

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF NEVADA

Case number *(if known)* _____ Chapter 11 Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

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

1. Debtor's name Tuscany Partners 2, LLC

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and *doing business as* names

3. Debtor's federal Employer Identification Number (EIN) 27-4884943

4. Debtor's address

Principal place of business

Mailing address, if different from principal place of business

3311 S. Rainbow Blvd. #209
Las Vegas, NV 89146

Number, Street, City, State & ZIP Code

P.O. Box, Number, Street, City, State & ZIP Code

Clark

County

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL) _____

6. Type of debtor

 Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) Partnership (excluding LLP) Other. Specify: _____

Debtor Tuscany Partners 2, LLC
Name

Case number (if known) _____

7. Describe debtor's business

A. Check one:

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

B. Check all that apply

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

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

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

Check one:

- Chapter 7
- Chapter 9

Chapter 11. Check all that apply:

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

Chapter 12

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

- No.
- Yes.

If more than 2 cases, attach a separate list.

District _____	When _____	Case number _____
District _____	When _____	Case number _____

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

- No
- Yes.

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

Debtor _____	Relationship _____
District _____	When _____ Case number, if known _____

Debtor Tuscany Partners 2, LLC
Name

Case number (if known) _____

11. Why is the case filed in this district? *Check all that apply:*

Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.

A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

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

No

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

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

It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard? _____

It needs to be physically secured or protected from the weather.

It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

Other _____

Where is the property? _____
Number, Street, City, State & ZIP Code

Is the property insured?

No

Yes. Insurance agency _____
Contact name _____
Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds *Check one:*

Funds will be available for distribution to unsecured creditors.

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

14. Estimated number of creditors

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

15. Estimated Assets

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

16. Estimated liabilities

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

Debtor **Tuscany Partners 2, LLC**
Name

Case number (if known) _____

Request for Relief, Declaration, and Signatures

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

17. Declaration and signature of authorized representative of debtor

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

Executed on **October 27, 2016**
MM / DD / YYYY

X /s/ William Dyer
Signature of authorized representative of debtor
 Title **Manager**

William Dyer
Printed name

18. Signature of attorney

X /s/ Timothy P. Thomas, Esq.
Signature of attorney for debtor

Date **October 27, 2016**
MM / DD / YYYY

Timothy P. Thomas, Esq.
Printed name

Law Office of Timothy P. Thomas, LLC
Firm name

**1771 E. Flamingo Rd. Suite B-212
 Las Vegas, NV 89119**
Number, Street, City, State & ZIP Code

Contact phone **(702)227-0011** Email address **tthomas@tthomaslaw.com**

5148
Bar number and State

12:11 PM
 10/25/16
 Accrual Basis

Tuscany Partners 2, LLC
Balance Sheet
 As of September 30, 2016

	<u>Sep 30, 16</u>
ASSETS	
Current Assets	
Checking/Savings	
CNB - Operating Acct	78,296.11
Total Checking/Savings	<u>78,296.11</u>
Total Current Assets	78,296.11
Fixed Assets	
Investment in Land	3,900,000.00
Total Fixed Assets	<u>3,900,000.00</u>
TOTAL ASSETS	<u>3,978,296.11</u>
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable	2,500.00
Total Accounts Payable	<u>2,500.00</u>
Other Current Liabilities	
Due to IFA	
Due to IFA - Management Fees	176,656.67
Total Due to IFA	<u>176,656.67</u>
Due to Members	50,629.99
Total Other Current Liabilities	<u>227,286.66</u>
Total Current Liabilities	<u>229,786.66</u>
Total Liabilities	229,786.66
Equity	
Members Equity	3,786,146.46
Net Income	-37,637.01
Total Equity	<u>3,748,509.45</u>
TOTAL LIABILITIES & EQUITY	<u>3,978,296.11</u>

12:12 PM
10/25/16
Accrual Basis

Tuscany Partners 2, LLC
Profit & Loss
January through September 2016

	Jan - Sep 16
Ordinary Income/Expense	
Income	
Property Income	
Pipeline Right of Way	48,500.20
Rental Income	1,500.00
Royalty Income	4,264.40
Total Property Income	54,264.60
Total Income	54,264.60
Expense	
Entity Expenses	
Business Licenses and Permits	350.00
Professional Fees	
Accounting	900.00
Legal	22,340.27
Professional Fees - Other	1,000.00
Total Professional Fees	24,240.27
Total Entity Expenses	24,590.27
Integrated Financial Associates	
Management Fees	61,143.32
Total Integrated Financial Associates	61,143.32
Property Expenses	
Appraisals	5,000.00
Property Taxes	1,168.02
Total Property Expenses	6,168.02
Total Expense	91,901.61
Net Ordinary Income	-37,637.01
Net Income	-37,637.01

12:12 PM

10/25/16

Tuscany Partners 2, LLC
Statement of Cash Flows
January through September 2016

	<u>Jan - Sep 16</u>
OPERATING ACTIVITIES	
Net Income	-37,637.01
Adjustments to reconcile Net Income to net cash provided by operations:	
Accounts Payable	2,500.00
Due to IFA:Due to IFA - Management Fees	12,500.00
Due to Members	41,443.32
Net cash provided by Operating Activities	<u>18,806.31</u>
Net cash increase for period	18,806.31
Cash at beginning of period	59,489.80
Cash at end of period	<u><u>78,296.11</u></u>

Form 1065 Department of the Treasury Internal Revenue Service	U.S. Return of Partnership Income For calendar year 2015, or tax year beginning _____, ending _____	OMB No. 1545-0123 2015
A Principal business activity INVESTMENT B Principal product or service REAL ESTATE C Business code number 531390	Name of partnership TUSCANY PARTNERS 2, LLC Number, street, and room or suite no. If a P.O. box, see the instructions. 3311 S. RAINBOW BLVD., SUITE 209 City or town, state or province, country, and ZIP or foreign postal code LAS VEGAS NV 89146	D Employer identification number 1934 E Date business started 01/20/2011 F Total assets \$ 3,959,490.
G Check applicable boxes: (1) <input type="checkbox"/> Initial return (2) <input type="checkbox"/> Final return (3) <input type="checkbox"/> Name change (4) <input type="checkbox"/> Address change (5) <input type="checkbox"/> Amended return (6) <input type="checkbox"/> Technical termination - also check (1) or (2)		
H Check accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶		
I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year ▶ <u>33</u>		
J Check if Schedules C and M-3 are attached <input type="checkbox"/>		

Caution. Include only trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

Income	1 a Gross receipts or sales	1a	
	b Returns and allowances	1b	
	c Balance. Subtract line 1b from line 1a		1c
	2 Cost of goods sold (attach Form 1125-A)		2
	3 Gross profit. Subtract line 2 from line 1c		3
	4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)		4
	5 Net farm profit (loss) (attach Schedule F (Form 1040))		5
	6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)		6
7 Other income (loss) (attach statement)		7	
8 Total income (loss). Combine lines 3 through 7		8	
Deductions (see the instructions for limitations)	9 Salaries and wages (other than to partners) (less employment credits)		9
	10 Guaranteed payments to partners		10
	11 Repairs and maintenance		11
	12 Bad debts		12
	13 Rent		13
	14 Taxes and licenses		14
	15 Interest		15
	16 a Depreciation (if required, attach Form 4562)	16a	
	b Less depreciation reported on Form 1125-A and elsewhere on return	16b	16c
	17 Depletion (Do not deduct oil and gas depletion.)		17
	18 Retirement plans, etc.		18
	19 Employee benefit programs		19
	20 Other deductions (attach statement)		20
	21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20		21
22 Ordinary business income (loss). Subtract line 21 from line 8		22	

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member manager) is based on all information of which preparer has any knowledge.		May the IRS discuss this return with the preparer shown below (see instr. 7) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of general partner or limited liability company member manager	Date	
Paid Preparer Use Only	Print/Type preparer's name DAIN E. ELLSWORTH, CPA	Preparer's signature	Date 04/05/16
	Firm's name ELLSWORTH & STOUT, CPAS	Check <input type="checkbox"/> if self-employed	PTIN P00213663
	Firm's address 7881 W. CHARLESTON BLVD, SUITE 155 LAS VEGAS, NV 89117	Firm's EIN 3859	Phone no. (702) 871-2727

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 1065 (2015)

Schedule B Other Information						Yes	No
1 What type of entity is filing this return? Check the applicable box: a <input type="checkbox"/> Domestic general partnership b <input type="checkbox"/> Domestic limited partnership c <input checked="" type="checkbox"/> Domestic limited liability company d <input type="checkbox"/> Domestic limited liability partnership e <input type="checkbox"/> Foreign partnership f <input type="checkbox"/> Other ▶							
2 At any time during the tax year, was any partner in the partnership a disregarded entity, a partnership (including an entity treated as a partnership), a trust, an S corporation, an estate (other than an estate of a deceased partner), or a nominee or similar person?					X		
3 At the end of the tax year:							
a Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization, or any foreign government own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership							X
b Did any individual or estate own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership							X
4 At the end of the tax year, did the partnership:							
a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below							X
(i) Name of Corporation		(ii) Employer identification Number (if any)	(iii) Country of Incorporation		(iv) Percentage Owned in Voting Stock		
b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below							X
(i) Name of Entity		(ii) Employer identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization		(v) Maximum Percentage Owned in Profit, Loss, or Capital	
5 Did the partnership file Form 8893, Election of Partnership Level Tax Treatment, or an election statement under section 6231(a)(1)(B)(ii) for partnership-level tax treatment, that is in effect for this tax year? See Form 8893 for more details							X
6 Does the partnership satisfy all four of the following conditions?							
a The partnership's total receipts for the tax year were less than \$250,000. b The partnership's total assets at the end of the tax year were less than \$ 1 million. c Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return. d The partnership is not filing and is not required to file Schedule M-3 If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; Item F on page 1 of Form 1065; or Item L on Schedule K-1.							X
7 Is this partnership a publicly traded partnership as defined in section 469(k)(2)?							X
8 During the tax year, did the partnership have any debt that was cancelled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?							X
9 Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?							X
10 At any time during calendar year 2015, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country. ▶							X

Schedule B Other Information (continued)		Yes	No
11	At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions		X
12a	Is the partnership making, or had it previously made (and not revoked), a section 754 election? See instructions for details regarding a section 754 election.		X
b	Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		X
c	Is the partnership required to adjust the basis of partnership assets under section 743(d) or 734(d) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		X
13	Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than disregarded entities wholly owned by the partnership throughout the tax year) <input type="checkbox"/>		
14	At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property?		X
15	If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities, enter the number of Forms 8858 attached. See instructions <input type="checkbox"/>		
16	Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership. <input type="checkbox"/>		X
17	Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return. <input type="checkbox"/>		
18a	Did you make any payments in 2015 that would require you to file Form(s) 1099? See instructions		X
b	If "Yes," did you or will you file required Form(s) 1099?		
19	Enter the number of Form(s) 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations, attached to this return. <input type="checkbox"/>		
20	Enter the number of partners that are foreign governments under section 892. <input type="checkbox"/>		

Designation of Tax Matters Partner (see instructions)

Enter below the general partner or member-manager designated as the tax matters partner (TMP) for the tax year of this return:

Name of designated TMP	▶ INTEGRATED FINANCIAL ASSOCIATES	Identifying number of TMP	▶ 51777
If the TMP is an entity, name of TMP representative	▶ WILLIAM DYER	Phone number of TMP	▶ 702-257-0021
Address of designated TMP	▶ 3311 S RAINBOW BLVD, SUITE 209 LAS VEGAS, NV 89146		

Schedule K Partners' Distributive Share Items		Total amount
Income (Loss)	1 Ordinary business income (loss) (page 1, line 22)	1 0.
	2 Net rental real estate income (loss) (attach Form 8825) SEE STATEMENT 1	2 -433.
	3 a 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 Guaranteed payments 4	
	5 Interest income 5	
	6 Dividends: a Ordinary dividends 6a	
	b Qualified dividends 6b	
	7 Royalties 7	
	8 Net short-term capital gain (loss) (attach Schedule D (Form 1065)) 8	
9 a Net long-term capital gain (loss) (attach Schedule D (Form 1065)) 9a		
b Collectibles (28%) gain (loss) 9b		
c Unrecaptured section 1250 gain (attach statement) 9c		
10 Net section 1231 gain (loss) (attach Form 4797) 10		
11 Other income (loss) (see instructions) Type 11		
Deductions	12 Section 179 deduction (attach Form 4562) 12	
	13 a Contributions 13a	
	b Investment interest expense 13b	
	c Section 59(e)(2) expenditures: (1) Type (2) Amount 13c(2)	
d Other deductions (see instructions) Type 13d		
Self-Employment	14 a Net earnings (loss) from self-employment 14a 0.	
	b Gross farming or fishing income 14b	
	c Gross nonfarm income 14c	
Credits	15 a Low-income housing credit (section 42(j)(5)) 15a	
	b Low-income housing credit (other) 15b	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable) 15c	
	d Other rental real estate credits (see instructions) Type 15d	
	e Other rental credits (see instructions) Type 15e	
	f Other credits (see instructions) Type 15f	
Foreign Transactions	16 a Name of country or U.S. possession 16a	
	b Gross income from all sources 16b	
	c Gross income sourced at partner level 16c	
	d Foreign gross income sourced at partnership level 16d	
	e General category f Other 16e	
	Deductions allocated and apportioned at partner level 16f	
	g Interest expense h Other 16g	
	Deductions allocated and apportioned at partnership level to foreign source income 16h	
	i Passive category j General category k Other 16i	
	f Total foreign taxes (check one): Paid <input type="checkbox"/> Accrued <input type="checkbox"/> 16j	
m Reduction in taxes available for credit (attach statement) 16m		
n Other foreign tax information (attach statement) 16n		
Alternative Minimum Tax (AMT) Items	17 a Post-1986 depreciation adjustment 17a	
	b Adjusted gain or loss 17b	
	c Depletion (other than oil and gas) 17c	
	d Oil, gas, and geothermal properties - gross income 17d	
	e Oil, gas, and geothermal properties - deductions 17e	
	f Other AMT items (attach statement) 17f	
Other Information	18 a Tax-exempt interest income 18a	
	b Other tax-exempt income 18b	
	c Nondeductible expenses 18c	
	19 a Distributions of cash and marketable securities 19a	
	b Distributions of other property 19b	
	20 a Investment income 20a	
b Investment expenses 20b		
c Other items and amounts (attach statement)		

Analysis of Net Income (Loss)

1 Net income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of Schedule K, lines 12 through 13d, and 16i						1	-433.
2 Analysis by partner type:	(i) Corporate	(ii) Individual (active)	(iii) Individual (passive)	(iv) Partnership	(v) Exempt Organization	(vi) Nominee/Other	
a General partners							
b Limited partners	-9.		-50.	-176.			-198.

Schedule L Balance Sheets per Books

Assets	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
1 Cash		56,923.		59,490.
2a Trade notes and accounts receivable				
b Less allowance for bad debts				
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities				
6 Other current assets (attach statement)				
7a Loans to partners (or persons related to partners)				
b Mortgage and real estate loans				
8 Other investments (attach statement)				
9a Buildings and other depreciable assets				
b Less accumulated depreciation				
10a Depletable assets				
b Less accumulated depletion				
11 Land (net of any amortization)				
12a Intangible assets (amortizable only)				
b Less accumulated amortization				
13 Other assets (attach statement)	STATEMENT 2	3,900,000.		3,900,000.
14 Total assets		3,956,923.		3,959,490.
Liabilities and Capital				
15 Accounts payable				
16 Mortgages, notes, bonds payable in less than 1 year				
17 Other current liabilities (attach statement)	STATEMENT 3	7,803.		10,803.
18 All nonrecourse loans				
19a Loans from partners (or persons related to partners)		9,187.		9,187.
b Mortgages, notes, bonds payable in 1 year or more				
20 Other liabilities (attach statement)				
21 Partners' capital accounts		3,939,933.		3,939,500.
22 Total liabilities and capital		3,956,923.		3,959,490.

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

Note. The partnership may be required to file Schedule M-3 (see instructions).

1 Net income (loss) per books	-433.	6 Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize):		a Tax-exempt interest \$	
3 Guaranteed payments (other than health insurance)		7 Deductions included on Schedule K, lines 1 through 13d, and 16i, not charged against book income this year (itemize):	
4 Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 16i (itemize):		a Depreciation \$	
a Depreciation \$		8 Add lines 6 and 7	
b Travel and entertainment \$		9 Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5	-433.
5 Add lines 1 through 4	-433.		

Schedule M-2 Analysis of Partners' Capital Accounts

1 Balance at beginning of year	3,939,933.	6 Distributions: a Cash	
2 Capital contributed: a Cash		b Property	
b Property		7 Other decreases (itemize):	
3 Net income (loss) per books	-433.	8 Add lines 6 and 7	
4 Other increases (itemize):		9 Balance at end of year. Subtract line 8 from line 5	3,939,500.
5 Add lines 1 through 4	3,939,500.		

Form **8825**
 (Rev. December 2010)
 Department of the Treasury
 Internal Revenue Service

Rental Real Estate Income and Expenses of a Partnership or an S Corporation

OMB No. 1545-1186

▶ See instructions on page 2.
 ▶ Attach to Form 1065, Form 1065-B, or Form 1120S.

Name **TUSCANY PARTNERS 2, LLC** Employer identification number **4934**

1 Show the type and address of each property. For each rental real estate property listed, report the number of days rented at fair rental value and days with personal use. See instructions. See page 2 to list additional properties.				
	Physical address of each property - street, city, state, ZIP code	Type - Enter code 1-8; see page 2 for list	Fair Rental Days	Personal Use Days
A	37TH ST AND 47TH AVE EVANS, CO 80634	5		
B				
C				
D				

Rental Real Estate Income	Properties			
	A	B	C	D
2 Gross rents	8,964.			
Rental Real Estate Expenses				
3 Advertising				
4 Auto and travel				
5 Cleaning and maintenance				
6 Commissions				
7 Insurance				
8 Legal and other professional fees	910.			
9 Interest				
10 Repairs				
11 Taxes	927.			
12 Utilities				
13 Wages and salaries				
14 Depreciation (see instructions)				
15 Other (list) ▶ STMT 4	7,560.			
16 Total expenses for each property. Add lines 3 through 15	9,397.			
17 Income or (Loss) from each property. Subtract line 16 from line 2	-433.			

18a Total gross rents. Add gross rents from line 2, columns A through H	18a	8,964.
b Total expenses. Add total expenses from line 16, columns A through H	18b	(9,397.)
19 Net gain (loss) from Form 4797, Part II, line 17, from the disposition of property from rental real estate activities	19	
20a Net income (loss) from rental real estate activities from partnerships, estates, and trusts in which this partnership or S corporation is a partner or beneficiary (from Schedule K-1)	20a	
b Identify below the partnerships, estates, or trusts from which net income (loss) is shown on line 20a. Attach a schedule if more space is needed:		
(1) Name	(2) Employer identification number	
_____	_____	
_____	_____	
21 Net rental real estate income (loss). Combine lines 18a through 20a. Enter the result here and on:	21	-433.
• Form 1065 or 1120S; Schedule K, line 2, or		
• Form 1065-B; Part I, line 4		

TUSCANY PARTNERS 2, LLC

27-4884934

Form 8825 (12-2010)

Page 2

1 Show the type and address of each property. For each rental real estate property listed, report the number of days rented at fair rental value and days with personal use. See instructions.			
	Physical address of each property - street, city, state, ZIP code	Type - Enter code 1-8; see below for list	Fair Rental Days Personal Use Days
E			
F			
G			
H			

Rental Real Estate Income		Properties			
		E	F	G	H
2Gross rents	2				
Rental Real Estate Expenses					
3Advertising	3				
4Auto and travel	4				
5Cleaning and maintenance	5				
8Commissions	6				
7Insurance	7				
8Legal and other professional fees	8				
9Interest	9				
10Repairs	10				
11Taxes	11				
12Utilities	12				
13Wages and salaries	13				
14Depreciation (see instructions)	14				
15Other (list) ▶	15				
16Total expenses for each property. Add lines 3 through 15	16				
17Income or (Loss) from each property. Subtract line 16 from line 2	17				

- Allowable Codes for Type of Property**
- 1 - Single Family Residence
 - 2 - Multi-Family Residence
 - 3 - Vacation or Short-Term Rental
 - 4 - Commercial
 - 5 - Land
 - 6 - Royalties
 - 7 - Self-Rental
 - 8 - Other (include description with the code on Form 8825 or on a separate statement)

JWA

Form 8825 (12-2010)

TUSCANY PARTNERS 2, LLC

94934

SCHEDULE K NET INCOME (LOSS) FROM RENTAL REAL ESTATE STATEMENT 1

DESCRIPTION	AMOUNT
LAND - RENTAL REAL ESTATE	-433.
TOTAL TO SCHEDULE K, LINE 2	-433.

SCHEDULE L OTHER ASSETS STATEMENT 2

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
LAND ACQUIRED THROUGH FORECLOSURE	3,900,000.	3,900,000.
TOTAL TO SCHEDULE L, LINE 13	3,900,000.	3,900,000.

SCHEDULE L OTHER CURRENT LIABILITIES STATEMENT 3

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
DUE TO RELATED PARTY	7,803.	10,803.
TOTAL TO SCHEDULE L, LINE 17	7,803.	10,803.

OTHER RENTAL EXPENSES STATEMENT 4

LAND

PROPERTY: RENTAL REAL ESTATE
 LOCATION: W 37TH ST AND 47TH AVE, EVANS, CO 80634

DESCRIPTION	AMOUNT
COLORADO INCOME TAX	675.
LICENSES	325.
ENGINEERING	3,560.
MANAGEMENT FEES	3,000.
TOTAL TO RENTAL SCHEDULE, LINE 15	7,560.

TUSCANY PARTNERS 2, LLC

4934

GROSS RENTAL INCOME

STATEMENT 5

LAND

PROPERTY: RENTAL REAL ESTATE

LOCATION: W 37TH ST AND 47TH AVE, EVANS, CO 80634

DESCRIPTION

AMOUNT

GROSS RENTAL INCOME

1,500.

ROYALTY INCOME

7,464.

TOTAL TO RENTAL SCHEDULE, LINE 2

8,964.

Fill in this information to identify the case:

Debtor name Tuscany Partners 2, LLC
United States Bankruptcy Court for the: DISTRICT OF NEVADA
Case number (if known) _____

Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

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

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

Declaration and signature

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

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

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

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

Executed on October 27, 2016

X /s/ William Dyer

Signature of individual signing on behalf of debtor

William Dyer

Printed name

Manager

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name Tuscany Partners 2, LLC

United States Bankruptcy Court for the: DISTRICT OF NEVADA

Case number (if known): _____

Check if this is an amended filing

Official Form 204

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

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

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Barbara Kalb C/O Intergrated Financial Associates, In 3311 S. Rainbow Blvd Ste. 208 Las Vegas, NV 89146		Member Loans				\$7,855.25
Beatrice S. Berstein Rev Fami Tr FBO Carol B. Oshins C/O Intergrated Financial Associates, In 3311 S. Rainbow Blvd. Ste. 208 Las Vegas, NV 89146		Member loans				\$2,618.42
Carol J. Guth Trust C/O Intergrated Financial Associates, In 3311 S. Rainbow Blvd. Ste. 208 Las Vegas, NV 89146		Member loans				\$5,711.34
Deborah Stout Trust C/O Intergrated Financial Associates, In 3311 S. Rainbow Blvd. Ste. 208 Las Vegas, NV 89146		Member loans				\$3,591.30

Debtor **Tuscany Partners 2, LLC**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
EFKTV Holdings LLC, Series A c/o IFA, Inc.,3311 S. Rainbow Blvd,#209 Las Vegas, NV 89146		Member loans				\$2,371.23
First Trust Co of Onaga FBO Reba Clark IRA C/O Intergrated Financial Associates, In 3311 S. Rainbow Blvd. Ste. 208 Las Vegas, NV 89146		Member loans				\$2,284.51
Henry B Soloway 1991 Irrevocable Trust C/O Intergrated Financial Associates, In 3311 S. Rainbow Blvd. Suite 208 Las Vegas, NV 89146		Member loans				\$7,615.08
Integrated Finacial Associates 3311 S. Rainbow Blvd. Suite 209 Las Vegas, NV 89146		Member loans				\$120,902.60
Integrated Finacial Associates 3311 S. Rainbow Blvd. Suite 209 Las Vegas, NV 89146		Management Fees/ Loan Servicing Fees				\$102,000.00
James & Reba Cardwell Family Trust c/o IFA, Inc. 3311 S. Rainbow Blvd. #209 Las Vegas, NV 89146		Member loans				\$4,595.78

Debtor **Tuscany Partners 2, LLC**
Name _____

Case number (if known) _____

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
John Falstad Martial Trust C/O Intergrated Financial Associates, In 3311 S. Rainbow Blvd. Ste. 208 Las Vegas, NV 89146		Member loans				\$5,711.34
Kalb Construction Co Profit Sharing Plan C/O Intergrated Financial Associates, In 3311 S. Rainbow Blvd. Ste. 208 Las Vegas, NV 89146		Member loans				\$5,538.06
Karin B Soloway Irrevocable Trust DTD 04/25/96 C/O Intergrated Financial Associates, In 3311 Las Vegas, NV 89146		Member loans				\$6,299.74
Laurie Engel Family Ltd Partnership C/O Intergrated Financial Associates, In 3311 S. Rainbow Blvd. Ste. 208 Las Vegas, NV 89146		Member loans				\$3,046.04
Peter Yogman & Dianne Walker, JTWS C/O Intergrated Financial Associates, In 3311 S. Rainbow Blvd. Ste 208 Las Vegas, NV 89146		Member loans				\$4,311.36

Debtor **Tuscany Partners 2, LLC**
Name _____

Case number (if known) _____

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Richard & Carol Oshins Revocable Family Trust C/O Intergrated Financial Associates, In 3311 S. Rainbow Blvd. Ste. 208 Las Vegas, NV 89146		Member loans				\$5,236.84
Ruth Oshins Revocable Family Trust C/O Intergrated Financial Associates, In 3311 S. Rainbow Blvd. Ste 208 Las Vegas, NV 89146		Member loans				\$2,155.67
SCWAK, LLC c/o IFA, Inc. 3311 S. Rainbow Blvd. #209 Las Vegas, NV 89146		Member loans				\$10,444.85
Soloway Limited Partners C/O Intergrated Financial Associates, In 3311 S. Rainbow Blvd. Ste. 208 Las Vegas, NV 89146		Member loans				\$3,807.55
Tom O Rourke C/O Intergrated Financial Associates, In 3311 S. Rainbow Blvd Ste. 208 Las Vegas, NV 89146		Personal loans				\$2,769.02

Fill in this information to identify the case:

Debtor name Tuscany Partners 2, LLC

United States Bankruptcy Court for the: DISTRICT OF NEVADA

Case number (if known) _____

Check if this is an amended filing

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

12/15

Part 1: Summary of Assets

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

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$ <u>1,030,000.00</u>
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ <u>74,582.03</u>
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ <u>1,104,582.03</u>

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ <u>0.00</u>
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ <u>0.00</u>
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ <u>314,784.72</u>
4. Total liabilities Lines 2 + 3a + 3b	\$ <u>314,784.72</u>

Fill in this information to identify the case:

Debtor name Tuscany Partners 2, LLC

United States Bankruptcy Court for the: DISTRICT OF NEVADA

Case number (if known) _____

Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

12/15

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

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

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

Part 1: Cash and cash equivalents

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

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

All cash or cash equivalents owned or controlled by the debtor			Current value of debtor's interest
3.	Checking, savings, money market, or financial brokerage accounts (<i>Identify all</i>)		
	Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number
3.1.	<u>Checking Account-City National Bank</u>	<u>Debtor in Possession Account</u>	<u>6872</u> <u>\$74,582.03</u>

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

5. **Total of Part 1.**

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

\$74,582.03

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

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

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

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

Part 4: Investments

13. Does the debtor own any investments?

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

Debtor Tuscany Partners 2, LLC
Name

Case number (If known) _____

Part 5: Inventory, excluding agriculture assets

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

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

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

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

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

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

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

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

Part 8: Machinery, equipment, and vehicles

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

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

Part 9: Real property

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

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

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

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available).	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1. County of Weld, State of Colorado APN: 095922400026 & APN: 09592240027	tenants in common 96.28%	\$1,030,196.00	Appraisal	\$1,030,000.00

56. **Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$1,030,000.00

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

- No
- Yes

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

Debtor Tuscany Partners 2, LLC
Name

Case number (If known) _____

- No
- Yes

Part 10: Intangibles and intellectual property

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

- No. Go to Part 11.
- Yes Fill in the information below.

Part 11: All other assets

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

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

- No. Go to Part 12.
- Yes Fill in the information below.

Debtor Tuscany Partners 2, LLC
Name

Case number (if known) _____

Part 12: Summary

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

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$74,582.03</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$0.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$0.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$1,030,000.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$74,582.03</u>	+ 91b. <u>\$1,030,000.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$1,104,582.03</u>

Fill in this information to identify the case:

Debtor name Tuscany Partners 2, LLC

United States Bankruptcy Court for the: DISTRICT OF NEVADA

Case number (if known) _____

Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

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

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

Debtor	Name	Case number (if known)
	Tuscany Partners 2, LLC	
3.5	Nonpriority creditor's name and mailing address EFKTV Holdings LLC, Series A c/o IFA, Inc., 3311 S. Rainbow Blvd, #209 Las Vegas, NV 89146 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,371.23 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Member loans</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.6	Nonpriority creditor's name and mailing address First Trust Co of Onaga FBO Reba Clark IRA C/O Intergrated Financial Associates, In 3311 S. Rainbow Blvd. Ste. 208 Las Vegas, NV 89146 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,284.51 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Member loans</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.7	Nonpriority creditor's name and mailing address George D Kalb & Barbara A Kalb Rev Famil C/O Intergrated Financial Associates, In 3311 S. Rainbow Blvd. Ste. 208 Las Vegas, NV 89146 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,384.53 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Member loans</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.8	Nonpriority creditor's name and mailing address Henry B Soloway 1991 Irrevocable Trust C/O Intergrated Financial Associates, In 3311 S. Rainbow Blvd. Suite 208 Las Vegas, NV 89146 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7,615.08 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Member loans</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.9	Nonpriority creditor's name and mailing address Hilary Schmutz C/O Intergrated Financial Associates, In 3311 S. Rainbow Blvd. Ste. 208 Las Vegas, NV 89146 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$86.53 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Member loans</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.10	Nonpriority creditor's name and mailing address Integrated Finacial Associates 3311 S. Rainbow Blvd. Suite 209 Las Vegas, NV 89146 Date(s) debt was incurred <u>2005-2016</u> Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$102,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Management Fees/ Loan Servicing Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.11	Nonpriority creditor's name and mailing address Integrated Finacial Associates 3311 S. Rainbow Blvd. Suite 209 Las Vegas, NV 89146 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$120,902.60 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Member loans</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Name	Case number (if known)	
3.12	Nonpriority creditor's name and mailing address James & Reba Cardwell Family Trust c/o IFA, Inc. 3311 S. Rainbow Blvd. #209 Las Vegas, NV 89146 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Member loans</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,595.78
3.13	Nonpriority creditor's name and mailing address John Falstad Martial Trust C/O Intergrated Financial Associates, In 3311 S. Rainbow Blvd. Ste. 208 Las Vegas, NV 89146 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Member loans</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,711.34
3.14	Nonpriority creditor's name and mailing address Kalb Construction Co Profit Sharing Plan C/O Intergrated Financial Associates, In 3311 S. Rainbow Blvd. Ste. 208 Las Vegas, NV 89146 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Member loans</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,538.06
3.15	Nonpriority creditor's name and mailing address Karin B Soloway Irrevocable Trust DTD 04/25/96 C/O Intergrated Financial Associates, In 3311 Las Vegas, NV 89146 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Member loans</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,299.74
3.16	Nonpriority creditor's name and mailing address Ken Templeton Realty 3311 S. Rainbow Boulevard #225 Las Vegas, NV 89146 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,749.67
3.17	Nonpriority creditor's name and mailing address Laurie Engel Family Ltd Partnership C/O Intergrated Financial Associates, In 3311 S. Rainbow Blvd. Ste. 208 Las Vegas, NV 89146 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Member loans</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,046.04
3.18	Nonpriority creditor's name and mailing address Laurie Engel Family Ltd Partnership-1 C/O Intergrated Financial Associates, In 3311 S. Rainbow Blvd. Ste. 208 Las Vegas, NV 89146 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Member loans</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$761.51

Debtor	Name	Case number (if known)	
3.19	Nonpriority creditor's name and mailing address Newby 1984 Trust C/O Intergrated Financial Associates, In 3311 S. Rainbow Blvd. Ste. 208 Las Vegas, NV 89146 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Member loans</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$197.60
3.20	Nonpriority creditor's name and mailing address Peter Yogman & Dianne Walker, JTWRs C/O Intergrated Financial Associates, In 3311 S. Rainbow Blvd. Ste 208 Las Vegas, NV 89146 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Member loans</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,311.36
3.21	Nonpriority creditor's name and mailing address Richard & Carol Oshins Revocable Family Trust C/O Intergrated Financial Associates, In 3311 S. Rainbow Blvd. Ste. 208 Las Vegas, NV 89146 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Member loans</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,236.84
3.22	Nonpriority creditor's name and mailing address Ruth Oshins Revocable Family Trust C/O Intergrated Financial Associates, In 3311 S. Rainbow Blvd. Ste 208 Las Vegas, NV 89146 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Member loans</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,155.67
3.23	Nonpriority creditor's name and mailing address SCWAK, LLC c/o IFA, Inc. 3311 S. Rainbow Blvd. #209 Las Vegas, NV 89146 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Member loans</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,444.85
3.24	Nonpriority creditor's name and mailing address Soloway Limited Partners C/O Intergrated Financial Associates, In 3311 S. Rainbow Blvd. Ste. 208 Las Vegas, NV 89146 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Member loans</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,807.55
3.25	Nonpriority creditor's name and mailing address Steven C. Kalb & Wendy A. Kalb Fmly Trst c/o IFA, Inc. 3311 S. Rainbow Blvd. #209 Las Vegas, NV 89146 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Member loans</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,738.90

Debtor Tuscany Partners 2, LLC Case number (if known) _____
Name

3.26	Nonpriority creditor's name and mailing address Tom O Rourke C/O Intergrated Financial Associates, In 3311 S. Rainbow Blvd Ste. 208 Las Vegas, NV 89146 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Personal loans</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,769.02
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Part 3: List Others to Be Notified About Unsecured Claims

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

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

Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any

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

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

	<table border="0" style="width: 100%;"> <tr> <td colspan="2" style="text-align: center; background-color: #e0e0e0;">Total of claim amounts</td> </tr> <tr> <td style="width: 5%;">5a.</td> <td style="width: 5%;">\$</td> <td style="width: 40%; border-bottom: 1px solid black;"> </td> <td style="width: 10%; text-align: right;">0.00</td> </tr> <tr> <td>5b.</td> <td>+</td> <td style="border-bottom: 1px solid black;"> </td> <td style="text-align: right;">314,784.72</td> </tr> <tr> <td>5c.</td> <td>\$</td> <td style="border: 2px solid black; border-bottom: 1px solid black;"> </td> <td style="text-align: right;">314,784.72</td> </tr> </table>	Total of claim amounts		5a.	\$		0.00	5b.	+		314,784.72	5c.	\$		314,784.72
Total of claim amounts															
5a.	\$		0.00												
5b.	+		314,784.72												
5c.	\$		314,784.72												
5a. Total claims from Part 1 5b. Total claims from Part 2 5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.															

Fill in this information to identify the case:

Debtor name Tuscany Partners 2, LLC

United States Bankruptcy Court for the: DISTRICT OF NEVADA

Case number (if known) _____

Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

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

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

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

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

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

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

State the term remaining **04/30/2017**

List the contract number of any government contract _____

**Michael Wiedeman
4367 W. 37th St.
Evans, CO 80620**

Fill in this information to identify the case:

Debtor name Tuscany Partners 2, LLC

United States Bankruptcy Court for the: DISTRICT OF NEVADA

Case number (if known) _____

Check if this is an amended filing

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

12/15

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

1. Do you have any codebtors?

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

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

Column 1: Codebtor

Column 2: Creditor

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

Fill in this information to identify the case:

Debtor name Tuscany Partners 2, LLC

United States Bankruptcy Court for the: DISTRICT OF NEVADA

Case number (if known) _____

Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/16

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

Part 1: Income

1. Gross revenue from business

None.

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

Sources of revenue
Check all that apply

Gross revenue
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:
From 1/01/2016 to Filing Date

Operating a business
 Other Lease

\$1,500.00

For prior year:
From 1/01/2015 to 12/31/2015

Operating a business
 Other Sale of Gas Pipe/Line Easment

\$48,500.00

2. Non-business revenue

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

None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:
From 1/01/2016 to Filing Date

Royalties

\$12,678.02

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

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

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

None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply

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

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments

Debtor **Tuscany Partners 2, LLC**

Case number (if known) _____

listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
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5. Repossessions, foreclosures, and returns

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

None

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

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

None

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

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

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

None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
---------------------------	----------------	------------------------------------	----------------

8. Assignments and receivership

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

None

Part 4: Certain Gifts and Charitable Contributions

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

None

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

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

None

Debtor Tuscany Partners 2, LLC Case number (if known) _____

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

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

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

None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Law Office of Timothy P. Thomas, LLC 1771 E. Flamingo Rd. Suite B-212 Las Vegas, NV 89119	Attorney Fees	08/19/2016	\$20,000.00
Email or website address tthomas@tthomaslaw.com			
Who made the payment, if not debtor?			

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

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

None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value

13. Transfers not already listed on this statement

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

None.

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

Part 7: Previous Locations

14. Previous addresses

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

Does not apply

Address	Dates of occupancy From-To

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Debtor **Tuscany Partners 2, LLC**

Case number (if known) _____

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

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

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

Part 9: Personally Identifiable Information

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

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

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

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

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

18. Closed financial accounts

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

- None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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19. Safe deposit boxes

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

- None

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

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

- None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
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Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

Debtor **Tuscany Partners 2, LLC**

Case number (if known) _____

21. Property held for another

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

None

Part 12: Details About Environment Information

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

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

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

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

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

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

No.
 Yes. Provide details below.

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

No.
 Yes. Provide details below.

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

No.
 Yes. Provide details below.

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

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

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

None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.	Dates business existed EIN: From-To
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25.1. **Integrated Financial Associates**
3311 S. Rainbow Blvd. Suite 209
Las Vegas, NV 89146

26. Books, records, and financial statements

Debtor Tuscany Partners 2, LLC Case number (if known) _____

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

None

Name and address	Date of service From-To
26a.1. Integrated Finacial Associates 3311 S. Rainbow Blvd. Suite 209 Las Vegas, NV 89146	2004-Present

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

None

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

None

Name and address	If any books of account and records are unavailable, explain why
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26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

None

Name and address

27. Inventories

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

No

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

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
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28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

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

No

Yes. Identify below.

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

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

No

Yes. Identify below.

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

No

Yes. Identify below.

Debtor Tuscany Partners 2, LLC

Case number (if known) _____

Name of the parent corporation

Employer Identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- No
- Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

Part 14: Signature and Declaration

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

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

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

Executed on October 27, 2016

/s/ William Dyer
Signature of individual signing on behalf of the debtor

William Dyer
Printed name

Position or relationship to debtor Manager

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

- No
- Yes

B2030 (Form 2030) (12/15)

**United States Bankruptcy Court
District of Nevada**

In re Tuscany Partners 2, LLC Debtor(s) Case No. _____ Chapter 11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

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

For legal services, I have agreed to accept	\$	<u>18,283.00</u>
Prior to the filing of this statement I have received	\$	<u>0.00</u>
Balance Due	\$	<u>18,283.00</u>

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

3. The source of the compensation paid to me was:
 Debtor Other (specify):

4. The source of compensation to be paid to me is:
 Debtor Other (specify):

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

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
 a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
 e. [Other provisions as needed]

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

CERTIFICATION

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

October 27, 2016
Date

/s/ Timothy P. Thomas, Esq.
Timothy P. Thomas, Esq.
Signature of Attorney
Law Office of Timothy P. Thomas, LLC
1771 E. Flamingo Rd. Suite B-212
Las Vegas, NV 89119
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Name of law firm

**United States Bankruptcy Court
District of Nevada**

In re Tuscany Partners 2, LLC

Debtor(s)

Case No.

Chapter 11

LIST OF EQUITY SECURITY HOLDERS

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

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
Beatrice S . Berstein Rev Fami Tr FBO C/O Intergrated Financial Associates, In 3311 S. Rainbow Blvd. #208 Las Vegas, NV 89146		1.28%	
Betty Engelstad, Rollover IRA C/O Intergrated Financial Associates, In 3311 S. Rainbow Blvd. #208 Las Vegas, NV 89146		2.56%	
caryl J Guth Trust c/o Integrated Financial Assoc. Inc. 3311 S. Rainbow Blvd. #209 Las Vegas, NV 89146		1.92%	
Deborah Stout Trust C/O Intergrated Financial Associates, In 3311 S. Rainbow Blvd. Ste. 208 Las Vegas, NV 89146		1.28%	
EFKTV Holdings LLC, Series A c/o IFA, Inc.,3311 S. Rainbow Blvd,#209 Las Vegas, NV 89146		7.69%	
George D & Barbara Kalb JTWS C/O Intergrated Financial Associates, In 3311 S. Rainbow Blvd. #209 Las Vegas, NV 89146		3.85%	
George D. Kalb & Barbara A. Kalb Rev. Tr c/o Integrated Financial Assoc., Inc. 3311 S. Rainbow Blvd. #209 Las Vegas, NV 89146		0.64%	
Glenn Raynes & Rene M. Raynes Rev Fam Tr C/O Intergrated Financial Associates, In 3311 S. Rainbow Blvd. Ste. 208 Las Vegas, NV 89146		10%	
Henry B Soloway 1991 Irrevocable Trust C/O Intergrated Financial Associates, In 3311 S. Rainbow Blvd. Suite 208 Las Vegas, NV 89146		2.56%	

In re: **Tuscany Partners 2, LLC**

Case No. _____

Debtor(s)

LIST OF EQUITY SECURITY HOLDERS
(Continuation Sheet)

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
hillary Schmutz c/o Integrated Financial Assoc. Inc. 3311 S. Rainbow Blvd. #209 Las Vegas, NV 89146		0.51%	
Integrated Financial Associates, Inc. 3311 S. Rainbow Blvd., Ste. 209 Las Vegas, NV 89146		1.92%	
James & Reba Cardwell Family Trust c/o IFA, Inc. 3311 S. Rainbow Blvd. #209 Las Vegas, NV 89146		1.67%	
John A. Hunt, PC Profit Sharing Plan TR C/O Intergrated Financial Associates, In 3311 S. Rainbow Blvd. Ste. 208 Las Vegas, NV 89146		1.28%	
John Falstad Martial Trust C/O Intergrated Financial Associates, In 3311 S. Rainbow Blvd. Ste. 208 Las Vegas, NV 89146		1.92%	
Kalb Const. Co. Profit Sharing Plan c/o IFA, Inc. 3311 S. Rainbow Blvd. #209 Las Vegas, NV 89146		2.56%	
Karin B Soloway Irrevocable Trust DTD C/O Intergrated Financial Associates, In 3311 S. Rainbow Blvd. Ste. 208 Las Vegas, NV 89146		2.56%	
Laurie Engel Family Ltd Partnership C/O Intergrated Financial Associates, In 3311 S. Rainbow Blvd. Ste. 208 Las Vegas, NV 89146		1.03%	
Laurie Engel Family Ltd Partnership-1 C/O Intergrated Financial Associates, In 3311 S. Rainbow Blvd. Ste. 208 Las Vegas, NV 89146		0.26%	
Newby 1984 Trust C/O Intergrated Financial Associates, In 3311 S. Rainbow Blvd. Ste. 208 Las Vegas, NV 89146		0.64%	

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LIST OF EQUITY SECURITY HOLDERS

(Continuation Sheet)

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
Peter Yogman & Dianne Walker, JTWRs C/O Intergrated Financial Associates, In 3311 S. Rainbow Blvd. Ste 208 Las Vegas, NV 89146		2.56%	
Pyramid Lake Holding, LLC C/O Intergrated Financial Associates, In 3311 S. Rainbow Blvd. Ste. 208 Las Vegas, NV 89146		2.56%	
Raleigh,Hunt& McGarry PP 12/12/93 FBOA A Raleigh C/O Intergrated Financial Associates, In 3311 S. Rainbow Blvd. Ste. 208 Las Vegas, NV 89146		1.026%	
Raleigh,Hunt& McGarry PP 12/12/93 FBOC A Raleigh C/O Intergrated Financial Associates, In 3311 S. Rainbow Blvd. Ste. 208 Las Vegas, NV 89146		1.67%	
Reba Clark IRA C/O Intergrated Financial Associates, In 3311 S. Rainbow Blvd. Ste. 208 Las Vegas, NV 89146		0.769%	
Richard & Carol Oshins Revocable Family Trust C/O Intergrated Financial Associates, In 3311 S. Rainbow Blvd. Ste. 208 Las Vegas, NV 89146		2.56%	
Ruby Valley Holdings c/o Mesa Asset Management, LLC 6767 W. Tropicana Avenue #206 Las Vegas, NV 89103		5.13%	
Ruth Oshins Revocable Family Trust C/O Intergrated Financial Associates, In 3311 S. Rainbow Blvd. Ste 208 Las Vegas, NV 89146		1.28%	
SCWAK LLC c/o Integrated Managers, LLC 3311 S. Rainbow Blvd. #209 Las Vegas, NV 89146		5.64%	

In re: Tuscany Partners 2, LLC

Case No. _____

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LIST OF EQUITY SECURITY HOLDERS

(Continuation Sheet)

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
Silver City Enterprises, LLC C/O Intergrated Financial Associates, In 3311 S. Rainbow Blvd. Ste. 208 Las Vegas, NV 89146		5.13%	
Soloway Limited Partners C/O Intergrated Financial Associates, In 3311 S. Rainbow Blvd. Ste. 208 Las Vegas, NV 89146		1.28%	
Sunrise Mountian Holdings, LLC C/O Intergrated Financial Associates, In 3311 S. Rainbow Blvd. Ste 208 Las Vegas, NV 89146		5.13%	
Tenth Street Funding, LP C/O Intergrated Financial Associates, In 3311 S. Rainbow Blvd. Ste 208 Las Vegas, NV 89146		10.26%	
White Pine Enterprises, LLC C/O Intergrated Financial Associates, In 3311 S. Rainbow Blvd. Ste. 208 Las Vegas, NV 89146		5.13%	

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

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

Date October 27, 2016

Signature /s/ William Dyer
William Dyer

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

**United States Bankruptcy Court
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Debtor(s)

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Chapter

11

VERIFICATION OF CREDITOR MATRIX

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

Date: **October 27, 2016**

/s/ William Dyer

William Dyer/Manager

Signer/Title

Tuscany Partners 2, LLC
3311 S. Rainbow Blvd. #209
Las Vegas, NV 89146

Timothy P. Thomas, Esq.
Law Office of Timothy P. Thomas, LLC
1771 E. Flamingo Rd. Suite B-212
Las Vegas, NV 89119

Barbara Kalb
C/O Intergrated Financial Associates, In
3311 S. Rainbow Blvd Ste. 208
Las Vegas, NV 89146

Beatrice S . Bernstein Rev Fami Tr FBO
Carol B. Oshins
C/O Intergrated Financial Associates, In
3311 S. Rainbow Blvd. Ste. 208
Las Vegas, NV 89146

Carol J. Guth Trust
C/O Intergrated Financial Associates, In
3311 S. Rainbow Blvd. Ste. 208
Las Vegas, NV 89146

Deborah Stout Trust
C/O Intergrated Financial Associates, In
3311 S. Rainbow Blvd. Ste. 208
Las Vegas, NV 89146

EFKTV Holdings LLC, Series A
c/o IFA, Inc., 3311 S. Rainbow Blvd, #209
Las Vegas, NV 89146

First Trust Co of Onaga FBO Reba Clark
IRA
C/O Intergrated Financial Associates, In
3311 S. Rainbow Blvd. Ste. 208
Las Vegas, NV 89146

George D Kalb & Barbara A Kalb Rev Famil
C/O Intergrated Financial Associates, In
3311 S. Rainbow Blvd. Ste. 208
Las Vegas, NV 89146

Henry B Soloway 1991 Irrevocable Trust
C/O Intergrated Financial Associates, In
3311 S. Rainbow Blvd. Suite 208
Las Vegas, NV 89146

Hilary Schmutz
C/O Intergrated Financial Associates, In
3311 S. Rainbow Blvd. Ste. 208
Las Vegas, NV 89146

Integrated Financial Associates
3311 S. Rainbow Blvd. Suite 209
Las Vegas, NV 89146

James & Reba Cardwell Family Trust
c/o IFA, Inc.
3311 S. Rainbow Blvd. #209
Las Vegas, NV 89146

John Falstad Martial Trust
C/O Intergrated Financial Associates, In
3311 S. Rainbow Blvd. Ste. 208
Las Vegas, NV 89146

Kalb Construction Co Profit Sharing Plan
C/O Intergrated Financial Associates, In
3311 S. Rainbow Blvd. Ste. 208
Las Vegas, NV 89146

Karin B Soloway Irrevocable Trust DTD
04/25/96
C/O Intergrated Financial Associates, In
3311
Las Vegas, NV 89146

Ken Templeton Realty
3311 S. Rainbow Boulevard #225
Las Vegas, NV 89146

Laurie Engel Family Ltd Partnership
C/O Intergrated Financial Associates, In
3311 S. Rainbow Blvd. Ste. 208
Las Vegas, NV 89146

Laurie Engel Family Ltd Partnership-1
C/O Intergrated Financial Associates, In
3311 S. Rainbow Blvd. Ste. 208
Las Vegas, NV 89146

Michael Wiedeman
4367 W. 37th St.
Evans, CO 80620

Newby 1984 Trust
C/O Intergrated Financial Associates, In
3311 S. Rainbow Blvd. Ste. 208
Las Vegas, NV 89146

Peter Yogman & Dianne Walker, JTWRs
C/O Intergrated Financial Associates, In
3311 S. Rainbow Blvd. Ste 208
Las Vegas, NV 89146

Richard & Carol Oshins Revocable Family
Trust
C/O Intergrated Financial Associates, In
3311 S. Rainbow Blvd. Ste. 208
Las Vegas, NV 89146

Ruth Oshins Revocable Family Trust
C/O Intergrated Financial Associates, In
3311 S. Rainbow Blvd. Ste 208
Las Vegas, NV 89146

SCWAK, LLC
c/o IFA, Inc.
3311 S. Rainbow Blvd. #209
Las Vegas, NV 89146

Soloway Limited Partners
C/O Intergrated Financial Associates, In
3311 S. Rainbow Blvd. Ste. 208
Las Vegas, NV 89146

Steven C. Kalb & Wendy A. Kalb Fmly Trst
c/o IFA, Inc.
3311 S. Rainbow Blvd. #209
Las Vegas, NV 89146

Tom O Rourke
C/O Intergrated Financial Associates, In
3311 S. Rainbow Blvd Ste. 208
Las Vegas, NV 89146

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Chapter **11**

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Tuscany Partners 2, LLC** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

None [*Check if applicable*]

October 27, 2016

Date

/s/ Timothy P. Thomas, Esq.

Timothy P. Thomas, Esq.

Signature of Attorney or Litigant
Counsel for **Tuscany Partners 2, LLC**

Law Office of Timothy P. Thomas, LLC

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Las Vegas, NV 89119

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tthomas@tthomaslaw.com