFICATION**

| Filer's First Name | M.I. | Last Name | Filer's Social Security Number |
|---|---|---|---|
| FRANK | J | YORK | 386-52-0379 |
| If a Joint Return, Spouse's First Name | M.I. | Last Name | Spouse's Social Security Number |
| | | | |

| Home Address (No., Street, P.O. Box or Rural Route) | | |
|---|---|---|
| 13235 RAINBOW DRIVE | | |
| City or Town | State | ZIP Code |
| Gregory | MI | 48137 |

 

Michigan Department of Treasury (Rev. 10-10), Page 1

Issued under authority of Public Act 281 of 1967.

# 2010 MICHIGAN Individual Income Tax Return MI-1040

**Return is due April 18, 2011.**
Type or print in blue or black ink.

| 1. Filer's First Name | M.I. | Last Name | 2. Filer's Social Security No. |
|---|---|---|---|
| FRANK | J | YORK | 386-52-0379 |
| If a Joint Return, Spouse's First Name | M.I. | Last Name | 3. Spouse's Social Security No. |
| Home Address (No., Street, P.O. Box or Rural Route) | | | |
| 13235 RAINBOW DRIVE | | | |
| City or Town | State | ZIP Code | 4. School District Code (5 digits – see inst.) |
| GREGORY | MI | 48137 | |

**5. STATE CAMPAIGN FUND**
Check this box if you (or your spouse, if filing a joint return) want $3 of your taxes to go to this fund. This will not increase your tax or reduce your refund.

| | Yes | No |
|---|---|---|
| a. You | ☐ | ☒ |
| b. Spouse | ☐ | ☐ |

**6. FARMERS, FISHERMEN OR SEAFARERS**
☐ Check this box if 2/3 of your income is from farming, fishing or seafaring.

**7. FILING STATUS.** Check one.
a. ☒ Single
b. ☐ Married, filing jointly
c. ☐ Married, filing separately*

* If you check box "c," complete line 3 and enter spouse's name below:

**8. RESIDENCY.** Check all that apply.
a. ☒ Resident
b. ☐ Nonresident*
c. ☐ Part-Year Resident*

* If you check box "b" or "c," you must complete and attach Schedule NR.

**9. EXEMPTIONS**

| | | Number | | Rate | Amount |
|---|---|---|---|---|---|
| a. Number of exemptions you claimed on your 2010 federal return | 9a. | 1 | x | $3,600 | 3,600 00 |
| b. Number of individuals 65 or older who qualify for a special exemption | 9b. | | x | $2,300 | 00 |
| c. Number of individuals who qualify for one of the following special exemptions: deaf, blind, hemiplegic, paraplegic, quadriplegic, or totally & permanently disabled | 9c. | | x | $2,300 | 00 |
| d. Number of children ages 18 and under you claimed as Michigan exemptions | 9d. | | x | $600 | 00 |
| e. Number of qualified disabled veterans | 9e. | | x | $300 | 00 |
| f. If your unemployment compensation is 50% or more of your Adjusted Gross Income (amount claimed on line 10) check (X) the box and enter $2,300 | 9f. | ☐ | | $2,300 | 00 |
| g. If someone else can claim you as a dependent, check (X) the box, complete Worksheet 2 in the instructions, and enter the amount from the worksheet | 9g. | ☐ | | 9g. | 00 |
| h. Add lines 9a, 9b, 9c, 9d, 9e, 9f and 9g. Enter here and on line 15 | | | | 9h. | 3,600 00 |

| | | |
|---|---|---|
| 10. **Adjusted Gross Income** from your U.S. Forms 1040, 1040A, 1040EZ or 1040NR (see instructions) | 10. | -9,973 00 |
| 11. Additions from Michigan Schedule 1, line 7. Attach Schedule 1 | 11. | 00 |
| 12. **Total.** Add lines 10 and 11 | 12. | -9,973 00 |
| 13. Subtractions from Michigan Schedule 1, line 21. Attach Schedule 1 | 13. | 00 |
| 14. **Income subject to tax.** Subtract line 13 from line 12. If line 13 is greater than line 12, enter "0" | 14. | 0 00 |
| 15. **Exemption allowance.** Amount from line 9h or Schedule NR, line 20 | 15. | 3,600 00 |
| 16. **Taxable Income.** Subtract line 15 from line 14. If line 15 is greater than line 14, enter "0" | 16. | 0 00 |
| 17. **Tax.** Multiply line 16 by 4.35% (0.0435) | 17. | 0 00 |
| 18. **Total Nonrefundable Credits.** Amount from Schedule 2, line 11. Attach Schedule 2 | 18. | 0 00 |
| 19. **Income Tax.** Subtract line 18 from line 17. If line 18 is greater than line 17, enter "0" | 19. | 0 00 |

**DIRECT DEPOSIT**
Deposit your refund directly into your bank account! See instr. and complete a, b and c.

a. Routing Transit Number ▶

b. Type of Account ▶ (1) ☐ Checking (2) ☐ Savings

c. Account Number ▶

10 MI12 TWF 40524 

+ 1043 2010 05 01 27 8

**Continue on page 2. This form cannot be processed if page 2 is not completed and attached.**

2010 MI-1040, Page 2

Filer's Social Security Number: 386-52-0379

| | | | | |
|---|---|---|---|---|
| 20. | Enter amount of Income Tax from line 19 | 20. | 0 | 00 |
| 21. | Voluntary Contributions from Form 4642, line 11. Attach Form 4642 | 21. | | 00 |
| 22. | **USE TAX** Use tax due on Internet, mail order or other out-of-state purchases from Worksheet 1, line 3, in the instructions | ▶ 22. | 0 | 00 |
| 23. | Add lines 20, 21 and 22 | 23. | 0 | 00 |
| | **REFUNDABLE CREDITS AND PAYMENTS** | | | |
| 24. | Property Tax Credit. Attach MI-1040CR or MI-1040CR-2 | ▶ 24. | | 00 |
| 25. | Farmland Preservation Credit. Attach MI-1040CR-5 | ▶ 25. | | 00 |
| 26. | Qualified Adoption Expenses. Attach U.S. Form 8839 and MI-8839 | ▶ 26. | | 00 |
| 27. | Stillbirth Credit. Amount from Worksheet 3, line B, in the instructions | ▶ 27. | | 00 |
| 28. | a. Federal Earned Income Tax Credit ▶ 28a. ______ 00 | | | |
| | b. Michigan Earned Income Tax Credit. Multiply line 28a by 20% (0.20) | ▶ 28b. | | 00 |
| 29. | Energy Efficient Qualified Home Improvement Credit. Attach Form 4764 | ▶ 29. | | 00 |
| 30. | Michigan Historic Preservation Tax Credit (refundable). Attach Form 3581 | ▶ 30. | | 00 |
| 31. | Michigan tax withheld from Schedule W, line 3. Attach Schedule W **(do not submit W-2's)** | ▶ 31. | | 00 |
| 32. | Estimated tax, extension payments and 2009 credit forward | ▶ 32. | | 00 |
| 33. | Total refundable credits and payments. Add lines 24 through 27, 28b, and 29 through 32 | 33. | | 00 |
| | **REFUND OR TAX DUE** | | | |
| 34. | If line 33 is less than line 23, subtract line 33 from line 23. ▶ Include interest ______ and penalty ______ if applicable (see instructions) **YOU OWE** | 34. | | 00 |
| 35. | **Overpayment.** If line 33 is greater than line 23, subtract line 23 from line 33 | 35. | | 00 |
| 36. | **Credit Forward.** Amount of line 35 to be credited to your 2011 estimated tax for your 2011 tax return | ▶ 36. | | 00 |
| 37. | Subtract line 36 from line 35 **REFUND** | ▶ 37. | | 00 |

**Deceased Taxpayer.** If Filer and/or Spouse died after December 31, 2009, check the appropriate box below.

▶ ☐ Filer is Deceased ▶ ☐ Spouse is Deceased

**Taxpayer Certification.** I declare under penalty of perjury that the info. in this return and attachments is true and complete to the best of my knowledge.

Filer's Signature | Date

Spouse's Signature | Date

▶ I authorize Treasury to discuss my return with my preparer. ☐ Yes ☒ No

**Preparer Certification.** I declare under penalty of perjury that this return is based on all info. of which I have any knowledge.

▶ Preparer's PTIN, FEIN or SSN

P00546377

▶ Preparer's Business Name (print or type)

Katie's Tax & Accounting Servic

Preparer's Business Address (print or type)

77 N Cedar Ave
Battle Creek MI 49017

**Refund, credit, or zero returns.** Mail your return to: **Michigan Department of Treasury, P.O. Box 30726, Lansing, MI 48909-8226**
**Pay** amount on line 34. Mail your check and return to: **Michigan Department of Treasury, P.O. Box 30727, Lansing, MI 48909-8227**

Make your check payable to "State of Michigan." Print your Social Security number and "2010 Income tax" on the front of your check. If paying on behalf of another taxpayer, write the taxpayer's name and Social Security number on the check. Do not staple your check to the return. Keep a copy of your return and all supporting schedules for six years. To check the status of your refund, have a copy of your MI-1040 available when you visit: www.michigan.gov/iit



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**RESOLUTION OF THE MEMBERS OF**

**YORK ENTERPRISES, L.L.C.,**
aka York's Landing

**A Michigan Limited Liability Company**

---

At a meeting duly held this 5th day of February, 2014 by Frank J. York, sole member of York Enterprises, L.L.C., a Michigan Limited Liability Company (the "Company"), upon motion duly made, it was:

***RESOLVED,*** that the Company shall immediately commence in the United States District Court for the Western District of Michigan a Bankruptcy Proceeding for protection from creditors and Reorganization under Chapter 11 of the United States Bankruptcy Code, 11 U.S.C. § 101 et seq.; and it was,

***FURTHER RESOLVED,*** that Frank J. York, manager and managing sole-member of the Company, is hereby authorized on behalf of and for the Company, to sign and execute, file, deliver and receive, any and all petitions, statements, schedules, documents, pleadings or plans, of any kind and nature, related to or required for the filing, maintenance, administration and conclusion of said Chapter 11 Bankruptcy proceedings.

IN CERTIFICATION WHEREOF, I have hereunto set my hand and seal this 5th day of February, 2014.

Frank J. York
Sole Member/Manager York Enterprises, L.L.C.

**UNITED STATES BANKRUPTCY COURT**
**WESTERN DISTRICT OF MICHIGAN**
One Division Avenue North, Room 200
Grand Rapids, MI 49503

***IN RE:***

YORK ENTERPRISES, L.L.C.,
aka York's Landing,
Tax I.D.: 38-3611601,

Debtor.

__________________________/

Case Number: 14- -

Chapter 11

**Hon._______________**

STATEMENT OF DEBTOR REGARDING
OWNERSHIP OF LIMITED LIABILITY COMPANY

NOW COMES Debtor, York Enterprises, L.L.C., a Michigan Limited Liability Company, by and through Frank J. York, its sole member/manager, and hereby declares, under penalty of perjury, that the following entities directly or indirectly own 10% or more of any class of the Debtor's equity/membership interest:

Name: Frank J. York
One Hundred (100%) Percent equity/membership interest
*residential address:*
13235 Sharon Hollow Road
Manchester, Michigan 48158
*business address:*
515 Williams Street
South Haven, MI 49090

February 5, 2014

Frank J. York
Sole member/manager
York Enterprises, L.L.C.

# United States Bankruptcy Court
## Western District of Michigan

In re **York Enterprises, LLC** 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 **York Enterprises, LLC** 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*]

**February 5, 2014**
Date

**/s/ James Shek**
**James Shek**
Signature of Attorney or Litigant
Counsel for **York Enterprises, LLC**

James Shek, Esq.
225 Hubbard Street, Suite B
Allegan, MI 49010
269-673-3547/Fax: 269-686-9449
jshekesq@btc-bci.com