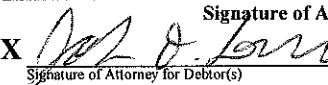



Official Form 1 (04/10)

United States Bankruptcy Court DISTRICT OF NEW JERSEY		Voluntary Petition
Name of Debtor (if individual, enter Last, First, Middle): Modern Restaurant Corp., New Jersey Corporation		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): dba Osteria La Fiamma, dba Trattoria Fratelli		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) No./Complete EIN (if more than one, state all): 223248177		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all):
Street Address of Debtor (No. & Street, City, and State): 119 East Ridgewood Avenue Ridgewood, NJ		Street Address of Joint Debtor (No. & Street, City, and State):
ZIP CODE 07450		ZIP CODE
County of Residence or of the Principal Place of Business: Bergen		County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): SAME		Mailing Address of Joint Debtor (if different from street address):
ZIP CODE		ZIP CODE
Location of Principal Assets of Business Debtor (if different from street address above): SAME		ZIP CODE
Type of Debtor (Form of organization) (Check one box.) <input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input checked="" type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (if debtor is not one of the above entities, check this box and state type of entity below <hr/>	Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other Restaurant Tax-Exempt Entity (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding Nature of Debts (Check one box) <input type="checkbox"/> 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" <input checked="" type="checkbox"/> Debts are primarily business debts. Chapter 11 Debtors: Check one box: <input checked="" type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,343,300 (amount subject to adjustment on 4/01/13 and every three years thereafter). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> 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. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		
Statistical/Administrative Information <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.		THIS SPACE IS FOR COURT USE ONLY
Estimated Number of Creditors <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000		
Estimated Assets <input checked="" type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		

<p>Voluntary Petition <i>(This page must be completed and filed in every case)</i></p>	<p>Name of Debtor(s): Modern Restaurant Corp., New Jersey Corporation</p>
Signatures	
<p>Signature(s) of Debtor(s) (Individual/Joint)</p> <p>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.</p> <p>[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).</p> <p>I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p><input checked="" type="checkbox"/> _____ Signature of Debtor</p> <p><input checked="" type="checkbox"/> _____ Signature of Joint Debtor</p> <p>_____ Telephone Number (if not represented by attorney)</p> <p>_____ Date</p>	<p>Signature of a Foreign Representative</p> <p>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.</p> <p>(Check only one box.)</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> <p><input checked="" type="checkbox"/> _____ (Signature of Foreign Representative)</p> <p>_____ (Printed name of Foreign Representative)</p> <p>_____ (Date)</p>
<p>Signature of Attorney*</p> <p><input checked="" type="checkbox"/>  Signature of Attorney for Debtor(s)</p> <p>John P. Di Iorio Printed Name of Attorney for Debtor(s)</p> <p>Shapiro Croland Reiser Apfel & Di Iorio Firm Name</p> <p>Continental Plaza II Address</p> <p>411 Hackensack Avenue</p> <p>Hackensack, NJ 07601</p> <p>(201) 488-3900 Telephone Number</p> <p>7/14/11 Date</p> <p><small>*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.</small></p>	<p>Signature of Non-Attorney Bankruptcy Petition Preparer</p> <p>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 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.</p> <p>_____ Printed Name and title, if any, of Bankruptcy Petition Preparer</p> <p>_____ Social-Security number (If the bankruptcy 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.)</p> <p>_____ Address</p> <p>_____ Date</p> <p><input checked="" type="checkbox"/> _____ Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided</p> <p>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.</p> <p>If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.</p> <p><small>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.</small></p>
<p>Signature of Debtor (Corporation/Partnership)</p> <p>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.</p> <p>The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p><input checked="" type="checkbox"/>  Signature of Authorized Individual</p> <p>Sara Riva Printed Name of Authorized Individual</p> <p>President Title of Authorized Individual</p> <p>7/14/11 Date</p>	

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY**

In re *Modern Restaurant Corp.*
New Jersey Corporation
dba Trattoria Fratelli
dba Osteria La Fimma

Case No.
Chapter 11

Debtor(s)

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 and Fed. R. Bankr. P. 1007(m).

Name of Creditor and Complete Mailing Address Including Zip Code	Name, Telephone Number and Complete Mailing Address, Including Zip Code, of Employee, Agent, or Department of Creditor Familiar with Claim Who May Be Contacted	Nature of Claim (Trade Debt, Bank Loan, Government Contract, etc.)	Indicate if Claim is Contingent, Unliquidated, Disputed, or Subject to Setoff	Amount of Claim (If Secured Also State Value of Security)
1 <i>Caterina Ridgewood, LLC</i> <i>Law Office of Edward S. Rosen</i> <i>One Parker Plaza</i> <i>Fort Lee NJ 07024</i>	Phone: <i>Caterina Ridgewood, LLC</i> <i>Law Office of Edward S. Rosen</i> <i>One Parker Plaza</i> <i>Fort Lee NJ 07024</i>		D	\$ 52,000.00
2 <i>NJ Division of Taxation</i> <i>50 Barrack Street</i> <i>P.O. Box 269</i> <i>Trenton NJ 08625-0269</i>	Phone: <i>NJ Division of Taxation</i> <i>50 Barrack Street</i> <i>P.O. Box 269</i> <i>Trenton NJ 08625-0269</i>			\$ 30,604.78
3 <i>Chase</i> <i>P.O. Box 15153</i> <i>Wilmington DE 19886-5153</i>	Phone: <i>Chase</i> <i>P.O. Box 15153</i> <i>Wilmington DE 19886-5153</i>			\$ 7,621.40
4 <i>Discover Card</i> <i>P.O. Box 15251</i> <i>Wilmington DE 19886-5251</i>	Phone: <i>Discover Card</i> <i>P.O. Box 15251</i> <i>Wilmington DE 19886-5251</i>			\$ 5,232.48
5 <i>Schepisi Roofing</i> <i>209 14th Street</i> <i>Palisades Park NJ 07650</i>	Phone: <i>Schepisi Roofing</i> <i>209 14th Street</i> <i>Palisades Park NJ 07650</i>			\$ 5,100.00

Debtor(s)

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Name of Creditor and Complete Mailing Address Including Zip Code	Name, Telephone Number and Complete Mailing Address, Including Zip Code, of Employee, Agent, or Department of Creditor Familiar with Claim Who May Be Contacted	Nature of Claim (Trade Debt, Bank Loan, Government Contract, etc.)	Indicate if Claim is Contingent, Unliquidated, Disputed, or Subject to Setoff	Amount of Claim (If Secured Also State Value of Security)
6 Architectura 935 River Road Suite 100 Edgewater NJ 07020	Phone: Architectura 935 River Road Suite 100 Edgewater NJ 07020			\$ 4,500.00
7 Kusel Assoc/Peerless Insurance P.O. Box 2051 Keene NH 03431	Phone: Kusel Assoc/Peerless Insurance P.O. Box 2051 Keene NH 03431			\$ 3,916.75
8 Chase P.O. Box 15153 Wilmington DE 19886-5153	Phone: Chase P.O. Box 15153 Wilmington DE 19886-5153			\$ 3,782.67
9 General Seating Solutions 45 South Satellite Road South Windsor CT 06074	Phone: General Seating Solutions 45 South Satellite Road South Windsor CT 06074			\$ 2,100.00
10 CoCa-Cola Co. of NY, Inc. P.O. Box 4108 Boston MA 02211-4108	Phone: CoCa-Cola Co. of NY, Inc. P.O. Box 4108 Boston MA 02211-4108			\$ 2,068.30
11 Puzo & Mortenson 505 Boulevard Kenilworth NJ 07033	Phone: Puzo & Mortenson 505 Boulevard Kenilworth NJ 07033			\$ 1,900.00
12 Capital One Bank P.O. Box 71083 Charlotte NC 28272-1083	Phone: Capital One Bank P.O. Box 71083 Charlotte NC 28272-1083			\$ 1,764.58
13 DJ Ardore, Inc. P.O. Box 188 Mountain Lakes NJ 07046	Phone: DJ Ardore, Inc. P.O. Box 188 Mountain Lakes NJ 07046			\$ 1,621.50

Debtor(s)

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Name of Creditor and Complete Mailing Address Including Zip Code	Name, Telephone Number and Complete Mailing Address, Including Zip Code, of Employee, Agent, or Department of Creditor Familiar with Claim Who May Be Contacted	Nature of Claim (Trade Debt, Bank Loan, Government Contract, etc.)	Indicate if Claim is Contingent, Unliquidated, Disputed, or Subject to Setoff	Amount of Claim (If Secured Also State Value of Security)
14 Alba Vineyard 269 Route 627 Milford NJ 08848	Phone: Alba Vineyard 269 Route 627 Milford NJ 08848			\$ 1,575.50
15 Ridgewood Tax Collector 131 N. Maple Avenue Ridgewood NJ 07451	Phone: Ridgewood Tax Collector 131 N. Maple Avenue Ridgewood NJ 07451			\$ 1,448.74
16 Al's Refrigeration 180-A Meriline Avenue Woodland Park NJ 07424	Phone: Al's Refrigeration 180-A Meriline Avenue Woodland Park NJ 07424			\$ 1,225.15
17 Gaeta Recycling 278-282 W. Railway Avenue Paterson NJ 07503	Phone: Gaeta Recycling 278-282 W. Railway Avenue Paterson NJ 07503			\$ 1,094.28
18 Keith Nacinovich Seafood P.O. Box 594 Pompton Plains NJ 07444	Phone: Keith Nacinovich Seafood P.O. Box 594 Pompton Plains NJ 07444			\$ 1,025.59
19 Metromedia Energy, Inc. Accounts Receivable Dept. 6 Industrial Way West Eatontown NJ 07724	Phone: Metromedia Energy, Inc. Accounts Receivable Dept. 6 Industrial Way West Eatontown NJ 07724			\$ 834.85
20 Payfax 50 Mt. Bethel Road Warren NJ 07059-5690	Phone: Payfax 50 Mt. Bethel Road Warren NJ 07059-5690			\$ 749.60

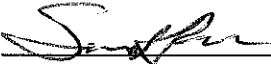
Debtor(s)

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION

I, Sara Riva, President of the Corporation named as debtor in this case, declare under penalty of perjury that I have read the foregoing List of Creditors Holding Twenty Largest Unsecured Claims and that they are true and correct to the best of my knowledge, information and belief.

Date: 7/14/11

Signature 
Name: Sara Riva
Title: President

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY**

In re *Modern Restaurant Corp.*,
New Jersey Corporation
dba Trattoria Fratelli
dba Osteria La Finna

Case No.
Chapter 11

_____/ Debtor

Attorney for Debtor: *John P. Di Iorio*

VERIFICATION OF CREDITOR MATRIX

The above named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of our knowledge.

Date: *July 14, 2011*

[Signature]
Debtor

Abarb Pest Service
869 Ringwood Avenue
Haskell, NJ 07420

Capital One Bank
P.O. Box 71083
Charlotte, NC 28272-1083

Internal Revenue Service
Special Procedures
955 S. Springfield Avenue
Springfield, NJ 07081

Advanced Water Cond.
90 Route 23
Riverdale, NJ 07457

Caterina Ridgewood, LLC
Law Office of Edward S. Rosen
One Parker Plaza
Fort Lee, NJ 07024

Keith Nacinovich Seafood
P.O. Box 594
Pompton Plains, NJ 07444

Alba Vineyard
269 Route 627
Milford, NJ 08848

Chase
P.O. Box 15153
Wilmington, DE 19886-5153

Kusel Assoc/Peerless Insurance
P.O. Box 2051
Keene, NH 03431

Alison Finn-Blauner
c/o Cillick & Sprague
25 Main Street
Hackensack, NJ 07601

CoCa-Cola Co. of NY, Inc.
P.O. Box 4108
Boston, MA 02211-4108

Metromedia Energy, Inc.
Accounts Receivable Dept.
6 Industrial Way West
Eatontown, NJ 07724

Al's Refrigeration
180-A Meriline Avenue
Woodland Park, NJ 07424

Discover
P.O. Box 15251
Wilmington, DE 19886-5251

Michael Blauner
c/o Cillick & Sprague
25 Main Street
Hackensack, NJ 07601

American Express
P.O. Box 1270
Newark, NJ 07101-1270

DJ Ardore, Inc.
P.O. Box 188
Mountain Lakes, NJ 07046

NJ Attorney General
25 Market Street
P.O. Box 112
Trenton, NJ 08625-0112

Ammirati, Inc.
500 Fifth Avenue
Pelham, NY 10803-1206

Gaeta Recycling
278-282 W. Railway Avenue
Paterson, NJ 07503

NJ Dept. of Labor & Workforce
John Fitch Plaza
P.O. Box 110
Trenton, NJ 08625-0110

Architectura
935 River Road
Suite 100
Edgewater, NJ 07020

General Seating Solutions
45 South Satellite Road
South Windsor, CT 06074

NJ Division of Taxation
50 Barrack Street
P.O. Box 269
Trenton, NJ 08625-0269

AT&T Wireless
P.O. Box 537104
Atlanta, GA 30353

George Kress
8 Lois Place
Fanwood, NJ 07023-1428

Nu Co2 Inc.
2800 SE Market Place
Stuart, FL 34997

Atlantic Stewardship Bank
400 Hamburg Turnpike
Wayne, NJ 07470

GTI Internet
P.O. Box 805
Morristown, NJ 07963-0805

Payfax
50 Mt. Bethel Road
Warren, NJ 07059-5690

Piemonte Co.
34-36 65th Street
Woodside Queens, NY 11377

U.S. Attorney, D.N.J.
970 Broad Street
Room 700
Newark, NJ 07102

Puzo & Mortenson
505 Boulevard
Kenilworth, NJ 07033

Radiant Systems
113 Cedar Hill Avenue
Mahwah, NJ 07430

Ridgewood Tax Collector
131 N. Maple Avenue
Ridgewood, NJ 07451

Ridgewood Water
P.O. Box 42635
Philadelphia, PA 19101-2635

Sanolite
26 Papetti Plaza
Elizabeth, NJ 07207

Sara Riva
3 Carlton Avenue
Ho Ho Kus, NJ 07423

Schepisi Roofing
209 14th Street
Palisades Park, NJ 07650

Sea Breeze Syrups
441 Main Road
Towaco, NJ 07082-1201

Steve Candoni Plumbing
5 Muller Drive
New City, NY 10956

I, Sara Riva, declare under penalty of perjury as follows:

1. I am the sole shareholder of Modern Restaurant Corp. ("Debtor").
2. Debtor has not prepared a balance sheet or cash flow statement.

I hereby declare under penalty of perjury that the foregoing statements are true and correct.

Dated: July 14, 2011



Sara Riva

CORPORATE RESOLUTION OF
MODERN RESTAURANT CORP. d/b/a OSTERIA La FIAMMA

The undersigned sole director of Modern Restaurant Corp. d/b/a/ Osteria La Fiamma, a New Jersey corporation (the "Corporation") does hereby certify that at a duly called meeting of the Board of Directors of the Corporation held on the 14 day of July 2011, the following resolutions were adopted, and they have not been modified or rescinded, and are still in full force and effect.

RESOLVED, that Modern Restaurant Corp., file for protection and for reorganization pursuant to Chapter 11 of the United States Bankruptcy Code, a voluntary petition for reorganization in the United States Bankruptcy Court for the District of New Jersey, and Sara Riva, President be and is hereby authorized to execute any and all documents, pleadings, etc. to effectuate the filing of such Petition; and it is

FURTHER RESOLVED, that Modern Restaurant Corp., retain the services of Shapiro, Croland, Reiser, Apfel & Di Iorio, LLP, 411 Hackensack Avenue, Hackensack, New Jersey 07601, to prepare and file on its behalf and represent Modern Restaurant Corp. in connection with an original reorganization petition pursuant to Chapter 11 of the United States Bankruptcy Code.



Sara Riva, President

Dated: July 14, 2011

6:26 PM
07/12/11
Accrual Basis

Modern Restaurant
Profit & Loss
January through February 2011

	<u>Jan - Feb 11</u>
Ordinary Income/Expense	
Income	
4000 · Sales - Food & Beverage	55,620.31
4015 · Group Sales	2,101.00
	<hr/>
Total Income	57,721.31
	<hr/>
Gross Profit	57,721.31
Expense	
5000 · Purchases - Food & Bevg	
5010 · Meats	55.00
5011 · POULTRY	94.00
5020 · Seafood	1,025.59
5040 · Dessert	11.00
5050 · Beverage	484.60
5060 · Pasta	611.40
5000 · Purchases - Food & Bevg - Other	16,635.24
	<hr/>
Total 5000 · Purchases - Food & Bevg	18,916.83
5003 · Wine	
5004 · Alba sales tax	102.27
5003 · Wine - Other	860.00
	<hr/>
Total 5003 · Wine	962.27
6000 · Salaries	
6030 · Payroll Tax Expense	2,507.67
6010 · Salaries - Tips Portion	-6,115.00
6000 · Salaries - Other	23,996.55
	<hr/>
Total 6000 · Salaries	20,389.22
6100 · Utilities	3,148.16
6105 · Automotive	243.34
6110 · Rent	
Storage	404.32
6110 · Rent - Other	17,733.34
	<hr/>
Total 6110 · Rent	18,137.66
6120 · Telephone	653.48
6140 · Restaurant Maintenance	383.81
6150 · Equipment Maintenance/Repair	
Dishwasher soap	701.94
Computer expense	50.00
	<hr/>
Total 6150 · Equipment Maintenance/Repair	751.94

6:26 PM
07/12/11
Accrual Basis

Modern Restaurant
Profit & Loss
January through February 2011

	<u>Jan - Feb 11</u>
6170 · Equipment Rental	303.20
6180 · Restaurant Supplies	203.35
6190 · Refuse & Sanitation Exp	1,094.28
6210 · Advertising	
Rewards Program	<u>734.78</u>
Total 6210 · Advertising	734.78
6220 · Licenses & Permits	50.00
7000 · Office Expense	68.24
7030 · Postage & Delivery	44.00
7055 · Liability Insurance	8,545.11
7070 · Workmans Comp Ins.	1,784.95
7130 · Professional Fees	5,718.30
7140 · Fees	65.90
7170 · Bank Service Charges	759.94
7180 · Credit Card CC Fees	<u>1,483.20</u>
Total Expense	<u>84,441.96</u>
Net Ordinary Income	<u>-26,720.65</u>
Net Income	<u><u>-26,720.65</u></u>

Form **1120S**

U.S. Income Tax Return for an S Corporation

OMB No. 1545-0130

Department of the Treasury
Internal Revenue Service

▶ Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.
▶ See separate instructions.

2009

For calendar year 2009 or tax year beginning _____, 2009, ending _____

A S election effective date 7/27/1993	Use IRS label. Otherwise, print or type. MODERN RESTAURANT CORPORATION TRATTORIA FRATELLI 3 CARLTON AVENUE HO-HO-KUS, NJ 07423	D Employer identification number 22-3248177
B Business activity code number (see instrs) 722110		E Date incorporated 7/27/1993
C Check if Sch M-3 attached <input type="checkbox"/>		F Total assets (see instructions) \$ 130,843.

G Is the corporation electing to be an S corporation beginning with this tax year? Yes No If 'Yes,' attach Form 2553 if not previously filed

H Check if: (1) Final return (2) Name change (3) Address change
(4) Amended return (5) S election termination or revocation

I Enter the number of shareholders who were shareholders during any part of the tax year. ▶ 2

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

INCOME	1a Gross receipts or sales. 774,643.	b Less returns and allowances	c Bal ▶	1c	774,643.
	2 Cost of goods sold (Schedule A, line 8)			2	244,378.
	3 Gross profit. Subtract line 2 from line 1c.			3	530,265.
	4 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)			4	
	5 Other income (loss) (attach statement) SEE STATEMENT 1			5	34,178.
	6 Total income (loss). Add lines 3 through 5. ▶			6	564,443.
DEDUCTIONS	7 Compensation of officers.			7	10,976.
	8 Salaries and wages (less employment credits)			8	220,659.
	9 Repairs and maintenance			9	3,405.
	10 Bad debts			10	
	11 Rents			11	132,181.
	12 Taxes and licenses			12	72,135.
	13 Interest			13	3,036.
	14 Depreciation not claimed on Schedule A or elsewhere on return (attach Form 4562)			14	2,086.
	15 Depletion (Do not deduct oil and gas depletion)			15	
	16 Advertising			16	12,244.
	17 Pension, profit-sharing, etc, plans			17	
	18 Employee benefit programs			18	
	19 Other deductions (attach statement) SEE STATEMENT 2			19	107,721.
	20 Total deductions. Add lines 7 through 19. ▶			20	564,443.
	21 Ordinary business income (loss). Subtract line 20 from line 6.			21	

COPY

TAX AND PAYMENTS	22a Excess net passive income or LIFO recapture tax (see instructions)	22a		
	b Tax from Schedule D (Form 1120S)	22b		
	c Add lines 22a and 22b (see instructions for additional taxes)			22c
	23a 2009 estimated tax payments and 2008 overpayment credited to 2009.	23a		
b Tax deposited with Form 7004	23b			
c Credit for federal tax paid on fuels (attach Form 4136)	23c			
d Add lines 23a through 23c.			23d	
24 Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ <input type="checkbox"/>			24	
25 Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter amount owed.			25	0.
26 Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid			26	
27 Enter amount from line 26 Credited to 2010 estimated tax		Refunded	27	

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

Sign Here

Signature of officer: _____ Date: _____ Title: **VICE-PRESIDENT**

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

Preparer's signature ▶ NICHOLAS PUZO	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
Paid Preparer's Use Only	Firm's name (or yours if self-employed), address, and ZIP code ▶ PUZO & MORTENSON, LLC 505 BOULEVARD KENILWORTH, NJ 07033	EIN 80-0008506	Phone no. (908) 709-3703

Schedule A Cost of Goods Sold (see instructions)			
1	Inventory at beginning of year.....	1	23,506.
2	Purchases.....	2	210,514.
3	Cost of labor.....	3	
4	Additional section 263A costs (attach statement).....	4	
5	Other costs (attach statement)..... SEE STATEMENT 3	5	31,808.
6	Total. Add lines 1 through 5.....	6	265,828.
7	Inventory at end of year.....	7	21,450.
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on page 1, line 2.....	8	244,378.

9a Check all methods used for valuing closing inventory:

- (i) Cost as described in Regulations section 1.471-3
- (ii) Lower of cost or market as described in Regulations section 1.471-4
- (iii) Other (Specify method used and attach explanation.)

b Check if there was a writedown of subnormal goods as described in Regulations section 1.471-2(c).....

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

d If the LIFO inventory method was used for this tax year, enter percentage (or amounts) of closing inventory computed under LIFO..... **9d**

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

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

Schedule B Other Information (see instructions)		Yes	No
1	Check accounting method: a <input type="checkbox"/> Cash b <input checked="" type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) ▶		
2	See the instructions and enter the: a Business activity ▶ RESTAURANT b Product or service... ▶ FOOD		
3	At the end of the tax year, did the corporation own, directly or indirectly, 50% or more of the voting stock of a domestic corporation? (For rules of attribution, see section 267(c).) If 'Yes,' attach a statement showing: (a) name and employer identification number (EIN), (b) percentage owned, and (c) if 100% owned, was a QSub election made?.....		X
4	Has this corporation filed, or is it required to file, a return under section 6111 to provide information on any reportable transaction?.....		X
5	Check this box if the corporation issued publicly offered debt instrument with original issue discount..... <input type="checkbox"/> If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.		
6	If the corporation: (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to its basis (or the basis of any other property) in the hands of a C corporation and (b) has net unrealized built-in gain (defined in section 1374(d)(1)) in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years..... \$		
7	Enter the accumulated earnings and profits of the corporation at the end of the tax year..... \$		
8	Are the corporation's total receipts (see instructions) for the tax year and its total assets at the end of the tax year less than \$250,000? If 'Yes,' the corporation is not required to complete Schedules L and M-1.....		X

Schedule K Shareholders' Pro Rata Share Items		Total amount	
INCOME (LOSS)	1 Ordinary business income (loss) (page 1, line 21).....	1	
	2 Net rental real estate income (loss) (attach Form 8825).....	2	
	3a Other gross rental income (loss)..... 3a		
	b Expenses from other rental activities (attach statement)..... 3b		
	c Other net rental income (loss). Subtract line 3b from line 3a..... 3c		
	4 Interest income.....	4	
	5 Dividends: a Ordinary dividends..... 5a		
	b Qualified dividends..... 5b		
	6 Royalties.....	6	
	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120S)).....	7	
8a Net long-term capital gain (loss) (attach Schedule D (Form 1120S))..... 8a			
b Collectibles (28%) gain (loss)..... 8b			
c Unrecaptured section 1250 gain (attach statement)..... 8c			
9 Net section 1231 gain (loss) (attach Form 4797).....	9		
10 Other income (loss) (see instructions)..... Type ▶	10		

Shareholders' Pro Rata Share Items (continued)		Total amount	
Deductions	11 Section 179 deduction (attach Form 4562).....	11	
	12a Contributions..... SEE STATEMENT 4	12a	130.
	b Investment interest expense.....	12b	
	c Section 59(e)(2) expenditures (1) Type ▶ (2) Amount ▶	12c (2)	
	d Other deductions (see instructions) Type ▶	12d	
Credits	13a Low-income housing credit (section 42(j)(5)).....	13a	
	b Low-income housing credit (other).....	13b	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468).....	13c	
	d Other rental real estate credits (see instrs) Type ▶	13d	
	e Other rental credits (see instrs) Type ▶	13e	
	f Alcohol and cellulosic biofuel fuels credit (attach Form 6478).....	13f	
	g Other credits (see instructions) Type ▶	13g	
Foreign Transactions	14a Name of country or U.S. possession..... ▶		
	b Gross income from all sources.....	14b	
	c Gross income sourced at shareholder level..... Foreign gross income sourced at corporate level	14c	
	d Passive category.....	14d	
	e General category.....	14e	
	f Other (attach statement)..... Deductions allocated and apportioned at shareholder level	14f	
	g Interest expense.....	14g	
	h Other..... Deductions allocated and apportioned at corporate level to foreign source income	14h	
	i Passive category.....	14i	
	j General category.....	14j	
	k Other (attach statement)..... Other information	14k	
	l Total foreign taxes (check one): <input type="checkbox"/> Paid <input type="checkbox"/> Accrued.....	14l	
	m Reduction in taxes available for credit (attach statement).....	14m	
	n Other foreign tax information (attach statement)		
Alternative Minimum Tax (AMT) Items	15a Post-1986 depreciation adjustment.....	15a	-159.
	b Adjusted gain or loss.....	15b	
	c Depletion (other than oil and gas).....	15c	
	d Oil, gas, and geothermal properties – gross income.....	15d	
	e Oil, gas, and geothermal properties – deductions.....	15e	
	f Other AMT items (attach statement).....	15f	
Items Affecting Shareholder Basis	16a Tax-exempt interest income.....	16a	
	b Other tax-exempt income.....	16b	
	c Nondeductible expenses.....	16c	165.
	d Property distributions.....	16d	
	e Repayment of loans from shareholders.....	16e	
Other Information	17a Investment income.....	17a	
	b Investment expenses.....	17b	
	c Dividend distributions paid from accumulated earnings and profits.....	17c	
	d Other items and amounts (attach statement)		
Reconciliation	18 Income/loss reconciliation. Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and lines 14i.....	18	-130.

BAA

Form 1120S (2009)

Schedule L	Balance Sheets per Books	Beginning of tax year		End of tax year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		28,944.		3,826.
2a	Trade notes and accounts receivable	1,606.		1,045.	
b	Less allowance for bad debts		1,606.		1,045.
3	Inventories		23,506.		21,450.
4	U.S. government obligations				
5	Tax-exempt securities (see instructions)				
6	Other current assets (attach stmt) SEE ST. 5.		19,540.		32,145.
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (attach statement)				
10a	Buildings and other depreciable assets	256,393.		256,393.	
b	Less accumulated depreciation	181,930.	74,463.	184,016.	72,377.
11a	Depletable assets				
b	Less accumulated depletion				
12	Land (net of any amortization)				
13a	Intangible assets (amortizable only)	23,804.		23,804.	
b	Less accumulated amortization	23,804.		23,804.	
14	Other assets (attach stmt)				
15	Total assets		148,059.		130,843.
Liabilities and Shareholders' Equity					
16	Accounts payable		16,531.		47,653.
17	Mortgages, notes, bonds payable in less than 1 year				
18	Other current liabilities (attach stmt) SEE ST. 6.		6,109.		4,635.
19	Loans from shareholders				
20	Mortgages, notes, bonds payable in 1 year or more		92,129.		45,560.
21	Other liabilities (attach statement)				
22	Capital stock		200.		200.
23	Additional paid-in capital		73,900.		73,900.
24	Retained earnings		40,810.		-41,105.
25	Adjustments to shareholders' equity (att stmt)				
26	Less cost of treasury stock				
27	Total liabilities and shareholders' equity		148,059.		130,843.

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Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return					
Note: Schedule M-3 required instead of Schedule M-1 if total assets are \$10 million or more – see instructions					
1	Net income (loss) per books	-295.	5	Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
2	Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize):		a	Tax-exempt interest \$ _____	
3	Expenses recorded on books this year not included on Schedule K, lines 1 through 12, and 14l (itemize):		6	Deductions included on Schedule K, lines 1 through 12, and 14l, not charged against book income this year (itemize):	
a	Depreciation \$ _____		a	Depreciation ... \$ _____	
b	Travel and entertainment \$ 165.	165.	7	Add lines 5 and 6	0.
4	Add lines 1 through 3	-130.	8	Income (loss) (Schedule K, ln 18). Ln 4 less ln 7	-130.

Schedule M-2 Analysis of Accumulated Adjustments Account, Other Adjustments Account, and Shareholders' Undistributed Taxable Income Previously Taxed (see instructions)			
	(a) Accumulated adjustments account	(b) Other adjustments account	(c) Shareholders' undistributed taxable income previously taxed
1	Balance at beginning of tax year	-40,638.	
2	Ordinary income from page 1, line 21		
3	Other additions		
4	Loss from page 1, line 21		
5	Other reductions SEE STATEMENT 7	(295.)	
6	Combine lines 1 through 5	-40,933.	
7	Distributions other than dividend distributions		
8	Balance at end of tax year. Subtract line 7 from line 6	-40,933.	

671109

Schedule K-1
(Form 1120S)

2009

Final K-1

Amended K-1

OMB No. 1545-0130

Department of the Treasury
Internal Revenue Service

For calendar year 2009, or tax

year beginning _____, 2009

ending _____

Shareholder's Share of Income, Deductions, Credits, etc. ▶ See page 2 of form and separate instructions.

Part I Information About the Corporation	
A Corporation's employer identification number 22-3248177	
B Corporation's name, address, city, state, and ZIP code MODERN RESTAURANT CORPORATION TRATTORIA FRATELLI 3 CARLTON AVENUE HO-HO-KUS, NJ 07423	
C IRS Center where corporation filed return CINCINNATI, OH	
Part II Information About the Shareholder	
D Shareholder's identifying number	
E Shareholder's name, address, city, state, and ZIP code ABEL RIVA 3 CARLTON AVENUE HOHOKUS, NJ 07423	
F Shareholder's percentage of stock ownership for tax year..... 50%	
FOR IRS USE ONLY	

Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items			
1	Ordinary business income (loss)	13	Credits
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends	14	Foreign transactions
6	Royalties		
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)		
10	Other income (loss)	15	Alternative minimum tax (AMT) items
		A	-80.
11	Section 179 deduction	16	Items affecting shareholder basis
		C	83.
12	Other deductions		
A			65.
		17	Other information

*See attached statement for additional information.

671109

Schedule K-1
(Form 1120S)

2009

Final K-1

Amended K-1

OMB No. 1545-0130

Department of the Treasury
Internal Revenue Service

For calendar year 2009, or tax
year beginning _____, 2009
ending _____

Shareholder's Share of Income, Deductions, Credits, etc. ▶ See page 2 of form and separate instructions.

Part I Information About the Corporation

A Corporation's employer identification number
22-3248177

B Corporation's name, address, city, state, and ZIP code
MODERN RESTAURANT CORPORATION
TRATTORIA FRATELLI
3 CARLTON AVENUE
HO-HO-KUS, NJ 07423

C IRS Center where corporation filed return
CINCINNATI, OH

Part II Information About the Shareholder

D Shareholder's identifying number

E Shareholder's name, address, city, state, and ZIP code
SARA RIVA
3 CARLTON AVENUE
HOHOKUS, NJ 07423

F Shareholder's percentage of stock ownership for tax year..... 50%

Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items			
1	Ordinary business income (loss)	13	Credits
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends	14	Foreign transactions
6	Royalties		
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)		
10	Other income (loss)	15 A	Alternative minimum tax (AMT) items -79.
11	Section 179 deduction	16 C	Items affecting shareholder basis 82.
12 A	Other deductions	65.	
		17	Other information

Copy

FOR USE ONLY

*See attached statement for additional information.

Form **7004**

(Rev. December 2008)
Department of the Treasury
Internal Revenue Service

Application for Automatic Extension of Time To File Certain Business Income Tax, Information, and Other Returns

OMB No. 1545-0233

- ▶ File a separate application for each return.
- ▶ See separate instructions.

Type or Print	Name MODERN RESTAURANT CORPORATION TRATTORIA FRATELLI	Identifying number 22-3248177
	Number, street, and room or suite number. (If P.O. box, see instructions.) 3 CARLTON AVENUE	
	City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code)). HO-HO-KUS, NJ 07423	

Note. See instructions before completing this form.

Part I Automatic 5-Month Extension Complete if Filing Form 1065, 1041, or 8804

1a Enter the form code for the return that this application is for (see below) **25**

Application Is For:	Form Code	Application Is For:	Form Code
Form 1065	09	Form 1041 (estate)	04
Form 8804	31	Form 1041 (trust)	05

Part II Automatic 6-Month Extension Complete if Filing Other Forms

b Enter the form code for the return that this application is for (see below) **25**

Application Is For:	Form Code	Application Is For:	Form Code
Form 706-GS(D)	01	Form 1120-PC	21
Form 706-GS(T)	02	Form 1120-POL	22
Form 1041-N	06	Form 1120-REIT	23
Form 1041-QFT	07	Form 1120-RIC	24
Form 1042	08	Form 1120S	25
Form 1065-B	10	Form 1120-F	26
Form 1066	11	Form 1120-A	27
Form 1120	12	Form 8612	28
Form 1120-C	34	Form 8613	29
Form 1120-F	15	Form 8725	30
Form 1120-FSC	16	Form 8831	32
Form 1120-H	17	Form 8876	33
Form 1120-L	18	Form 8924	35
Form 1120-ND	19	Form 8928	36
Form 1120-ND (section 4951 taxes)	20		

- 2 If the organization is a foreign corporation that does not have an office or place of business in the United States, check here.
- 3 If the organization is a corporation and is the common parent of a group that intends to file a consolidated return check here.

Part III All Filers Must Complete This Part

4 If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here.

5a The application is for calendar year 20 09, or tax year beginning _____, 20 ____, and ending _____, 20 __-

b Short tax year. If this tax year is less than 12 months, check the reason:

- Initial return
- Final return
- Change in accounting period
- Consolidated return to be filed

6 Tentative total tax	6	0.
7 Total payments and credits (see instructions)	7	0.
8 Balance due. Subtract line 7 from line 6. Generally, you must deposit this amount using the Electronic Federal Tax Payment System (EFTPS), a Federal Tax Deposit (FTD) Coupon, or Electronic Funds Withdrawal (EFW) (see instructions for exceptions)	8	0.

BAA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **7004** (Rev. 12-2008)

2009

FEDERAL STATEMENTS

PAGE 1

CLIENT 06418177

MODERN RESTAURANT CORPORATION

22-3248177

6/09/11

09:23AM

**STATEMENT 1
FORM 1120S, LINE 5
OTHER INCOME**

DISCOUNT COUPONS & MISC INCOME.....	\$	1,749.
GROUP SALES EVENTS.....		20,885.
INSURANCE CLAIM - LINENS.....		11,544.
	TOTAL \$	<u>34,178.</u>

**STATEMENT 2
FORM 1120S, LINE 19
OTHER DEDUCTIONS**

AUTO AND TRUCK EXPENSE.....	\$	2,920.
BANK CHARGES.....		3,130.
FIREWOOD FOR COOKING OVEN.....		740.
INSURANCE.....		15,939.
LAUNDRY AND CLEANING.....		7,816.
LEGAL AND PROFESSIONAL.....		8,350.
MEALS AND ENTERTAINMENT EXPENSE.....		166.
MISCELLANEOUS.....		1,356.
OFFICE EXPENSE.....		5,042.
OUTSIDE SERVICES.....		3,361.
POSTAGE.....		183.
STORAGE.....		1,898.
SUPPLIES.....		1,087.
TELEPHONE.....		5,791.
UTILITIES.....		41,814.
WASTE REMOVAL & SANITATION.....		8,128.
	TOTAL \$	<u>107,721.</u>

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**STATEMENT 3
FORM 1120S, SCHEDULE A, LINE 5
OTHER COSTS**

CREDIT CARD DISCOUNT CHARGES.....	\$	19,581.
EQUIPMENT MAINTENANCE.....		5,276.
RESTAURANT SUPPLIES.....		6,951.
	TOTAL \$	<u>31,808.</u>

**STATEMENT 4
FORM 1120S, SCHEDULE K, LINE 12A
CHARITABLE CONTRIBUTIONS**

CASH CONTRIBUTIONS - 50% LIMITATION.....	\$	130.
	TOTAL \$	<u>130.</u>

2009

FEDERAL STATEMENTS

PAGE 2

CLIENT 06418177

MODERN RESTAURANT CORPORATION

22-3248177

6/09/11

09:23AM

STATEMENT 5
FORM 1120S, SCHEDULE L, LINE 6
OTHER CURRENT ASSETS

	BEGINNING	ENDING
PREPAID EXPENSES.....	\$ 1,720.	\$ 325.
SECURITY DEPOSITS.....	17,820.	31,820.
TOTAL	<u>\$ 19,540.</u>	<u>\$ 32,145.</u>

STATEMENT 6
FORM 1120S, SCHEDULE L, LINE 18
OTHER CURRENT LIABILITIES

	BEGINNING	ENDING
ACCRUED PAYROLL & EXPENSES.....	\$ 2,225.	\$ 1,775.
GIFT CERTIFICATES O/S.....	450.	0.
SALES TAXES PAYABLE.....	1,814.	1,210.
STATE TAX PAYABLE.....	1,620.	1,650.
TOTAL	<u>\$ 6,109.</u>	<u>\$ 4,635.</u>

STATEMENT 7
FORM 1120S, SCHEDULE M-2, COLUMN A, LINE 5
OTHER REDUCTIONS

CONTRIBUTIONS.....	\$ 130.
DISALLOWED MEALS AND ENTERTAINMENT.....	165.
TOTAL	<u>\$ 295.</u>

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**2009
CBT-100S
PAGE 1**



**NEW JERSEY CORPORATION
BUSINESS TAX RETURN**

For taxable years ending on or after July 31, 2009 through June 30, 2010

Taxable year beginning **01/01/2009** and ending **12/31/2009**

1032

Check if address change appears below	Check if applicable	Initial return	Initial 1120-S	Inactive
Federal Employer ID # 223-248-177/000	NJ Corporation # 2232-4817-7	Date of NJ S Corporation election 07271993		
Corporation Name MODERN RESTAURANT CORPORATION TRATTORIA FRATELLI	State NJ	State and date of incorporation NEW JERSE 07271993		07271993
Mailing Address 3 CARLTON AVENUE	Zip Code 07423	Date authorized to do business in NJ 07271993		
City HO-HO-KUS		Federal business activity code 722110		
		Corporation books are in the care of CORPORATION at 3 CARLTON AVE, HO-HO-KUS, NJ		
		Telephone Number 201-447-9377		
		DIVISION USE:		
		RP NP	A _____	R _____

1	Entire net income subject to Federal corporate income taxation from Schedule A, line 43 (if a net loss, enter zero)	1	0 .
2	Allocation factor from Schedule J, Part III, line 5. Non-allocating taxpayers should not make entry on line 2	2	. .
3	Multiply line 1 by line 2. Non-allocating taxpayers enter amount from line 1	3	0 .
4	AMOUNT OF TAX -- Multiply line 3 by the applicable tax rate (see instruction 10(b))	4	. .
5	Credit for taxes paid to other jurisdictions (see instruction 29(a))	5	. .
6	Subtract line 5 from line 4	6	. .
7	Tax Credits (from Schedule A-3) (see instruction 17)	7	. .
8	TAX LIABILITY -- line 6 minus line 7 or enter the minimum tax from Schedule A-GR or instruction 10(d)	8	1,500 .
9	Key Corporation Throw Out Payment (Form 400)	9	. .
10	Subtotal (Sum of lines 8 and 9)	10	1,500 .
11	Surtax -- Enter 4% of line 10	11	60 .
12	INSTALLMENT PAYMENT (Only applies if line 8 is \$500 -- see instruction 45)	12	. .
13	Professional Corporation Fees (Schedule PC, line 5)	13	. .
14	TOTAL TAX AND PROFESSIONAL CORPORATION FEES (Sum of lines 10, 11, 12 and 13)	14	1,560 .
15	Payments and Credits (see instruction 46)	15	1,630 .
15a	Payments made by Partnerships on behalf of taxpayer (attach copies of all NJ-K-1's)	15a	. .
16	Balance of Tax Due -- line 14 minus line 15 and 15a	16	0 .
17	Pro Rata Share of S Corporation Income for nonconsenting shareholders (from Schedule K, Part VII, line 6, Column (C))	17	. .
18	Gross Income Tax paid on behalf of nonconsenting shareholders -- Line 17 x 0.1075	18	. .
19	Penalty and Interest Due -- (see instructions 7(f), and 47). SEE STATEMENT 1	19	68 .
20	Total Balance Due -- line 16 plus line 18 plus line 19	20	0 .
21	If line 15 plus 15a is greater than line 14 plus line 18 plus line 19, enter the amt of overpayment	2 .	

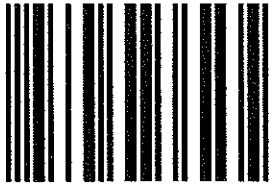
NJSA0101L 11/09/09

Division Use:

22 Amount of line 21 to be Credited to 2010 return Refunded
2 . 0 .

I declare under the penalties provided by law, that this return (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct and complete return. If the return is prepared by a person other than the taxpayer, his declaration is based on all the information relating to the matters required to be reported in the return of which he has knowledge.

Date		Signature		Title	
				VICE-PRESIDENT	
Paid Preparer's Signature			Address		Federal Identification Number
NICHOLAS PUZO					
Firm's Name			Address		Federal Employer Identification Number
PUZO & MORTENSON, LLC			505 BOULEVARD KENILWORTH, NJ 07033		80-0008506



ALL TAXPAYERS MUST COMPLETE THIS SCHEDULE

Name MODERN RESTAURANT CORPORATION	Federal ID Number 223-248-177/000
SCHEDULE A Computation of Entire Net Income (See Instruction 14)	

1 Gross receipts or sales <u>774,643.</u> Less returns & allowances _____	1		774,643 .
2 Cost of goods sold (Schedule A-2, line 8)	2		244,378 .
3 Gross profit -- Subtract line 2 from line 1	3		530,265 .
4 Net gain (loss) from Form 4797 (attach Form 4797) (see instruction 14(b))	4		. .
5 Other income (loss) (attach schedule) SEE STATEMENT 2	5		34,178 .
6 TOTAL INCOME (LOSS) -- Combine lines 3 through 5	6		564,443 .
7 Compensation of officers	7		10,976 .
8 Salaries and wages <u>220,659.</u> Less jobs credit _____	8		220,659 .
9 Repairs	9		3,405 .
10 Bad debts	10		. .
11 Rents	11		132,181 .
12 Taxes	12		72,135 .
13 Interest	13		3,036 .
14a Depreciation 14a <u>2,086</u>	14a		. .
14b Depreciation claimed on Schedule A-2 and elsewhere on return 14b	14b		. .
14c Subtract line 14b from line 14a	14c		2,086 .
15 Depletion (do not deduct oil and gas depletion)	15		. .
16 Advertising	16		12,244 .
17 Pension, profit-sharing, etc, plans	17		. .
18 Employee benefit programs	18		. .
19 Other deductions (attach schedule) SEE STATEMENT 3	19		107,721 .
20 Total deductions (add lines 7 through 19)	20		564,443 .
21 Ordinary income (loss) from trade or business activities. Subtract line 20 from line 6. (see instruction 14(a)(1))	21		. .
22 a Gross income from all rental activities 22a
b Exp related to the above rental activities (attach sch) 22b
c Net income (loss) from all rental activities. Subtract line 22b from 22a	22c		. .
23 Portfolio income (loss):			
a Interest income	23a		. .
b Dividend income	23b		. .
c Royalty income	23c		. .
d Capital gain net income (attach Schedule D (Form 1120S))	23d		. .
e Other portfolio income (loss) (attach schedule)	23e		. .
24 Net gain (loss) under section 1231 (attach Federal Form 4797)	24		. .
25 Other income (loss) (attach schedule)	25		. .
26 Section 179 expense deduction (attach Federal Form 4562) (see instruction 14(c))	26		. .
27 Deductions related to portfolio income (loss)	27		. .
28 Other deductions (attach schedule)	28		. .
29 Combine lines 21 through 28	29		. .
30 Charitable contributions (limited to 10% of line 29)	30		. .
31 Taxable income before net operating loss and special deductions. Subtract line 30 from line 29. (see instruction 14(a)(2) and (3))	31		. .

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Name	MODERN RESTAURANT CORPORATION	Federal ID Number	223-248-177/000
SCHEDULE A Computation of Entire Net Income (See Instruction 14)			

32	Taxable income before net operating loss and special deductions from page 2, line 31	32	.
33	Interest on Federal, State, Municipal and other obligations not included above (see instruction 14(d))	33	.
34	New Jersey State and other States income taxes deducted above (see instruction 14(e))	34	.
35	Taxes paid by the corporation on behalf of the shareholder (see instruction 14(f))	35	.
36	Depreciation and other adjustments from Schedule S (see instruction 41)	36	.
37a	Deduction for IRC Section 78 Gross-up not deducted at line 41 below	37a	.
	b Other deductions and additions. Expl on separate rider (see instruction 14(h))	37b	.
	c Related interest addback (Schedule G, Part I)	37c	.
	d Interest and intangibles expenses and costs addback (Schedule G, Part II)	37d	.
	e Domestic Production Activity Deduction from Form 501 (see instruction 14(h))	37e	.
38	Entire net income before net operating loss deduction and dividend exclusion. Total of lines 32 through 37(e)	38	.
39	Net operating loss deduction from Form 500 (see instructions 14(i) and 15)	39	.
40	Entire Net Income before dividend exclusion (line 38 minus line 39)	40	.
41	Dividend exclusion from Schedule R, line 7 (see instruction 14(j))	41	.
42	ENTIRE NET INCOME (line 40 minus line 41) (see instruction 14(k))	42	.
43	Entire Net Income that is subject to Federal corporate income taxation (see instruction 14(l), Carry to page 1 line 1)	43	.

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Name MODERN RESTAURANT CORPORATION	Federal ID Number 223-248-177/000
SCHEDULE A-1 NET OPERATING LOSS DEDUCTION AND CARRYOVER (See instruction 14(i) and 15)	

Schedule A-1 has been replaced by Form 500. Net operating losses must be detailed on Form 500 which is available separately. To obtain this form and related information, refer to the index on page 14.

SCHEDULE A-2 COST OF GOODS SOLD (See instruction 16)

1 Inventory at beginning of year	1	23,506 .
2 Purchases	2	210,514 .
3 Cost of labor	3	. .
4 Additional section 263A costs	4	. .
5 Other costs (attach schedule) SEE STATEMENT 4	5	31,808 .
6 Total - Add lines 1 through 5	6	265,828 .
7 Inventory at end of year	7	21,450 .
8 Cost of goods sold - Subtract line 7 from line 6. Enter here and on Schedule A, line 2	8	244,378 .

SCHEDULE A-3 SUMMARY OF TAX CREDITS (See instruction 17)

1 HMO Assistance Fund Tax Credit from Form 310	1	. .
2 New Jobs Investment Tax Credit from Form 304	2	. .
3 EITHER: a Urban Enterprise Zone Employee Tax Credit from Form 300	3	. .
OR b Urban Enterprise Zone Investment Tax Credit from Form 301	3	. .
4 Redevelopment Authority Project Tax Credit from Form 302	4	. .
5 Recycling Equipment Tax Credit from Form 303	5	. .
6 Manufacturing Equipment and Employment Investment Tax Credit from Form 305	6	. .
7 Research and Development Tax Credit from Form 306	7	. .
8 Small New Jersey-Based High-Technology Business Investment Tax Credit from Form 308	8	. .
9 Neighborhood Revitalization State Tax Credit from Form 311	9	. .
10 Effluent Equipment Tax Credit from Form 312	10	. .
11 Economic Recovery Tax Credit from Form 313	11	. .
12 Remediation Tax Credit from Form 314	12	. .
13 AMA Tax Credit from Form 315	13	. .
14 Business Retention and Relocation Tax Credit from Form 316	14	. .
15 Sheltered Workshop Tax Credit from Form 317	15	. .
16 Film Production Tax Credit from Form 318	16	. .
17 Urban Transit Hub Tax Credit from Form 319	17	. .
18 Other Tax Credits (see instruction 44(r))	18	. .
19 Total tax credits taken on this return. Add 1 through 18. Enter here and on page 1, line 7	19	. .



2009 - S - Page 5

1032

ALL CORPORATIONS MUST COMPLETE THIS SCHEDULE AND SUBMIT IT WITH THEIR CBT-100S TAX RETURN

Name MODERN RESTAURANT CORPORATION	Federal ID Number 223-248-177/000
SCHEDULE A-4 SUMMARY SCHEDULE (See instruction 18)	

Net Operating Loss Dedn and Carryover					
1 Form 500, line 6 minus line 8	1	5,311 .	7 Sch J, Part III, line 2(h)	7	0 .
Interest and Intangible Costs and Expenses			8 Sch J, Part III, line 2(i)	8	.000000
2 Sch G, Part I, line b	2	0 .	9 Sch J, Part III, line 3(c)	9	.000000
3 Sch G, Part II, line b	3	0 .	Non-operational Income Information		
Schedule J Information			10 Sch O, Part III, line 31	10	0 .
4 Sch J, Part III, line 1(c)	4	.000000	Dividend Exclusion Information		
5 Sch J, Part III, line 2(f)	5	0 .	11 Schedule R, line 4	11	0 .
6 Sch J, Part III, line 2(g)	6	0 .	12 Schedule R, line 6	12	0 .
			Schedule A-GR Information		
			13 Schedule A-GR, line 6	13	808,821 .

SCHEDULE A-GR COMPUTATION OF NEW JERSEY GROSS RECEIPTS AND MINIMUM TAX (See instruction 19)					
1 Enter sales of tangible personal property shipped to points within New Jersey	1				774,643 .
2 Enter services performed in New Jersey	2				0 .
3 Enter rentals of property situated in New Jersey	3				0 .
4 Enter royalties for the use in New Jersey of patents and copyrights	4				0 .
5 Enter all other business receipts earned in New Jersey	5				34,178 .
6 Total New Jersey Gross Receipts	6				808,821 .
7 Enter minimum tax per instruction 10(d). Carry to page 1, line 8	7				1,500 .

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Form NJ CBT-100S (2009)

1032 Page 6

NAME AS SHOWN ON RETURN MODERN RESTAURANT CORPORATION	FEDERAL ID NUMBER 223-248-177/000
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SCHEDULE B BALANCE SHEET AS OF 12/31, 2009 (See Instruction 20)

Figures appearing below must be the same as year-end figures shown on the taxpayer's books. If not, explain and reconcile on rider.

Assets	Beginning of Tax Year	End of Tax Year
1 Cash.....	28,944.	3,826.
2 Trade notes and accounts receivable (net).....	1,606.	1,045.
3 Loans to stockholders/affiliates.....		
4 Stock of subsidiaries.....		
5 Corporate stocks.....		
6 Bonds, mortgages and notes.....		
7 New Jersey State and local government obligations.....		
8 All other government obligations.....		
9 Patents and copyrights.....		
10 Deferred charges.....		
11 Goodwill.....		
12 All other intangible personalty (itemize)..... SEE STATEMENT 5	19,540.	32,145.
13 <i>Total intangible personal property</i> (total lines 1 to 12).....	50,090.	37,016.
14 Land.....		
15 Buildings and other improvements.....	74,463.	72,377.
16 Machinery and equipment (net).....		
17 Inventories.....	23,506.	21,450.
18 All other tangible personalty (net) (itemize on rider).....		
19 <i>Total real and tangible personal property</i> (total lines 14 to 18).....	97,969.	93,827.
20 <i>Total assets</i> (add lines 13 and 19).....	148,059.	130,843.
Liabilities and Stockholder's Equity		
21 Accounts payable.....	16,531.	47,653.
22 Mortgages, notes, bonds payable in less than 1 year (attach schedule).....		
23 Other current liabilities (attach schedule)..... SEE STATEMENT 6	6,109.	4,635.
24 Loans from stockholders/affiliates.....		
25 Mortgages, notes, bonds payable in 1 year or more (attach schedule).....	92,129.	45,560.
26 Other liabilities (attach schedule).....		
27 Capital stock.....	200.	200.
28 Paid-in or capital surplus.....	73,900.	73,900.
29 Retained earnings — appropriated (attach schedule).....		
30 Retained earnings — unappropriated.....	-40,810.	-41,105.
31 Adjustments to shareholders' equity (attach schedule).....		
32 Less cost of treasury stock.....		
33 <i>Total liabilities and stockholder's equity</i> (total lines 21 to 32).....	148,059.	130,843.

COPY

SCHEDULE C RECONCILIATION OF INCOME PER BOOKS WITH INCOME PER RETURN (See Instruction 21)

1 Net income per books.....	-295.	7 Income recorded on books this year not included in this return (itemize)	
2 Federal income tax.....		a Tax-exempt interest..... \$	
3 Excess of capital losses over capital gains.....		b	
4 Income subject to tax not recorded on books this year (itemize)		c	
5 Expenses recorded on books this year not deducted in this return (itemize)		8 Deductions in this tax return not charged against book income this year (itemize)	
a Depreciation... \$		a Depreciation.... \$	
b Contributions Carryover..... \$ 130.		b Contributions Carryover..... \$	
c Other (itemize).... \$		9 Total of lines 7 and 8.....	
SEE STMT 7 165.	295.	10 Income (Item 31, Schedule A) — line 6 less 9.....	
6 Total of lines 1 through 5.....			

Form NJ CBT-100S (2009)

1032 Page 7

NAME AS SHOWN ON RETURN MODERN RESTAURANT CORPORATION	FEDERAL ID NUMBER 223-248-177/000
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SCHEDULE E GENERAL INFORMATION (See Instruction 22)
ALL TAXPAYERS MUST ANSWER THE FOLLOWING QUESTIONS. RIDERS MUST BE PROVIDED WHERE NECESSARY.

- Type of business . RESTAURANT
 Principal products handled FOOD
 Internal Revenue Center where corresponding Federal tax return was filed CINCINNATI, OH
- FINAL DETERMINATION OF NET INCOME BY FEDERAL GOVERNMENT (See Instruction 13)**
 Has a change or correction in the amount of taxable income of the reporting corporation or for any other corporation purchased, merged or consolidated with the reporting corporation, been finally determined by the Internal Revenue Service, and not previously reported to New Jersey?
 Yes or No NO . If Yes, an amended return must be filed.
- Is this corporation a Professional Corporation (PC) formed pursuant to NJSA 14A:17-1 et.seq. or any similar law from a possession or territory of the United States, a state, or political subdivision thereof? 'Yes or No' NO . If yes, go to the next question.
 How many licensed professionals are owners, shareholders, and/or employees from this PC as of the first day of the privilege period?
 Attach a rider providing the names, addresses, and FID or SS numbers of the licensed professionals in the PC. If the number of licensed professionals is greater than 2, complete Schedule PC – Per Capita Licensed Professional Fee. See instruction 38 for examples of licensed professionals.
- This question must be answered by corporations with income from sources outside the United States.**
 a Is income from sources outside the United States included in entire net income at Item 42 of Schedule A? Yes or No
 b If the answer is no, set forth such items of gross income, the source, the deductions and the amount of foreign taxes deemed paid (Section 78 Gross-up) thereon. Enter at Item 37b, Schedule A the difference between the net of such income and the amount of foreign taxes paid thereon not previously deducted.
- During the period covered by the return, did the taxpayer acquire or dispose of directly or indirectly a controlling interest in certain commercial properties? Yes or No NO .

SCHEDULE F CORPORATE OFFICERS – GENERAL INFORMATION AND COMPENSATION (See Instruction 23)

(1) Name and Current Address of Officer	(2) Social Security Number	(3) Title	(4) Dates Employed in this position		(5) Percent of Corporation Stock Owned	(6) Amount of Compensation
			From	To		
ABEL RIVA HOHOKUS, NJ 07423		PRESI			50.00	
SARA RIVA HOHOKUS, NJ 07423		VP-SE			50.00	
a Total compensation of officers.....						
b Less: Compensation of officers claimed elsewhere on the return.....						
c Balance of compensation of officers (enter here and on Schedule A, line 7, page 2).....						10,976.

Form NJ CBT-100S (2009)

1032 Page 8

NAME AS SHOWN ON RETURN MODERN RESTAURANT CORPORATION	FEDERAL ID NUMBER 223-248-177/000
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SCHEDULE G – PART I INTEREST (See Instruction 24)

1 Was interest paid, accrued or incurred to a related member(s), deducted from entire net income?
 'Yes' or 'No' **NO**. If 'Yes,' fill out the following schedule.

Name of Related Member	Federal ID Number	Relationship to Taxpayer	Amount Deducted
a Total amount of interest deducted			
b Less: Exceptions (see instruction 24)			
c Balance of interest deducted (carry to Schedule A, line 37c)			

SCHEDULE G – PART II INTEREST EXPENSES AND COSTS AND INTANGIBLE EXPENSES AND COSTS (See Instruction 24)

1 Were intangible expenses and costs including intangible interest expenses and costs, paid, accrued or incurred to related members, deducted from entire net income? 'Yes' or 'No' **NO**. If 'Yes,' fill out the following schedule.

Name of Related Member	Federal ID Number	Relationship to Taxpayer	Type of Intangible Expense Deducted	Amount Deducted
a Total amount of intangible expenses and costs deducted				
b Less: Exceptions (see instruction 24)				
c Balance of intangible expenses and costs deducted (carry to Schedule A, line 37d)				

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SCHEDULE H TAXES (See Instructions 14(e) and 25) Include all taxes paid or accrued during the accounting period wherever deducted on Schedule A.

	(A) Corporation Franchise/ Business Taxes*	(B) Corporation Business/ Occupancy Taxes*	(C) Property Taxes	(D) UCC or Payroll Taxes	(E) Other Taxes (attach schedule)	(F) Total
1 New Jersey Taxes						
2 Other States and U.S. Possessions						
3 City and Local Taxes						
4 Taxes Paid to Foreign Countries						
5 Total						
6 Combine lines 5(a) and 5(b)	SEE STATEMENT 8					
7 Sales and Use Taxes Paid by a Utility Vendor	SEE STATEMENT 8					
8 Add lines 6 and 7 – Carry to Schedule A, line 34	SEE STATEMENT 8					
9 Federal Taxes				27,283.	44,852.	72,135.
10 Total (Combine lines 5 and 9)				27,283.	44,852.	72,135.

* Include on line 4 taxes paid or accrued to any foreign country, state, province, territory, or subdivision thereof.

Form NJ CBT-100S (2009)

1032 Page 9

NAME AS SHOWN ON RETURN

FEDERAL ID NUMBER

MODERN RESTAURANT CORPORATION

223-248-177/000

SCHEDULE J ALL TAXPAYERS WHO MAINTAIN A REGULAR PLACE OF BUSINESS OUTSIDE OF NEW JERSEY REGARDLESS OF THE AMOUNT OF ENTIRE NET INCOME REPORTED ON SCHEDULE A, LINE 42, OF THE CBT-100S SHOULD COMPLETE SCHEDULE J. THIS SCHEDULE SHOULD BE OMITTED IF PARTS I, II, III, IV, V and VI THE TAXPAYER DOES NOT MAINTAIN A REGULAR PLACE OF BUSINESS OUTSIDE THIS STATE OTHER THAN A STATUTORY OFFICE, IN WHICH CASE THE TAX LAW REQUIRES THE ALLOCATION FACTOR TO BE 100% (1.000000).

PART I ALL ALLOCATING COMPANIES MUST ANSWER THE FOLLOWING QUESTIONS (See Instruction 27)

- a State the number of regular corporate places of business maintained outside this State (See instruction 27(b)). _____
- b List the address of at least one such regular place of business _____
- c List the States in which the taxpayer maintained a permanent and continuous place of business, indicating type of establishment, such as warehouse, factory, store, office, etc. _____
- d Give the address of every factory, warehouse, store, or other place of business in New Jersey, indicating type of establishment _____
- e Number of people employed (average) in New Jersey. outside New Jersey.
- f Explain in detail internal controls used in distribution of receipts in and out of New Jersey, as shown in Part III, line 2 _____
- g State the location of the actual seat of management or control of the corporation _____

PART II AVERAGE VALUES (See Instruction 28)

- a This schedule showing average values of real and tangible personal property must be completed by every taxpayer entitled to and electing to allocate.
- b The average values of real and tangible personal property *owned* are to be computed on the basis of the average book values thereof and not on original cost. Rented or leased property is valued at 8 times the annual rent, including any amounts paid or accrued in addition to or in lieu of rent during the period covered by the return. All other property which is used by the taxpayer but is neither owned, rented or leased, should be valued at book value, however, if no such book value exists, the market value of the property should be used.
- c The frequency upon which the amounts in Columns A and B below have been averaged is _____ (See instruction 28).

ASSETS	AVERAGE VALUES (See instruction 28) (Omit Cents)		DIVISION USE ONLY
	Column A — New Jersey	Column B — Everywhere	
1 Land.....			
2 Buildings and other Improvements.....			
3 Machinery and Equipment.....			
4 Inventories.....			
5 All other Tangible Personalty Owned (Itemize on Rider).....			
6 Property rented or leased (8 x Annual Rent).....			
7 All other Property Used.....			
8 Total Real and Tangible Personal Property.....			

COPY

PART III COMPUTATION OF ALLOCATION FACTOR (See Instruction 29)

	COLUMN A (omit cents)	COLUMN B
1 Average value of the taxpayer's real and tangible personal property:		
a In New Jersey (Part II, Column A, line 8).....	1a 0.	
b Everywhere (Part II, Column B, line 8).....	1b	
c Percentage in New Jersey (line 1a divided by line 1b). Enter in Column B.		1c
2 Receipts:		Complete by carrying the fraction to six (6) decimal places. Do not express as a percent. Example: $\frac{123,456}{1,000,000} = \bullet \boxed{123456}$
a From sales of tangible personal property shipped to points within New Jersey.....	2a	
b From services performed in New Jersey.....	2b	
c From rentals of property situated in New Jersey.....	2c	
d From royalties for the use in New Jersey of patents and copyrights.....	2d	
e All other business receipts earned in New Jersey (See instruction 29(d)).....	2e	
f Total New Jersey receipts (Total of lines 2a to 2e, inclusive, in Column A).....	2f 0.	
g Total receipts from all sales, services, rentals, royalties and other business transactions everywhere.....	2g	
h Less Nonsourced Receipts (see instruction 29(e)).....	2h	
i Total Everywhere Receipts allowable (line 2g minus line 2h).....	2i	
j Percentage in New Jersey (line 2f divided by line 2i). Enter in Column B.		2j
k Double-weighted receipts factor (Enter 2j).....		2k
3 Wages, salaries and other personal service compensation (See instruction 29(g))		
a In New Jersey.....	3a 0.	
b Everywhere.....	3b	
c Percentage of New Jersey (line 3a divided by line 3b). Enter in Column B.		3c
4 Sum of New Jersey percentages shown at lines 1c, 2j, 2k, and 3c. Enter in Column B.....		4
5 Allocation Factor (line 4 divided by four, or by the number of percentages included on line 4. See instruction 29(h)). Enter in Column B and carry to Line 2, page 1 and line 45, page 3, and Schedule K, Part III, line 3.		5

Form NJ CBT-100S (2009)

1032 Page 10

NAME AS SHOWN ON RETURN MODERN RESTAURANT CORPORATION	FEDERAL ID NUMBER 223-248-177/000
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PART IV COMPUTATION OF THROW OUT RECEIPTS (See Instruction 30)

Name of the Jurisdiction in which Receipts are Sourced	Total Receipts from all Sales, Services, Rental, Royalties, and Other Business Transactions
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
TOTAL — Add lines 1 through 10. Carry to Schedule J, Part III, line 2h.....	

PART V KEY CORPORATION DESIGNATION (See Instruction 31)

All taxpayers claiming the throw out limitation must designate a key corporation and complete Part VI below. The key corporation will be responsible for remitting the additional tax. The key corporation must complete Form 400.

Name: _____ FID# _____

PART VI COMPUTATION OF THE THROW OUT TAX EFFECT FOR LIMITATION (See Instruction 31)

1	Entire net income from Schedule A, line 43.....	1
2	Allocation factor from Schedule J, line 5.....	2
3	Allocated net income — Multiply line 1 by line 2.....	3
4	Tax Rate (See Instruction 10(a) (and/or 10(b))).....	4
5	Gross Tax Liability — Multiply line 3 by line 4.....	5
6	Less Tax Credits.....	6
7	Net Tax Liability — line 5 minus line 6.....	7
8	Surtax — Multiply line 7 by .04.....	8
9	Total Tax Liability — line 7 plus line 8.....	9
10	Property Fraction (Schedule J, Part III, line 1c).....	10
11	Wage Fraction (Schedule J, Part III, line 3c).....	11
12	Total New Jersey Receipts (Schedule J, Part III, line 2f).....	12
13	Total Everywhere Receipts (Schedule J, Part III, line 2g).....	13
14	Receipts Fraction (line 12 divided by line 13).....	14
15	Double Weight Receipts (enter amount from line 14).....	15
16	Total (line 10 plus line 11 plus line 14 plus line 15).....	16
17	Allocation Factor (line 16 divided by 4) Carry to Page 1, line 2.....	17
18	Entire Net Income from Schedule A, line 43.....	18
19	Allocated Net Income — Multiply line 17 by line 18.....	19
20	Tax Rate (from line 4).....	20
21	Gross Tax Liability — Multiply line 19 by line 20.....	21
22	Less Tax Credits.....	22
23	Net Tax Liability (line 21 minus line 22).....	23
24	Surtax — Multiply line 23 by .04.....	24
25	Total Tax Liability — line 23 plus line 24.....	25
26	Throw Out Tax Income (line 9 minus line 25) This amount should be carried to Form 400 of the CBT-100S filed by the designated key corporation.....	26

Form NJ CBT-100S (2009)

Page 11

NAME AS SHOWN ON RETURN MODERN RESTAURANT CORPORATION	FEDERAL ID NUMBER 223-248-177/000
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SCHEDULE K SHAREHOLDERS' SHARES OF INCOME, DEDUCTIONS, ETC (See Instruction 32)

PART I

1 Total number of shareholders.....	2
2 Total number of nonresident shareholders.....	
3a Total number of nonconsenting shareholders.....	
b Percentage of stock owned.....	%

PART II NEW JERSEY S CORPORATION INCOME (LOSS)

1 Amount from Schedule A, line 21.....	1	
2 Add the following amounts from Federal 1120S, Schedule K		
a Net income (loss) from rental real estate activities..... a		
b Net income (loss) from other rental activities..... b		
c Interest income..... c		
d Dividend income..... d		
e Royalty income..... e		
f Net short-term capital gain (loss)..... f		
g Net long-term capital gain (loss)..... g		
h Other portfolio income (loss)..... h		
i Net gain (loss) under section 1231 and/or 179..... i		
j Other income..... j		
k Tax-exempt interest income..... k		
l Other tax-exempt income..... l		
Total of 2a through 2l.....	2	
3 Add line 1 plus line 2.....	3	
4 Additions:		
a Interest income on state and municipal bonds other than New Jersey..... a		
b New Jersey State and other states' income taxes deducted in arriving at line 3 including taxes paid on behalf of the shareholder..... b		
c All expenses included in line 3 to generate tax exempt income..... c		
d Losses included in line 3 from U.S. Treasury and other obligations pursuant to NJSA 54A:6-14 and 6-14.1..... d		
e Other additions..... e		
Total of 4a through 4e.....	4	
5 Add line 3 plus line 4.....	5	
6 Subtractions:		
a U.S. Treasury and other interest income included in line 3 from investments exempt under NJSA 54A:6-14 and 6-14.1..... a		
b Gains included in line 3 from U.S. Treasury and other obligations pursuant to NJSA 54A:6-14 and 6-14.1..... b		
c IRC Section 179 expense from Federal Schedule K..... c		
d Federal 50% meals and entertainment limitation..... d	165.	
e Charitable contributions from Federal Schedule K..... e	130.	
f IRC Section 199 deduction from Form 501-GIT..... f		
g Other subtractions..... g		
Total of 6a through 6g.....	6	295.
7 New Jersey depreciation adjustment from Gross Income Tax Depreciation Adjustment Worksheet GIT-DEP.....	7	
8 New Jersey S Corporation Income (Loss) — Line 5 minus line 6 plus or minus line 7.....	8	-295.

PART III ALLOCATION OF S CORPORATION INCOME (LOSS)

1 New Jersey S Corporation Income (Loss) (Part II, line 8).....	1	-295.
a Current period nonoperational activity (Schedule O, Part I, line 34).....	1a	0.
2 Total operational income (loss) (line 1 minus line 1a).....	2	-295.
3 Allocation factor (Schedule J, Part III, line 5).....	3	1.000000
4 Allocated operational income (loss) (line 2 x line 3).....	4	-295.
5 Allocated nonoperational income (loss) (Schedule O, Part III, line 31).....	5	0.
6 Total allocated income (loss) (line 4 plus line 5).....	6	-295.
7 New Jersey CBT reported on CBT-100S (Page 1, line 6 minus line 7 multiplied by 1.04).....	7	0.
8 New Jersey allocated income (loss) (line 6 minus line 7).....	8	-295.
9 Income (loss) not allocated to New Jersey (line 1 minus line 6).....	9	

Form NJ CBT-100S (2009)

1032

Schedule K – Continued

Page 12

NAME AS SHOWN ON RETURN

FEDERAL ID NUMBER

MODERN RESTAURANT CORPORATION

223-248-177/000

PART IV – A ANALYSIS OF NEW JERSEY ACCUMULATED ADJUSTMENTS ACCOUNT

	(A) New Jersey AAA	(B) Non New Jersey AAA	(C) Total of Columns (A) & (B)
1 Beginning balance.....	-7,017.		-7,017.
2 Net pro rata share of S corporation income.....	-295.		-295.
3 Other income/loss.....			
4 Other reductions (attach schedule).....			
5 Total lines 1-4.....	-7,312.		-7,312.
6 Distributions.....			
7 Ending balance (line 5 minus line 6).....	-7,312.		-7,312.

PART IV – B NEW JERSEY EARNINGS AND PROFITS

1 Beginning balance.....	1
2 Additions/Adjustments.....	2
3 Dividends paid.....	3
4 Ending balance (line 1 plus line 2 minus line 3).....	4

PART V SUMMARY OF RESIDENT SHAREHOLDERS' PRO RATA SHARES

(A) Name	(B) Social Security Number	(C) Pro Rata Share Income/loss	(D) Distributions
1 ABEL RIVA		-148.	
2 SARA RIVA		-147.	
3			
4			
5			
6 Total.....		-295.	

PART VI SUMMARY OF CONSENTING NON-RESIDENT SHAREHOLDERS' PRO RATA SHARES

(A) Name	(B) Social Security Number	Pro Rata Share Income/Loss		(E) Distributions
		(C) Allocated to NJ	(D) Not Allocated to NJ	
1				
2				
3				
4				
5				
6 Total.....				

PART VII SUMMARY OF NONCONSENTING SHAREHOLDERS' PRO RATA SHARES

(A) Name	(B) Social Security Number	Pro Rata Share Income/Loss		(E) Distributions	(F) Gross Income Tax Paid
		(C) Allocated to NJ	(D) Not Allocated to NJ		
1					
2					
3					
4					
5					
6 Total.....					

Form NJ CBT-100S (2009)

NAME AS SHOWN ON RETURN

FEDERAL ID NUMBER

MODERN RESTAURANT CORPORATION

223-248-177/000

SCHEDULE K LIQUIDATED – S CORPORATIONS SHAREHOLDERS' SHARES OF INCOME, DEDUCTIONS, ETC (See Instruction 33)

PART I

- 1 Total number of shareholders.....
- 2 Total number of nonresident shareholders.....
- 3a Total number of nonconsenting shareholders.....
- b Percentage of stock owned.....%
- 4 Enter date the assets were fully disposed.....
- 5 Enter date the shareholder's stock was fully disposed.....

PART II NEW JERSEY S CORPORATION INCOME (LOSS) WORKSHEET UPON COMPLETE LIQUIDATION	Column A S Corp Income Prior to Disposition of Assets	Column B Income, Gains/Losses from Disposition of Assets in Complete Liquidation
1 Amount from Schedule A, line 21.....	1	
2 Add the following amounts from Federal 1120S, Schedule K	2	
a Net income (loss) from rental real estate activities.....	a	
b Net income (loss) from other rental activities.....	b	
c Interest income.....	c	
d Dividend income.....	d	
e Royalty income.....	e	
f Net short-term capital gain (loss).....	f	
g Net long-term capital gain (loss).....	g	
h Other portfolio income (loss).....	h	
i Net gain (loss) under section 1231 and/or 179.....	i	
j Other income.....	j	
k Tax-exempt interest income.....	k	
l Other tax-exempt income.....	l	
3 Add line 1 plus lines 2a through 2l.....	3	
4 Additions:		
a Interest income on state and municipal bonds other than New Jersey.....	4a	
b New Jersey State and other states' income taxes deducted (arriving at line 3) including taxes paid on behalf of the shareholder.....	b	
c All expenses included in line 3 to generate tax exempt income.....	c	
d Losses included in line 3 from U.S. Treasury and other obligations pursuant to NJSA 54A:6-14 and 6-14.1.....	d	
e Other additions.....	e	
5 Add line 3 plus lines 4a through 4e.....	5	
6 Subtractions:		
a U.S. Treasury and other interest income included in line 3 from investments exempt under NJSA 54A:6-14 and 6-14.1.....	6a	
b Gains included in line 3 from U.S. Treasury and other obligations pursuant to NJSA 54A:6-14 and 6-14.1.....	b	
c IRC Section 179 expense from Federal Schedule K.....	c	
d Federal 50% meals and entertainment limitation.....	d	
e Charitable contributions from Federal Schedule K.....	e	
f New Jersey allowable IRC Section 199 deduction.....	f	
g Other subtractions.....	g	
Total of 6a through 6g.....	6	
7 New Jersey depreciation adjustment from Gross Income Tax Depreciation Adjustment Worksheet GIT-DEP.....	7	
8 Total Income (Loss) – add line 5 minus line 6 plus or minus line 7.....	8	
PART III ALLOCATION OF INCOME (LOSS)		
1 Income from Line 8, Part II Column A and Column B.....	1	
a Current period nonoperational activity (Schedule O, Part I, line 34).....	1a	
2 Total operational income (loss) (line 1 minus line 1a).....	2	
3 Allocation factor (Schedule J, Part III, line 5).....	3	
4 Allocated operational income (loss) (line 3 x line 2).....	4	
5 Allocated nonoperational income (loss) (Schedule O, Part III, line 31).....	5	
6 Total allocated income (loss) (line 4 plus line 5).....	6	
7 New Jersey CBT reported on CBT-100S (Page 1, line 6 minus line 7 multiplied by 1.04).....	7	
8 New Jersey allocated income (loss) (line 6 minus line 7).....	8	
9 Income (loss) not allocated to New Jersey (line 1 minus line 6).....	9	

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Form NJ CBT-100S (2009)
 Schedule K – Continued

1032
 Page 14

NAME AS SHOWN ON RETURN MODERN RESTAURANT CORPORATION	FEDERAL ID NUMBER 223-248-177/000
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SCHEDULE K LIQUIDATED – S CORPORATIONS SHAREHOLDER'S SHARES OF INCOME, DEDUCTIONS, ETC. (See Instruction 33)

PART IV – A ANALYSIS OF NEW JERSEY ACCUMULATED ADJUSTMENTS ACCOUNT

	(A) New Jersey AAA	(B) Non New Jersey AAA	(C) Total of Columns (A) & (B)
1 Beginning balance.....			
2 Net pro rata share of S corporation income.....			
3 Other income/loss.....			
4 Other reductions (attach schedule).....			
5 Total lines 1-4.....			
6 Distributions.....			
7 Ending balance (line 5 minus line 6).....			

PART IV – B NEW JERSEY EARNINGS AND PROFITS

1 Beginning balance.....	1	
2 Additions/Adjustments.....	2	
3 Dividends paid.....	3	
4 Ending balance (line 1 plus line 2 minus line 3).....	4	

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Form NJ CRT-100S (2009)

1032

Schedule K — Continued

Page 15

NAME AS SHOWN ON RETURN

FEDERAL ID NUMBER

MODERN RESTAURANT CORPORATION

223-248-177/000

SCHEDULE K LIQUIDATED S CORPORATIONS SHAREHOLDER'S SHARES OF INCOME, DEDUCTIONS, ETC. (See Instruction 35)

PART V SUMMARY OF RESIDENT SHAREHOLDERS' PRO RATA SHARES

	(A) Name	(B) Social Security Number	Pro Rata Share Income/Loss		(C) Pro Rata Share Income/Loss	(D) Gain/Loss on Disposition of Assets	(E) Distributions
			Allocated to NJ	Not Allocated to NJ			
1							
2							
3							
4							
5							
6 Total							

PART VI SUMMARY OF CONSENTING NON-RESIDENT SHAREHOLDERS' PRO RATA SHARES

	(A) Name	(B) Social Security Number	Pro Rata Share Income/Loss		(C) Pro Rata Share Income/Loss	(D) Gain/Loss on Disposition of Assets	(E) Distributions
			Allocated to NJ	Not Allocated to NJ			
1							
2							
3							
4							
5							
6 Total							

COPY

PART VII SUMMARY OF NONCONSENTING SHAREHOLDERS' PRO RATA SHARES

	(A) Name	(B) Social Security Number	Pro Rata Share Income/Loss		(C) Pro Rata Share Income/Loss	(D) Gain/Loss on Disposition of Assets	(E) Distributions	(F) Gross Income Tax Paid
			Allocated to NJ	Not Allocated to NJ				
1								
2								
3								
4								
5								
6 Total								

Form NJ CBT-100S (2009)

1032 Page 16

NAME AS SHOWN ON RETURN MODERN RESTAURANT CORPORATION	FEDERAL ID NUMBER 223-248-177/000
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SCHEDULE P SUBSIDIARY INVESTMENT ANALYSIS (See Instruction 36)

NOTE: Taxpayers must hold at least 80% of the combined voting power of all classes of stock entitled to vote and at least 80% of the total number of shares of all other classes of stock, except non-voting stock which is limited and preferred as to dividends, for each subsidiary. Do not include advances to subsidiaries in book value.

(1) Name of Subsidiary	(2) Percentage of Interest		(3) Book Value (as reported in Schedule B)	(4) Dividend Income (as reported in Schedule A)
	Voting	Non-Voting		
Totals				

SCHEDULE P-1 PARTNERSHIP INVESTMENT ANALYSIS (See Instruction 37)

(1) Name of Partnership LLC, or Other Entity and Federal ID Number	(2) Date and State where Organized	(3) Percentage of Ownership	(4)		(5) Tax Accounting Method		(6) New Jersey Nexus		(7) Tax Payments Made on Behalf of Taxpayer by Partnerships
			Limited Partner	General Partner	Flow Through	Separate Accounting	Yes	No	
Total Column 7									

SCHEDULE PC PER CAPITA LICENSED PROFESSIONAL FEE (See Instruction 38)

1 a Enter number of resident and non-resident professionals with physical nexus in New Jersey _____ X \$150	1 a
1 b Enter number of non-resident professionals without physical nexus in New Jersey _____ X \$150 X allocation factor of the PC	1 b
1 c Total Fee Due – Add line 1a and line 1b	1 c
2 Installment Payment – 50% of line 1c	2
3 Total Fee Due (line 1c plus line 2)	3
4 Less prior year 50% installment payment and credit (if applicable)	4
5 Balance of Fee Due (line 3 minus line 4). If the result is zero or above, enter this amount on page 1, line 13	5
6 Credit to next year's Professional Corporation Fee (if line 5 is below zero, enter the amount here)	6

SCHEDULE Q QUALIFIED SUBCHAPTER S SUBSIDIARIES (QSSS) (See Instruction 39)

- 1 Is this corporation a Qualified Subchapter S Subsidiary? Yes ___ No X
If yes, indicate the parent corporation's name, address, and FID# below. See instruction 39 for filing requirements.
-
- 2 Does this corporation own any Qualified Subchapter S Subsidiaries? Yes ___ No X
If yes, list all the QSSS's names, addresses, and federal identification numbers below. Attach additional rider if necessary. Separately note those subsidiaries that have made a New Jersey QSSS election and whose activities are included in this return.

SCHEDULE R DIVIDEND EXCLUSION (See Instruction 40)

1 Dividend income included in Schedule A	1
2 Less: Dividend Income – Schedule P, Column (4)	2
3 Balance (line 1 less line 2)	3
4 Less: Dividend income from investments where taxpayer owns less than 50% of voting stock and less than 50% of all other classes of stock	4
5 Balance (line 3 less line 4)	5
6 50% of line 5	6
7 DIVIDEND EXCLUSION: Line 2 plus line 6 (Carry to Schedule A, line 41)	7

Form NJ CBT-100S (2009)

Page 17

NAME AS SHOWN ON RETURN

FEDERAL ID NUMBER

MODERN RESTAURANT CORPORATION

223-248-177/000

SCHEDULE S – PART I DEPRECIATION AND SAFE HARBOR LEASING (See Instruction 41)

1	Section 179 Deduction	1	
2	Special Depreciation Allowance – for certain property acquired after September 10, 2001	2	
3a	MACRS – for assets placed in service during accounting periods beginning on and after July 7, 1993	3a	2,086.
b	MACRS – Included in line 3a for assets on which bonus depreciation and excess section 179 depreciation taken	3b	
4	MACRS – for assets placed in service during accounting periods beginning prior to July 7, 1993	4	
5	ACRS	5	
6	Other Depreciation – for assets placed in service after December 31, 1980	6	
7	Other Depreciation – for assets placed in service prior to January 1, 1981	7	
8	Listed Property – for assets placed in service during accounting periods beginning on and after July 7, 1993	8	
9	Listed Property – for assets placed in service during accounting periods beginning prior to July 7, 1993	9	
10	Total depreciation claimed in arriving at line 28, Schedule A	10	2,086.

Attach Federal Form 4562 to Return and Include Federal Depreciation Worksheet

Adjustments at Line 36, Schedule A – Depreciation and Certain Safe Harbor Lease Transactions

11 Additions

- a Amounts from lines 4, 5, 6 and 9 above a _____
- b Special Depreciation Allowance – for assets placed in service during accounting periods beginning on and after January 1, 2002, and for which federal 30% or 50% bonus depreciation was taken in the current tax year. Include the initial 30% or 50% bonus amount and the regular depreciation on the adjusted basis b _____
- c Distributive share of ACRS and MACRS from a partnership c _____
- d Deductions on Federal return resulting from an election made pursuant to IRC Section 168(f)8 exclusive of elections made with respect to tax commuting vehicles. d _____
 - Interest _____
 - Rent _____
 - Amortization of Transactional Costs _____
 - Other Deductions _____
- e Section 179 depreciation in excess of New Jersey allowable deduction. Fiscal year filers refer to instruction 41 e _____
- Total line 11 (lines a, b, c, d and e) 11 _____

12 Deductions

- a New Jersey depreciation – (From Schedule S, Part II(A)) a _____
- b New Jersey depreciation – (From Schedule S, Part II(B)) b _____
- c Recomputed depreciation attributable to distributive share of recovery property from a partnership c _____
- d Any income included in the return with respect to property described at line 11d solely as a result of that election d _____
- e The lessee/user should enter the amount of depreciation which would have been allowable under the Internal Revenue Code at December 31, 1980 had there been no safe harbor lease election e _____
- f Excess of accumulated ACRS, MACRS, or bonus depreciation over accumulated New Jersey depreciation on physical disposal of recovery property (attach computations) f _____
- Total line 12 (lines a, b, c, d, e and f) 12 _____

13 ADJUSTMENT – (line 11 minus line 12) Enter at line 36, Schedule A 13 _____

Form **NJ CBT-100S (2009)**

1032 Page 20

NAME AS SHOWN ON RETURN

FEDERAL ID NUMBER

MODERN RESTAURANT CORPORATION

223-248-177/000

SCHEDULE S – PART III NEW JERSEY DEPRECIATION FOR GAS, ELECTRIC, AND GAS AND ELECTRIC PUBLIC UTILITIES
(See Instruction 41)

- 1 Total depreciation claimed in arriving at Schedule A, line 21..... 1 _____
- 2 Federal depreciation for assets placed in service after January 1, 1998..... 2 _____
- 3 Net (subtract line 2 from line 1)..... 3 _____
- 4 New Jersey depreciation allowable on the Single Asset Account. (Assets placed in service prior to January 1, 1998)
 - a Total adjusted Federal depreciable basis as of December 31, 1997..... a _____
 - b Excess book depreciable basis over Federal tax basis as of December 31, 1997..... b _____
 - c Less accumulated Federal basis for all single Asset Account property sold, retired, or disposed of to date..... c _____
 - d Total (line 4a plus 4b less line 4c)..... d _____
- 5 New Jersey depreciation (divide line 4d by 30)..... 5 _____
- 6 New Jersey adjustment
 - a Depreciation adjustment for assets placed in service prior to January 1, 1998 (subtract line 5 from line 3)..... a _____
 - b Special bonus depreciation adjustment from Schedule S, Part I, line 13..... b _____
- 7 Total Adjustment (add lines 6a and 6b). Enter at line 36, Schedule A..... 7 _____

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SCHEDULE **NJ-K-1**
(Form CBT-100S)
(6-09)

State of New Jersey
Division of Taxation

2009 - S - Page 22
1032

SHAREHOLDER'S SHARE OF INCOME/LOSS

2009

For calendar year 2009 or tax year beginning		, and ending	
Shareholder's identifying number	Federal employer identification number		
	223-248-177/000		
Shareholder's name, address, and ZIP code	Corporation's name, address, and ZIP code		
ABEL RIVA 3 CARLTON AVENUE HOHOKUS, NJ 07423	MODERN RESTAURANT CORPORATION TRATTORIA FRATELLI 3 CARLTON AVENUE HO-HO-KUS, NJ 07423		

See Instruction 42

PART I

- 1 Shareholder's percentage of stock ownership for tax year..... 50 %
- 2 Shareholder..... resident non-resident
- 3 Shareholder..... consenting nonconsenting
- 4 Check applicable box: Final NJ-K-1 Amended NJ-K-1
- 5 Date the shareholder's stock was fully disposed.....

PART II

- 1 S Income/Loss allocated to New Jersey..... -148.
- 2 S Income/Loss not allocated to New Jersey.....
- 3 Pro rata share of S Corporation Income/Loss (line 1 plus line 2).... -148.
- 4 Gain/Loss on disposition of assets allocated to New Jersey.....
- 5 Gain/Loss on disposition of assets not allocated to New Jersey.....
- 6 Total Gain/Loss from disposition of assets (line 4 plus line 5).....
- 7 Total payments made on behalf of shareholder.....
- 8 Distributions.....

Shareholder: Follow the reporting instructions contained in your New Jersey Income Tax return packet and in Tax Topic Bulletin GIT-9S, Income from S Corporations.

This schedule must be included with your New Jersey Income Tax return.

PART III SHAREHOLDER'S NEW JERSEY ACCUMULATED ADJUSTMENTS ACCOUNT

	New Jersey AAA	Non New Jersey AAA
1 Beginning balance.....	-3,509.	
2 Income/Loss.....	-148.	
3 Other Income/Loss.....		
4 Other reductions.....		
5 Total lines 1-4.....	-3,657.	
6 Distributions.....		
7 Ending Balance (line 5 minus line 6).....	-3,657.	

PART IV SHAREHOLDER'S NEW JERSEY EARNINGS AND PROFITS ACCOUNT

- 1 Beginning balance.....
- 2 Additions/Adjustments.....
- 3 Dividends received.....
- 4 Ending balance (line 1 plus line 2 minus line 3).....

PART V

- 1 Interest paid to shareholder (per 1099-INT).....
- 2 Indebtedness:
 - a From corporation to shareholder.....
 - b From shareholder to corporation.....
- 3 Shareholder's HEZ deduction.....

THIS FORM MAY BE REPRODUCED

SHAREHOLDER 5

SCHEDULE **NJ-K-1**
(Form CBT-100S)
(6-09)

State of New Jersey
Division of Taxation

2009 - S - Page 22
1032

SHAREHOLDER'S SHARE OF INCOME/LOSS

2009

For calendar year 2009 or tax year beginning , and ending ,

Shareholder's identifying number	Federal employer identification number 223-248-177/000
Shareholder's name, address, and ZIP code SARA RIVA 3 CARLTON AVENUE HOHOKUS, NJ 07423	Corporation's name, address, and ZIP code MODERN RESTAURANT CORPORATION TRATTORIA FRATELLI 3 CARLTON AVENUE HO-HO-KUS, NJ 07423

See Instruction 42

PART I

- Shareholder's percentage of stock ownership for tax year. 50 %
- Shareholder. resident. non-resident
- Shareholder. consenting. nonconsenting
- Check applicable box: Final NJ-K-1. Amended NJ-K-1
- Date the shareholder's stock was fully disposed.

PART II

- S Income/Loss allocated to New Jersey. -147.
- S Income/Loss not allocated to New Jersey.
- Pro rata share of S Corporation Income/Loss (line 1 plus line 2). -147.
- Gain/Loss on disposition of assets allocated to New Jersey.
- Gain/Loss on disposition of assets not allocated to New Jersey.
- Total Gain/Loss from disposition of assets (line 4 plus line 5).
- Total payments made on behalf of shareholder.
- Distributions.

Shareholder: Follow the reporting instructions contained in your New Jersey Income Tax return packet and in Tax Topic Bulletin GIT-9S, Income from S Corporations.

This schedule must be included with your New Jersey Income Tax return.

PART III SHAREHOLDER'S NEW JERSEY ACCUMULATED ADJUSTMENTS ACCOUNT

	New Jersey AAA	Non New Jersey AAA
1 Beginning balance.	-3,508.	
2 Income/Loss.	-147.	
3 Other Income/Loss.		
4 Other reductions.		
5 Total lines 1-4.	-3,655.	
6 Distributions.		
7 Ending Balance (line 5 minus line 6).	-3,655.	

PART IV SHAREHOLDER'S NEW JERSEY EARNINGS AND PROFITS ACCOUNT

- Beginning balance.
- Additions/Adjustments.
- Dividends received.
- Ending balance (line 1 plus line 2 minus line 3).

PART V

- Interest paid to shareholder (per 1099-INT).
- Indebtedness:
 - From corporation to shareholder.
 - From shareholder to corporation.
- Shareholder's HEZ deduction.

THIS FORM MAY BE REPRODUCED

SHAREHOLDER 6

MODERN RESTAURANT CORPORATION
FORM 500
 (9/09)

223-248-177/000

COMPUTATION OF THE 2009 NOL DEDUCTION

Return period beginning 1/01, 2009 and ending 12/31, 2009

READ THE INSTRUCTIONS BEFORE COMPLETING THIS FORM

1 Return period	1/01/08 12/31/08			
2 Entire net loss	5,311.			
3 Portion of line 2 previously deducted				
4 Portion of line 2 that expired				
5 Current period NOL available – line 2 minus line 3 minus line 4	5,311.			
6 Total of the amounts reported on line 5*				5,311.
7 Enter the current period's entire net income				0.
8 Current period's NOL deduction – enter the lesser of line 6 or line 7 here and on Schedule A, line 35 of the CBT-100 or the BFC-1, or line 39 of the CBT-100S				0.

Copy

*Include amounts reported on line 5 from any additional pages attached.

CBT-200-TS APPLICATION FOR EXTENSION OF TIME TO FILE

PAYMENT BY E-CHECK, ELECTRONIC FUNDS TRANSFER (EFT) AND CREDIT CARD

You may pay your 2009 New Jersey Corporation Business taxes and estimated tax for 2010 electronically by e-check or electronic funds transfer (EFT) or by credit card. Go to the Division of Taxation's website at www.state.nj.us/treasury/taxation and select 'Pay Online'. Taxpayers who do not have access to the Internet may call the Division's Customer Service Center at 609-292-6400.

If you choose to pay by credit card (Visa, MasterCard, Discover/Novus or American Express), a convenience fee of 2.49% must be paid directly to Official Payments Corporation. You may also pay by phone at 1-800-2PAYTAX, toll free. You will be promoted to enter a jurisdiction code to make your payment. The code for New Jersey is 4010.

If you are not currently enrolled in the Electronic Funds Transfer program with the Division of Revenue, visit their website at: www.state.nj.us/treasury/revenue/enrolleft.htm.

DO NOT USE THE CBT-100-V, CBT-100S-V, CBT-150C or CBT-150S PAYMENT VOUCHER IF USING ONE OF THE ABOVE METHODS FOR PAYMENT. THE CBT-200-TC OR CBT-200-TS RETURN MUST BE SUBMITTED NO MATTER WHAT METHOD OF PAYMENT IS USED.

Payment by Check

If you are applying for an Extension of Time to file your return, send your payment along with your Application for Extension of time to File CBT-200-T voucher to State of New Jersey, Division of Taxation, Revenue Processing Center, PO Box 666, Trenton, NJ 08646-0666.

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NJCA1101L 11/09/09

CBT-200-TS Corporation Business Tax For the period beginning 01/01/2009 and ending 12/31/2009
2009 Application for Extension of Time to File

223-248-177/000 MODE
 MODERN RESTAURANT CORPORATION
 3 CARLTON AVENUE
 HO-HO-KUS, NJ 07423

State of NJ -- Division of Taxation
 Revenue Processing Center
 PO Box 666
 Trenton, NJ 08646-0666

Make Check Payable to 'State of New Jersey -- CBT'
 Write your Federal ID number and tax year on check.

1	Estimated Corporation Business Tax	\$	1630 00
2	Installment Payment (50% of Line 1)	\$	00
3	Key Corporation AMA	\$	00
4	Key Corporation Throw Out Payment	\$	00
5	Tentative Profession Corporation Fee	\$	00
6	Installment Payment for PC Fee (50% of Line 5)	\$	00
7	Total Tax and Fee Due (Add Lines 1 to 6)	\$	1630 00
8	Less Payments to date	\$	1630 00
9	Balance Due (Line 7 minus 8)	\$	0 00

1032

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2009

NEW JERSEY STATEMENTS

PAGE 1

CLIENT 06418177

MODERN RESTAURANT CORPORATION

223-248-177

6/09/11

09:23AM

**STATEMENT 1
FORM CBT-100S, PAGE 1, LINE 19
PENALTY AND INTEREST DUE**

INTEREST FROM FORM CBT-160.....	\$ 68.
TOTAL	<u>\$ 68.</u>

**STATEMENT 2
FORM CBT-100S, SCHEDULE A, LINE 5
OTHER INCOME**

DISCOUNT COUPONS & MISC INCOME.....	\$ 1,749.
GROUP SALES EVENTS.....	20,885.
INSURANCE CLAIM - LINENS.....	11,544.
TOTAL	<u>\$ 34,178.</u>

**STATEMENT 3
FORM CBT-100S, SCHEDULE A, LINE 19
OTHER DEDUCTIONS**

AUTO AND TRUCK EXPENSE.....	\$ 2,920.
BANK CHARGES.....	3,130.
FIREWOOD FOR COOKING OVEN.....	740.
INSURANCE.....	15,939.
LAUNDRY AND CLEANING.....	7,816.
LEGAL AND PROFESSIONAL.....	8,350.
MEALS AND ENTERTAINMENT EXPENSE.....	166.
MISCELLANEOUS.....	1,356.
OFFICE EXPENSE.....	5,042.
OUTSIDE SERVICES.....	3,361.
POSTAGE.....	183.
STORAGE.....	1,898.
SUPPLIES.....	1,087.
TELEPHONE.....	5,791.
UTILITIES.....	41,814.
WASTE REMOVAL & SANITATION.....	8,128.
TOTAL	<u>\$ 107,721.</u>

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**STATEMENT 4
FORM CBT-100S, SCHEDULE A-2, LINE 5
OTHER COSTS**

CREDIT CARD DISCOUNT CHARGES.....	\$ 19,581.
EQUIPMENT MAINTENANCE.....	5,276.
RESTAURANT SUPPLIES.....	6,951.
TOTAL	<u>\$ 31,808.</u>

2009

NEW JERSEY STATEMENTS

PAGE 2

CLIENT 06418177

MODERN RESTAURANT CORPORATION

223-248-177

6/09/11

09:24AM

STATEMENT 5
FORM CBT-100S, SCHEDULE B, LINE 12
ALL OTHER INTANGIBLE PERSONALTY

	<u>BEGINNING</u>	<u>ENDING</u>
PREPAID EXPENSES.....	\$ 1,720.	\$ 325.
SECURITY DEPOSITS.....	17,820.	31,820.
TOTAL	<u>\$ 19,540.</u>	<u>\$ 32,145.</u>

STATEMENT 6
FORM CBT-100S, SCHEDULE B, LINE 23
OTHER CURRENT LIABILITIES

	<u>BEGINNING</u>	<u>ENDING</u>
ACCRUED PAYROLL & EXPENSES.....	\$ 2,225.	\$ 1,775.
GIFT CERTIFICATES O/S.....	450.	0.
SALES TAXES PAYABLE.....	1,814.	1,210.
STATE TAX PAYABLE.....	1,620.	1,650.
TOTAL	<u>\$ 6,109.</u>	<u>\$ 4,635.</u>

STATEMENT 7
FORM CBT-100S, SCHEDULE C, LINE 5C
BOOK EXPENSES NOT DEDUCTED

DISALLOWED ENTERTAINMENT AND PROMOTION.....	\$	165.
TOTAL	<u>\$</u>	<u>165.</u>

COPY

STATEMENT 8
FORM CBT-100S, SCHEDULE H

LINE 9E - OTHER FEDERAL TAXES

LICENSES AND PERMITS.....	\$	1,529.
REAL ESTATE TAXES.....		43,323.
TOTAL	<u>\$</u>	<u>44,852.</u>