

**United States Bankruptcy Court
NORTHERN DISTRICT OF TEXAS**

Voluntary Petition

| | |
|--|--|
| Name of Debtor (if individual, enter Last, First, Middle): ER Gaston LTD, a Partnership | Name of Joint Debtor (Spouse)(Last, First, Middle): |
| All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): NONE | All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): |
| Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): 75-2849750 | Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): |
| Street Address of Debtor (No. & Street, City, and State): PO Box 227136 Dallas TX | Street Address of Joint Debtor (No. & Street, City, and State): |
| ZIPCODE 75222 | ZIPCODE |
| County of Residence or of the Principal Place of Business: Dallas | County of Residence or of the Principal Place of Business: |
| Mailing Address of Debtor (if different from street address): SAME | Mailing Address of Joint Debtor (if different from street address): |
| ZIPCODE | ZIPCODE |
| Location of Principal Assets of Business Debtor (if different from street address above): SAME | ZIPCODE |

| | | |
|--|---|---|
| Type of Debtor (Form of organization) (Check one box.) <input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Other (if debtor is not one of the above entities, check this box and state type of entity below _____ | Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other <hr/> Tax-Exempt Entity (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code). | Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding <hr/> Nature of Debts (Check one box) <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose" <input checked="" type="checkbox"/> Debts are primarily business debts. <hr/> Chapter 11 Debtors: Check one box: <input checked="" type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). <hr/> Check if: <input checked="" type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,343,300 (amount subject to adjustment on 4/01/13 and every three years thereafter). <hr/> Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b). |
| Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B. | | |

| | |
|---|----------------------------------|
| Statistical/Administrative Information <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors. <hr/> Estimated Number of Creditors <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000 <hr/> Estimated Assets <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion <hr/> Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input checked="" type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion | THIS SPACE IS FOR COURT USE ONLY |
|---|----------------------------------|

| | | |
|---|---|-------------|
| Voluntary Petition <i>(This page must be completed and filed in every case)</i> | Name of Debtor(s): ER Gaston LTD, a Partnership | |
| All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet) | | |
| Location Where Filed: NONE | Case Number: | Date Filed: |
| Location Where Filed: | Case Number: | Date Filed: |
| Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet) | | |
| Name of Debtor: NONE | Case Number: | Date Filed: |
| District: | Relationship: | Judge: |
| <p style="text-align:center;">Exhibit A</p> (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under Chapter 11) <p><input type="checkbox"/> Exhibit A is attached and made a part of this petition</p> | <p style="text-align:center;">Exhibit B</p> (To be completed if debtor is an individual whose debts are primarily consumer debts) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. §342(b). <p style="text-align:center;">X</p> <hr style="width:100%;"/> <div style="display: flex; justify-content: space-between;"> Signature of Attorney for Debtor(s) Date </div> | |
| Exhibit C | | |
| Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? | | |
| <p><input type="checkbox"/> Yes, and exhibit C is attached and made a part of this petition.</p> <p><input checked="" type="checkbox"/> No</p> | | |
| Exhibit D | | |
| (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) | | |
| <p><input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made part of this petition.</p> If this is a joint petition: | | |
| <p><input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.</p> | | |
| Information Regarding the Debtor - Venue (Check any applicable box) | | |
| <p><input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.</p> <p><input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.</p> <p><input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.</p> | | |
| Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.) | | |
| <p><input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)</p> <div style="margin-left: 400px;"> <hr style="width:30%;"/> (Name of landlord that obtained judgment) </div> <div style="margin-left: 400px; margin-top: 10px;"> <hr style="width:30%;"/> (Address of landlord) </div> | | |
| <p><input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and</p> <p><input type="checkbox"/> Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.</p> <p><input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).</p> | | |

In re ER Gaston LTD,
Debtor(s)

Case No. _____
(if known)

SCHEDULE A-REAL PROPERTY

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

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

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

| Description and Location of Property | Nature of Debtor's Interest in Property | Husband--H Wife--W Joint--J Community--C | Current Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption | Amount of Secured Claim |
|--------------------------------------|---|---|--|-------------------------|
| | | | | |
| None | | | | None |
| TOTAL \$ | | | 0.00 | |

No continuation sheets attached

(Report also on Summary of Schedules.)

In re ER Gaston LTD,
Debtor(s)

Case No. _____
(if known)

SCHEDULE B-PERSONAL PROPERTY

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

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

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

| Type of Property | None | Description and Location of Property | Husband--H Wife--W Joint--J Community--C | Current Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption |
|--|------|---|---|--|
| | | | | |
| 1. Cash on hand. | X | | | |
| 2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives. | | <i>Chase account Location: In debtor's possession</i> | | \$ 6,000.00 |
| | | <i>Chase Payroll Account Location: In debtor's possession</i> | | \$ 0.00 |
| 3. Security deposits with public utilities, telephone companies, landlords, and others. | X | | | |
| 4. Household goods and furnishings, including audio, video, and computer equipment. | X | | | |
| 5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles. | X | | | |
| 6. Wearing apparel. | X | | | |
| 7. Furs and jewelry. | X | | | |
| 8. Firearms and sports, photographic, and other hobby equipment. | X | | | |
| 9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each. | X | | | |
| 10. Annuities. Itemize and name each issuer. | X | | | |
| 11. Interest in an education IRA as defined in 26 U.S.C. 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. 521(c).) | X | | | |
| 12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars. | X | | | |

In re ER Gaston LTD, Debtor(s)

Case No. _____ (if known)

SCHEDULE B-PERSONAL PROPERTY

(Continuation Sheet)

| Type of Property | N o n e | Description and Location of Property | Current Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption |
|---|------------------|--|--|
| 13. Stock and interests in incorporated and unincorporated businesses. Itemize. | X | | |
| 14. Interests in partnerships or joint ventures. Itemize. | X | | |
| 15. Government and corporate bonds and other negotiable and non-negotiable instruments. | X | | |
| 16. Accounts Receivable. | X | | |
| 17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars. | X | | |
| 18. Other liquidated debts owed to debtor including tax refunds. Give particulars. | X | | |
| 19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule of Real Property. | X | | |
| 20. Contingent and non-contingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust. | X | | |
| 21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each. | X | | |
| 22. Patents, copyrights, and other intellectual property. Give particulars. | X | | |
| 23. Licenses, franchises, and other general intangibles. Give particulars. | X | | |
| 24. Customer lists or other compilations containing personally identifiable information (as described in 11 U.S.C. 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | X | | |
| 25. Automobiles, trucks, trailers and other vehicles and accessories. | X | | |
| 26. Boats, motors, and accessories. | X | | |
| 27. Aircraft and accessories. | X | | |
| 28. Office equipment, furnishings, and supplies. | X | | |
| 29. Machinery, fixtures, equipment and supplies used in business. | | <p><i>Furniture, Fixtures, Equipment and & Leasehold Improvements</i> <i>Location: In debtor's possession</i></p> | <p>\$ 81,440.66</p> |

In re ER Gaston LTD, Debtor(s)

Case No. _____ (if known)

SCHEDULE B-PERSONAL PROPERTY

(Continuation Sheet)

| Type of Property | N o n e | Description and Location of Property | Current Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption |
|--|------------------|---|--|
| 30. Inventory. | | <i>Inventory</i> | \$ 19,741.14 |
| | | <i>Location: In debtor's possession</i> | |
| 31. Animals. | X | | |
| 32. Crops - growing or harvested. Give particulars. | X | | |
| 33. Farming equipment and implements. | X | | |
| 34. Farm supplies, chemicals, and feed. | X | | |
| 35. Other personal property of any kind not already listed. Itemize. | X | | |

| |
|---|
| Husband--H Wife--W Joint--J Community--C |
|---|

Total ➔ **\$ 107,181.80**

(Report total also on Summary of Schedules.)
Include amounts from any continuation sheets attached.

In re ER Gaston LTD
 Debtor(s)

Case No. _____
 (if known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

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

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

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

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

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

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

| Creditor's Name and Mailing Address Including ZIP Code and Account Number <i>(See Instructions Above.)</i> | Co-Debtor | Date Claim was Incurred, Nature of Lien, and Description and Market Value of Property Subject to Lien | Contingent | Unliquidated | Disputed | Amount of Claim Without Deducting Value of Collateral | Unsecured Portion, If Any |
|---|-----------|---|------------|--------------|----------|---|---------------------------|
| | | | | | | | |
| Account No: Creditor # : 1 IRS 1100 Commerce Street MC: 5141 DAL RM 954 Dallas TX 75242 | | Value: \$ 6,000.00 | | | | \$ 600,000.00 | \$ 594,000.00 |
| Account No: | | Value: | | | | | |
| Account No: | | Value: | | | | | |
| Subtotal \$ <small>(Total of this page)</small> | | | | | | \$ 600,000.00 | \$ 594,000.00 |
| Total \$ <small>(Use only on last page)</small> | | | | | | \$ 600,000.00 | \$ 594,000.00 |

No continuation sheets attached

(Report also on Summary of Schedules.)
(If applicable, report also on Statistical Summary of Certain Liabilities and Related Data)

In re ER Gaston LTD, _____,

Case No. _____

Debtor(s)

(if known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

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

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

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

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

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

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

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

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

Domestic Support Obligations

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

Extensions of credit in an involuntary case

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

Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$11,725* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

Contributions to employee benefit plans

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

Certain farmers and fishermen

Claims of certain farmers and fishermen, up to \$5,775* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

Deposits by individuals

Claims of individuals up to \$2,600* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

Taxes and Certain Other Debts Owed to Governmental Units

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

Commitments to Maintain the Capital of an Insured Depository Institution

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

Claims for Death or Personal Injury While Debtor Was Intoxicated

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

* Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re ER Gaston LTD ,

Case No. _____

Debtor(s)

(if known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Type of Priority for Claims Listed on This Sheet: **Taxes and Certain Other Debts Owed to Governmental Units**

| Creditor's Name, Mailing Address Including ZIP Code, and Account Number (See instructions above.) | Co-Debtor H--Husband W--Wife J--Joint C--Community | Date Claim was Incurred and Consideration for Claim | Contingent | Unliquidated | Disputed | Amount of Claim | Amount Entitled to Priority | Amount not Entitled to Priority, if any |
|--|--|--|------------|--------------|----------|--------------------|-----------------------------------|--|
| | | | | | | | | |
| Account No: Creditor # : 1 Texas State Comptroller PO Box 13528 Austin TX 78711 | | Sales and Use Taxes | | | | \$ 55,598.00 | \$ 55,598.00 | \$ 0.00 |
| Account No: | | | | | | | | |
| Account No: | | | | | | | | |
| Account No: | | | | | | | | |
| Account No: | | | | | | | | |
| Account No: | | | | | | | | |
| Account No: | | | | | | | | |
| Subtotal \$ (Total of this page) | | | | | | 55,598.00 | 55,598.00 | 0.00 |
| Total \$ (Use only on last page of the completed Schedule E. Report total also on Summary of Schedules) | | | | | | 55,598.00 | | |
| Total \$ (Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and | | | | | | | 55,598.00 | 0.00 |

Sheet No. 1 of 1 continuation sheets
attached to Schedule of Creditors Holding Priority Claims

In re ER Gaston LTD, Debtor(s)

Case No. _____ (if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

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

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

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

Report total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedules. Report this total also on

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

| Creditor's Name, Mailing Address including Zip Code, And Account Number <i>(See instructions above.)</i> | Co-Debtor | Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State. | Contingent | Unliquidated | Disputed | Amount of Claim |
|--|-----------|--|------------|--------------|----------|----------------------|
| | | | | | | |
| Account No: Creditor # : 1 3101 Gaston Inc | | Rent in Arrears Rent paid to company owned and operated by Ed Sigmund (sole partner in ER Gaston LTD) | | | | \$ 224,068.00 |
| Account No: Creditor # : 2 AT&T PO Box 5001 Carol Stream IL 60197 | | Utility Bills | | | | \$ 760.00 |
| Account No: Creditor # : 3 Atmos Energy PO Box 790311 Saint Louis MO 63179 | | Utility Bills | | | | \$ 475.00 |
| Account No: Creditor # : 4 City of Dallas 1500 Marilla Street, 2DN Dallas TX 75202 | | Utility Bills | | | | \$ 2,300.00 |
| Subtotal \$ | | | | | | \$ 227,603.00 |
| Total \$ | | | | | | |

1 continuation sheets attached

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

In re ER Gaston LTD, Debtor(s)

Case No. _____ (if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.) | Co-Debtor H--Husband W--Wife J--Joint C--Community | Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State. | Contingent | Unliquidated | Disputed | Amount of Claim |
|--|--|--|------------|--------------|----------|--------------------|
| | | | | | | |
| Account No: Creditor # : 5 Dallas Water and Utilities 1500 Marilla St # 4AN Dallas TX 75202 | | Utility Bills | | | | \$ 360.00 |
| Account No: Creditor # : 6 Digital Witness 1234 Lakeshore Drive Suite 600 Coppell TX 75019 | | Arrearage on Executory Contract | | | | \$ 2,770.00 |
| Account No: Creditor # : 7 Direct TV P.O. Box 6550 Englewood CO 80155 | | Arrearage on Executory Contract | | | | \$ 395.00 |
| Account No: Creditor # : 8 Hudson Energy P.O. Box 731137 Dallas TX 75373 | | Utility Bills | | | | \$ 1,500.00 |
| Account No: Creditor # : 9 ISI Commercial Refrigeration 9136 Viscount Row Dallas TX 75247 | | Arrearage on Executory Contract | | | | \$ 775.00 |
| Account No: | | | | | | |

Sheet No. 1 of 1 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ 5,800.00

Total \$ 233,403.00

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

In re ER Gaston LTD / Debtor

Case No. _____
(if known)

SCHEDULE G-EXECUTORY CONTRACTS AND UNEXPIRED LEASES

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

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

| Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract. | Description of Contract or Lease and Nature of Debtor's Interest. State whether Lease is for Nonresidential Real Property. State Contract Number of any Government Contract. |
|---|---|
| | |

In re ER Gaston LTD / Debtor

Case No. _____
(if known)

SCHEDULE H-CODEBTORS

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

Check this box if the debtor has no codebtors.

| Name and Address of Codebtor | Name and Address of Creditor |
|------------------------------|------------------------------|
| | |

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS**

In re: *ER Gaston LTD, a Partnership*

Case No.

STATEMENT OF FINANCIAL AFFAIRS

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

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

DEFINITIONS

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

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporation debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. §101.

1. Income from employment or operation of business

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

| AMOUNT | SOURCE |
|---------------------------|------------------|
| <i>Year to date: 2009</i> | <i>162,975</i> |
| <i>Last Year: 2009</i> | <i>985,952</i> |
| <i>Year before: 2008</i> | <i>1,136,189</i> |

2. Income other than from employment or operation of business

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

3. Payments to creditors

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

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

None

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,850*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

* Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

None

c. All debtors: List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

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

None

a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

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

7. Gifts

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

8. Losses

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

9. Payments related to debt counseling or bankruptcy

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

| NAME AND ADDRESS OF PAYEE | DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR | AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY |
|--|--|---|
| <i>Payee: Jeff A. Wells Address: 12160 Abrams Rd. Suite 514 Dallas, TX 75243</i> | <i>Date of Payment: Payor: ER Gaston LTD</i> | <i>\$500.00</i> |

| | | |
|--|---|---------------------------|
| <i>Payee: US Bankruptcy Court Northern District Address:</i> | <i>Date of Payment: 2/28/11 Payor: Ed Sigmund</i> | <i>1,049 - Filing Fee</i> |
|--|---|---------------------------|

10. Other transfers

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

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

11. Closed financial accounts

None List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both

spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

12. Safe deposit boxes

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

13. Setoffs

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

14. Property held for another person

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

15. Prior address of debtor

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

16. Spouses and Former Spouses

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

17. Environmental Information

None For the purpose of this question, the following definitions apply:

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

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

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

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

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

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

18. Nature, location and name of business

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

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

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

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

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

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

19. Books, records and financial statements

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

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

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

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

20. Inventories

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

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

21. Current Partners, Officers, Directors and Shareholders

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

| NAME AND ADDRESS | NATURE OF INTEREST | PERCENTAGE OF INTEREST |
|---|------------------------|------------------------|
| <i>Name: Ed Sigmund</i> <i>Address: PO Box 227136</i> <i>Address: Dallas, TX 75222</i> <i>Address:</i> | <i>Interest: Owner</i> | <i>Percent: 99%</i> |

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

| NAME AND ADDRESS | TITLE | NATURE AND PERCENTAGE OF STOCK OWNERSHIP |
|---|--------------|--|
| <i>Name: Ed Sigmund</i> <i>Address: PO Box 227136</i> <i>Dallas, TX 75222</i> | <i>Owner</i> | <i>99%</i> |

22. Former partners, officers, directors and shareholders

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

| NAME | ADDRESS | DATE OF WITHDRAWAL |
|---------------------------|---|---------------------|
| <i>Name: Steve Parker</i> | <i>3845 Dunhaven</i> <i>Dallas, TX 75220</i> | <i>January 2010</i> |

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

23. Withdrawals from a partnership or distribution by a corporation

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

24. Tax Consolidation Group.

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

25. Pension Funds.

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

[If completed on behalf of a partnership or corporation]

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

Date _____

Signature /s/ Ed Sigmund
Ed Sigmund Partner
Print Name and Title

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

_____ continuation sheets attached

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

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS

In re ER Gaston LTD, a Partnership

Case No.
Chapter 11

Attorney for Debtor: Jeff A. Wells / Debtor

STATEMENT PURSUANT TO RULE 2016(B)

The undersigned, pursuant to Rule 2016(b), Bankruptcy Rules, states that:

- 1. The undersigned is the attorney for the debtor(s) in this case.
2. The compensation paid or agreed to be paid by the debtor(s), to the undersigned is:
a) For legal services rendered or to be rendered in contemplation of and in connection with this case ... \$ 3,000.00
b) Prior to the filing of this statement, debtor(s) have paid ... \$ 500.00
c) The unpaid balance due and payable is ... \$ 2,500.00
3. \$ 1,039.00 of the filing fee in this case has been paid.
4. The Services rendered or to be rendered include the following:
a) Analysis of the financial situation, and rendering advice and assistance to the debtor(s) in determining whether to file a petition under title 11 of the United States Code.
b) Preparation and filing of the petition, schedules, statement of financial affairs and other documents required by the court.
c) Representation of the debtor(s) at the meeting of creditors.
5. The source of payments made by the debtor(s) to the undersigned was from earnings, wages and compensation for services performed, and None other
6. The source of payments to be made by the debtor(s) to the undersigned for the unpaid balance remaining, if any, will be from earnings, wages and compensation for services performed, and None other
7. The undersigned has received no transfer, assignment or pledge of property from debtor(s) except the following for the value stated: None
8. The undersigned has not shared or agreed to share with any other entity, other than with members of undersigned's law firm, any compensation paid or to be paid except as follows: None

Dated: Respectfully submitted,

X/s/ Jeff A. Wells
Attorney for Petitioner: Jeff A. Wells
Aleshire, Crosland & Wells, PLLC
12160 Abrams Rd.
Suite 514
Dallas TX 75243
214-382-3777

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS**

In re *ER Gaston LTD*
a Partnership

Case No.
Chapter 11

Debtor(s)

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

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

| Name of Creditor and Complete Mailing Address Including Zip Code | Name, Telephone Number and Complete Mailing Address, Including Zip Code, of Employee, Agent, or Department of Creditor Familiar with Claim Who May Be Contacted | Nature of Claim (Trade Debt, Bank Loan, Government Contract, etc.) | Indicate if Claim is Contingent, Unliquidated, Disputed, or Subject to Setoff | Amount of Claim (If Secured Also State Value of Security) |
|---|---|--|---|---|
| 1 <i>IRS</i> <i>1100 Commerce Street</i> <i>MC: 5141 DAL RM 954</i> <i>Dallas TX 75242</i> | Phone: <i>IRS</i> <i>1100 Commerce Street</i> <i>MC: 5141 DAL RM 954</i> <i>Dallas TX 75242</i> | | Value: Net Unsecured: | \$ 600,000.00 \$ 6,000.00 \$ 594,000.00 |
| 2 <i>3101 Gaston Inc</i> | Phone: <i>3101 Gaston Inc</i> | <i>Rent in Arrears</i> | | \$ 224,068.00 |
| 3 <i>Texas State Comptroller</i> <i>PO Box 13528</i> <i>Austin TX 78711</i> | Phone: <i>Texas State Comptroller</i> <i>PO Box 13528</i> <i>Austin TX 78711</i> | <i>Sales and Use Taxes</i> | | \$ 55,598.00 |
| 4 <i>Digital Witness</i> <i>1234 Lakeshore Drive</i> <i>Suite 600</i> <i>Coppell TX 75019</i> | Phone: <i>Digital Witness</i> <i>1234 Lakeshore Drive</i> <i>Suite 600</i> <i>Coppell TX 75019</i> | <i>Arrearage on Executory Contract</i> | | \$ 2,770.00 |
| 5 <i>City of Dallas</i> <i>1500 Marilla Street, 2DN</i> <i>Dallas TX 75202</i> | Phone: <i>City of Dallas</i> | <i>Utility Bills</i> | | \$ 2,300.00 |

Debtor(s)

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

| Name of Creditor and Complete Mailing Address Including Zip Code | Name, Telephone Number and Complete Mailing Address, Including Zip Code, of Employee, Agent, or Department of Creditor Familiar with Claim Who May Be Contacted | Nature of Claim (Trade Debt, Bank Loan, Government Contract, etc.) | Indicate if Claim is Contingent, Unliquidated, Disputed, or Subject to Setoff | Amount of Claim (If Secured Also State Value of Security) |
|--|---|--|---|---|
| 6 Hudson Energy P.O. Box 731137 Dallas TX 75373 | Phone: Hudson Energy P.O. Box 731137 Dallas TX 75373 | Utility Bills | | \$ 1,500.00 |
| 7 ISI Commercial Refrigeration 9136 Viscount Row Dallas TX 75247 | Phone: ISI Commercial Refrigeration 9136 Viscount Row Dallas TX 75247 | Arrearage on Executory Contract | | \$ 775.00 |
| 8 AT&T PO Box 5001 Carol Stream IL 60197 | Phone: AT&T PO Box 5001 Carol Stream IL 60197 | Utility Bills | | \$ 760.00 |
| 9 Atmos Energy PO Box 790311 Saint Louis MO 63179 | Phone: Atmos Energy PO Box 790311 Saint Louis MO 63179 | Utility Bills | | \$ 475.00 |
| 10 Direct TV P.O. Box 6550 Englewood CO 80155 | Phone: Direct TV P.O. Box 6550 Englewood CO 80155 | Arrearage on Executory Contract | | \$ 395.00 |
| 11 Dallas Water and Utilities 1500 Marilla St # 4AN Dallas TX 75202 | Phone: Dallas Water and Utilities 1500 Marilla St # 4AN Dallas TX 75202 | Utility Bills | | \$ 360.00 |

Debtor(s)

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A PARTNERSHIP

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

Date: 2/28/2011

Signature /s/ Ed Sigmund

Name: Ed Sigmund

Title: Partner

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS

In re *ER Gaston LTD, a Partnership*

Case No.
Chapter *11*

_____/ Debtor
Attorney for Debtor: *Jeff A. Wells*

COVER SHEET FOR LIST OF CREDITORS

I hereby certify under penalty of perjury that the attached list of creditors, which consists of 2 pages,
is true, correct and complete to the best of my knowledge.

Date: _____

 /s/ Ed Sigmund
Debtor

 /s/ Jeff A. Wells
Jeff A. Wells
Attorney for the debtor(s)
12160 Abrams Rd.
Suite 514
Dallas, TX 75243

City of Dallas
1500 Marilla Street, 2DN
Dallas, TX 75202

IRS
1100 Commerce Street
MC: 5141 DAL RM 954
Dallas, TX 75242

Texas State Comptroller
PO Box 13528
Austin, TX 78711

3101 Gaston Inc

AT&T
PO Box 5001
Carol Stream, IL 60197

Atmos Energy
PO Box 790311
Saint Louis, MO 63179

City of Dallas

Dallas Water and Utilities
1500 Marilla St # 4AN
Dallas, TX 75202

Digital Witness
1234 Lakeshore Drive
Suite 600
Coppell, TX 75019

Direct TV
P.O. Box 6550
Englewood, CO 80155

Hudson Energy
P.O. Box 731137
Dallas, TX 75373

ISI Commercial Refrigeration
9136 Viscount Row
Dallas, TX 75247

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS**

In re: **ER Gaston LTD**

Case No.
Chapter **11**

BUSINESS INCOME AND EXPENSES

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

| | | |
|---|--|----------------------|
| PART A - GROSS BUSINESS INCOME FOR PREVIOUS 12 MONTHS: | | |
| 1. Gross Income For 12 Months Prior to Filing: | | \$ 922,768.00 |
| PART B - ESTIMATED AVERAGE FUTURE <u>GROSS</u> MONTHLY INCOME: | | |
| 2. Gross Monthly Income: | | \$ 86,900.00 |
| PART C - ESTIMATED FUTURE MONTHLY EXPENSES: | | |
| 3. Net Employee Payroll (Other Than Debtor) | \$ 19,000.00 | |
| 4. Payroll Taxes | 2,500.00 | |
| 5. Unemployment Taxes | 0.00 | |
| 6. Worker's Compensation | 0.00 | |
| 7. Other Taxes | 8,652.00 | |
| 8. Inventory Purchases (Including raw materials) | 25,823.00 | |
| 9. Purchase of Feed/Fertilizer/Seed/Spray | 0.00 | |
| 10. Rent (Other than debtor's principal residence) | 8,500.00 | |
| 11. Utilities | 6,000.00 | |
| 12. Office Expenses and Supplies | 250.00 | |
| 13. Repairs and Maintenance | 1,000.00 | |
| 14. Vehicle Expenses | 0.00 | |
| 15. Travel and Entertainment | 0.00 | |
| 16. Equipment Rental and Leases | 0.00 | |
| 17. Legal/Accounting/Other Professional Fees | 0.00 | |
| 18. Insurance | 800.00 | |
| 19. Employee Benefits (e.g., pension, medical, etc.) | 0.00 | |
| 20. Payments to Be Made Directly By Debtor to Secured Creditors For Pre-Petition Business Debts (Specify): | \$ 0.00 0.00 0.00 | |
| 21. Other (Specify) | | |
| Bank Service Charges | \$ 500.00 | |
| Bar Supplies | 500.00 | |
| Advertising and Credit Card Expenses | 3,085.00 | |
| 22. Total Monthly Expenses | | \$ 76,610.00 |
| PART D - ESTIMATED AVERAGE <u>NET</u> MONTHLY INCOME: | | |
| 23. AVERAGE NET MONTHLY INCOME (Subtract Item 22 from Item 2) | | \$ 10,290.00 |

2008 Partnership Return
prepared for:

E R GASTON, LTD
P.O. BOX 227136
DALLAS, TX 75222

ELWELL ASSOCIATES
11300 N CENTRAL EXPY
DALLAS, TX 75243-6705

**ELWELL ASSOCIATES
11300 N CENTRAL EXPY
DALLAS, TX 75243-6705
(214) 739-7100**

September 13, 2009

E R GASTON, LTD
P.O. BOX 227136
DALLAS, TX 75222

Dear Client:

Your 2008 Federal Partnership Income Tax return will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879PE - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Enclosed is your 2009 Texas Franchise Tax Return. The original should be signed at the bottom of the form. In addition, sign and date at the bottom of Form 05-167, 2009 Texas Franchise Tax Ownership Information Report. There is a balance payable of \$2,382. Mail the Texas return on or before May 15, 2009 and make check payable to:

COMPTROLLER OF PUBLIC ACCOUNTS
P.O. BOX 149348
AUSTIN, TX 78714-9348

You must distribute a copy of the 2008 Schedule K-1 to each partner, if applicable. Be sure to give each partner a copy of the Partner's Instructions for Schedule K-1.

Please call if you have any questions.

Sincerely,

JOHN L ELWELL

**IRS e-file Signature Authorization
for Form 1065**

2008

For calendar year 2008, or tax year beginning _____, 2008,
ending _____

▶ See instructions. Do not send to the IRS. Keep for your records.

Department of the Treasury
Internal Revenue Service

Name of partnership
E R GASTON, LTD

Employer identification number
75-2849750

Part I Tax Return Information (Whole dollars only)

| | | | |
|----------|--|----------|-------------------|
| 1 | Gross receipts or sales less returns and allowances (Form 1065, line 1c) | 1 | 1,136,189. |
| 2 | Gross profit (Form 1065, line 3) | 2 | 479,502. |
| 3 | Ordinary business income (loss) (Form 1065, line 22) | 3 | 99,338. |
| 4 | Net rental real estate income (loss) (Form 1065, Schedule K, line 2) | 4 | |
| 5 | Other net rental income (loss) (Form 1065, Schedule K, line 3c) | 5 | |

Part II Declaration and Signature Authorization of General Partner or Limited Liability Company Member Manager (Be sure to get a copy of the partnership's return)

Under penalties of perjury, I declare that I am a general partner or limited liability company member manager of the above partnership and that I have examined a copy of the partnership's 2008 electronic return of partnership income and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the partnership's electronic tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the partnership's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, and (b) the reason for any delay in processing the return. I have selected a personal identification number (PIN) as my signature for the partnership's electronic income tax return.

General Partner or Limited Liability Company Member Manager's PIN: check one box only

I authorize ELWELL ASSOCIATES to enter my PIN 15979 as my signature on the partnership's 2008 electronically filed income tax return.
ERO firm name do not enter all zeros

As a general partner or limited liability company member manager of the partnership, I will enter my PIN as my signature on the partnership's 2008 electronically filed income tax return.

General partner or limited liability company member manager's signature ▶ _____
Title ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 75954255555
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2008 electronically filed income tax return for the partnership indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 3112, IRS e-file Application and Participation, and Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

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

Form **1065**

Department of the Treasury
Internal Revenue Service

U.S. Return of Partnership Income
For calendar year 2008, or tax year beginning _____, 2008,
ending _____, 20 ____.
▶ See separate instructions.

OMB No.1545-0099

2008

| | | | |
|---------------------------------------|---|--|---|
| A Principal business activity | Use the IRS label. Otherwise, print or type. | E R GASTON, LTD P.O. BOX 227136 DALLAS, TX 75222 | D Employer identification number |
| RESTAURANT | | | 75-2849750 |
| B Principal product or service | | | E Date business started |
| RESTAURANT | | | 1/01/2000 |
| C Business code number | | | F Total assets (see instrs) |
| 722410 | | | \$ 1,219,843. |

G Check applicable boxes: (1) Initial return (2) Final return (3) Name change (4) Address change (5) Amended return
(6) Technical termination - also check (1) or (2)

H Check accounting method: (1) Cash (2) Accrual (3) Other (specify) ▶ _____

I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year. ▶ 3

J Check if Schedule M-3 attached.

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

| | | | | | |
|---|--|-----|------------|----------|------------|
| I N C O M E | 1a Gross receipts or sales. | 1a | 1,136,189. | | |
| | b Less returns and allowances. | 1b | | 1c | 1,136,189. |
| | 2 Cost of goods sold (Schedule A, line 8). | 2 | | 656,687. | |
| | 3 Gross profit. Subtract line 2 from line 1c. | 3 | | 479,502. | |
| | 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 | | | 479,502. | |
| S E E I N S T R U C T I O N S F O R L I M I T A T I O N S | 9 Salaries and wages (other than to partners) (less employment credits). | 9 | | 29,112. | |
| | 10 Guaranteed payments to partners. | 10 | | | |
| | 11 Repairs and maintenance. | 11 | | 8,559. | |
| | 12 Bad debts. | 12 | | | |
| | 13 Rent. | 13 | | 92,224. | |
| | 14 Taxes and licenses. | 14 | | 38,745. | |
| | 15 Interest. | 15 | | 47,776. | |
| | 16a Depreciation (if required, attach Form 4562). | 16a | 6,004. | | |
| | b Less depreciation reported on Schedule A and elsewhere on return. | 16b | | 16c | 6,004. |
| | 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). SEE STATEMENT 1 | 20 | | | 157,744. |
| 21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20. | 21 | | | 380,164. | |
| 22 Ordinary business income (loss). Subtract line 21 from line 8. | 22 | | | 99,338. | |

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.

▶ _____ ▶ _____
Signature of general partner or limited liability company member manager Date

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

Paid Preparer's Use Only

| | | | |
|---|-------------------------|---|--|
| Preparer's signature JOHN L ELWELL | Date | Check if self-employed. . . . ▶ <input checked="" type="checkbox"/> | Preparer's SSN or PTIN P00333675 |
| Firm's name (or yours if self-employed), address, and ZIP code ELWELL ASSOCIATES 11300 N CENTRAL EXPY DALLAS, TX 75243-6705 | EIN ▶ 75-2121388 | Phone no. (214) 739-7100 | |

Schedule A Cost of Goods Sold (see the instructions)

| | | | |
|---|---|---|----------|
| 1 | Inventory at beginning of year | 1 | 21,144. |
| 2 | Purchases less cost of items withdrawn for personal use | 2 | 388,814. |
| 3 | Cost of labor | 3 | 270,900. |
| 4 | Additional section 263A costs (attach statement) | 4 | |
| 5 | Other costs (attach statement) | 5 | |
| 6 | Total. Add lines 1 through 5 | 6 | 680,858. |
| 7 | Inventory at end of year | 7 | 24,171. |
| 8 | Cost of goods sold. Subtract line 7 from line 6. Enter here and on page 1, line 2. | 8 | 656,687. |

9a Check all methods used for valuing closing inventory:

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

b Check this box if there was a writedown of 'subnormal' goods as described in Regulations section 1.471-2(c). Yes No

c Check this box if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970). Yes No

d Do the rules of section 263A (for property produced or acquired for resale) apply to the partnership? Yes No

e Was there any change in determining quantities, cost, or valuations between opening and closing inventory? Yes No

If 'Yes,' attach explanation.

Schedule B Other Information

1 What type of entity is filing this return? Check the applicable box:

- a** Domestic general partnership
- b** Domestic limited partnership
- c** Domestic limited liability company
- d** Domestic limited liability partnership
- e** Foreign partnership
- f** Other _____

| Yes | No |
|-----|----|
| | |
| | |
| | |
| | |

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? Yes No

3 At the end of the tax year:
a Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), or trust 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,' complete (i) through (v) below. Yes No

| (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 |
|--------------------|--|----------------------|------------------------------|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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,' complete (i) through (iv) below. Yes No

| (i) Name of Individual or Estate | (ii) Social Security Number or Employer Identification Number (if any) | (iii) Country of Citizenship (see instructions) | (iv) Maximum Percentage Owned in Profit, Loss, or Capital |
|----------------------------------|--|---|---|
| ED SIGMOND | 191-48-0624 | UNITED STATES | 96.670 |
| | | | |
| | | | |
| | | | |

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. Yes No

| (i) Name of Corporation | (ii) Employer Identification Number (if any) | (iii) Country of Incorporation | (iv) Percentage Owned in Voting Stock |
|-------------------------|--|--------------------------------|---------------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

| | | | | Yes | No |
|---|--|----------------------|------------------------------|--|----|
| 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 this 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 2008, 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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If 'Yes,' enter the name of the foreign country. ▶ | | | | | X |
| 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 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(b) or 734(b) 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 (including a disregarded entity). ▶ <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 a 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 ▶ | | | | | |
| 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. ▶ | | | | | X |
| 17 Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return. ▶ | | | | | |

Designation of Tax Matters Partner (see the instructions)
 Enter below the general partner designated as the tax matters partner (TMP) for the tax year of this return:

| | | | |
|---------------------------|---|---------------------------|----------------------|
| Name of designated TMP | ▶ STEVE PARKER | Identifying number of TMP | ▶ 464-53-9788 |
| Address of designated TMP | ▶ 3845 DUNHAVEN DALLAS, TX 75220 | | |

| Schedule K Partners' Distributive Share Items | | Total amount | |
|---|--|--------------|---------|
| Income (Loss) | 1 Ordinary business income (loss) (page 1, line 22) | 1 | 99,338. |
| | 2 Net rental real estate income (loss) (attach Form 8825) | 2 | |
| | 3a Other gross rental income (loss) | 3a | |
| | b Expenses from other rental activities (attach stmt) | 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 | |
| 9a 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 | 4,067. |
| | 13a 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 ▶ SEE STATEMENT 2 | 13d | | |
| Self-Employment | 14a Net earnings (loss) from self-employment | 14a | |
| | b Gross farming or fishing income | 14b | |
| | c Gross nonfarm income | 14c | |
| Credits | 15a 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) | 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 | 16a Name of country or U.S. possession | | |
| | b Gross income from all sources | 16b | |
| | c Gross income sourced at partner level | 16c | |
| | Foreign gross income sourced at partnership level | | |
| | d Passive category ▶ e General category ▶ f Other. ▶ | 16f | |
| | Deductions allocated and apportioned at partner level | | |
| | g Interest expense ▶ h Other. ▶ | 16h | |
| | Deductions allocated and apportioned at partnership level to foreign source income | | |
| i Passive category ▶ j General category ▶ k Other. ▶ | 16k | | |
| l Total foreign taxes (check one): ▶ Paid <input type="checkbox"/> Accrued <input type="checkbox"/> | 16l | | |
| m Reduction in taxes available for credit (attach statement) | 16m | | |
| n Other foreign tax information (attach statement) | | | |
| Alternative Minimum Tax (AMT) Items | 17a Post-1986 depreciation adjustment | 17a | -22. |
| | 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 stmt) | 17f | |
| Other Information | 18a Tax-exempt interest income | 18a | |
| | b Other tax-exempt income | 18b | |
| | c Nondeductible expenses | 18c | |
| | 19a Distributions of cash and marketable securities | 19a | |
| | b Distributions of other property | 19b | |
| | 20a Investment income | 20a | |
| b Investment expenses | 20b | | |
| c Other items and amounts (attach stmt) | | | |

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 16l. | | | | | 1 | 95,271. |
| 2 | (i) Corporate | (ii) Individual (active) | (iii) Individual (passive) | (iv) Partnership | (v) Exempt organization | (vi) Nominee/Other | |
| a | General partners | | | | | | |
| b | Limited partners | | | | | | 95,271. |

| Schedule L | Balance Sheets per Books | Beginning of tax year | | End of tax year | |
|--------------------------------|---|-----------------------|------------|-----------------|------------|
| | | (a) | (b) | (c) | (d) |
| Assets | | | | | |
| 1 | Cash | | -31,011. | | -43,725. |
| 2a | Trade notes and accounts receivable | 1,928. | | 1,928. | |
| b | Less allowance for bad debts | | 1,928. | | 1,928. |
| 3 | Inventories | | 21,144. | | 24,171. |
| 4 | U.S. government obligations | | | | |
| 5 | Tax-exempt securities | | | | |
| 6 | Other current assets (attach stmt) SEE ST 3 | | 886,645. | | 1,068,023. |
| 7 | Mortgage and real estate loans | | | | |
| 8 | Other investments (attach stmt) | | | | |
| 9a | Buildings and other depreciable assets | 165,379. | | 169,446. | |
| b | Less accumulated depreciation | | 165,379. | | 169,446. |
| 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 stmt) | | | | |
| 14 | Total assets | | 1,044,085. | | 1,219,843. |
| Liabilities and Capital | | | | | |
| 15 | Accounts payable | | 39,821. | | 62,177. |
| 16 | Mortgages, notes, bonds payable in less than 1 year | | | | |
| 17 | Other current liabilities (attach stmt) SEE ST 4 | | 910,347. | | 958,409. |
| 18 | All nonrecourse loans | | | | |
| 19 | Mortgages, notes, bonds payable in 1 year or more | | | | |
| 20 | Other liabilities (attach stmt) | | | | |
| 21 | Partners' capital accounts | | 93,917. | | 199,257. |
| 22 | Total liabilities and capital | | 1,044,085. | | 1,219,843. |

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

Note. Schedule M-3 may be required instead of Schedule M-1 (see instructions).

| | | | | | |
|---|--|----------|---|---|------------|
| 1 | Net income (loss) per books | 105,340. | 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 pmts (other than health insurance) | | 7 | Deductions included on Schedule K, lines 1 through 13d, and 16l, 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 16l (itemize): | | a | Depreciation | \$ 10,069. |
| a | Depreciation | \$ _____ | | | |
| b | Travel and entertainment | \$ _____ | 8 | Add lines 6 and 7 | 10,069. |
| 5 | Add lines 1 through 4 | 105,340. | 9 | Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5 | 95,271. |

Schedule M-2 Analysis of Partners' Capital Accounts

| | | | | | |
|---|------------------------------|----------|---|---|----------|
| 1 | Balance at beginning of year | 93,917. | 6 | Distributions: a Cash | |
| 2 | Capital contributed: a Cash | | b | Property | |
| | b Property | | 7 | Other decreases (itemize): | |
| 3 | Net income (loss) per books | 105,340. | 8 | Add lines 6 and 7 | |
| 4 | Other increases (itemize): | | 9 | Balance at end of year. Subtract line 8 from line 5 | 199,257. |
| 5 | Add lines 1 through 4 | 199,257. | | | |

Schedule K-1 (Form 1065)

2008

Final K-1 Amended K-1

Department of the Treasury Internal Revenue Service

For calendar year 2008, or tax year beginning ending 2008

Partner's Share of Income, Deductions, Credits, etc. See separate instructions.

Part I Information About the Partnership

Part I Information About the Partnership: A Partnership's employer identification number 75-2849750; B Partnership's name, address, city, state, and ZIP code: E R GASTON, LTD, P.O. BOX 227136, DALLAS, TX 75222; C IRS Center where partnership filed return: OGDEN, UT; D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

Part II Information About the Partner: E Partner's identifying number 464-53-9788; F Partner's name, address, city, state, and ZIP code: STEVE PARKER, 3845 DUNHAVEN, DALLAS, TX 75220; G General partner or LLC member-manager (unchecked), Limited partner or other LLC member (checked); H Domestic partner (checked), Foreign partner (unchecked); I What type of entity is this partner? INDIVIDUAL; J Partner's share of profit, loss, and capital (see instructions): Beginning Ending Profit 3.33% 3.33% Loss 3.33% 3.33% Capital 3.33% 3.33%; K Partner's share of liabilities at year end: Nonrecourse, Qualified nonrecourse financing, Recourse

L Partner's capital account analysis: Beginning capital account \$ -2,478.; Capital contributed during the year \$; Current year increase (decrease) \$ 3,508.; Withdrawals and distributions \$; Ending capital account \$ 1,030.; Tax basis (checked), GAAP, Section 704(b) book, Other (explain)

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

Table with 3 columns: Line number, Description, and Amount. Rows include: 1 Ordinary business income (loss) 3,308.; 2 Net rental real estate income (loss); 3 Other net rental income (loss); 4 Guaranteed payments; 5 Interest income; 6a Ordinary dividends; 6b Qualified dividends; 7 Royalties; 8 Net short-term capital gain (loss); 9a Net long-term capital gain (loss) 17 A -1.; 9b Collectibles (28%) gain (loss); 9c Unrecaptured section 1250 gain; 10 Net section 1231 gain (loss) 18; 11 Other income (loss); 12 Section 179 deduction 135.; 13 U Other deductions 3,173.; V 9,990.; 14 Self-employment earnings (loss); 19 Distributions; 20 Other information

*See attached statement for additional information.

FOR IRS USE ONLY

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

| Code | Report on |
|---|---|
| 1 Ordinary business income (loss). Determine whether the income (loss) is passive or nonpassive and enter on your return as follows. | |
| Passive loss | See the Partner's Instructions |
| Passive income | Schedule E, line 28, column (g) |
| Nonpassive loss | Schedule E, line 28, column (h) |
| Nonpassive income | Schedule E, line 28, column (i) |
| 2 Net rental real estate income (loss) | See the Partner's Instructions |
| 3 Other net rental income (loss) | See the Partner's Instructions |
| Net income | Schedule E, line 28, column (g) |
| Net loss | See the Partner's Instructions |
| 4 Guaranteed payments | Schedule E, line 28, column (j) |
| 5 Interest income | Form 1040, line 8a |
| 6a Ordinary dividends | Form 1040, line 9a |
| 6b Qualified dividends | Form 1040, line 9b |
| 7 Royalties | Schedule E, line 4 |
| 8 Net short-term capital gain (loss) | Schedule D, line 5, column (f) |
| 9a Net long-term capital gain (loss) | Schedule D, line 12, column (f) |
| 9b Collectibles (28%) gain (loss) | 28% Rate Gain Worksheet, line 4 (Schedule D Instructions) |
| 9c Unrecaptured section 1250 gain | See the Partner's Instructions |
| 10 Net section 1231 gain (loss) | See the Partner's Instructions |
| 11 Other income (loss) | See the Partner's Instructions |
| Code | |
| A Other portfolio income (loss) | See the Partner's Instructions |
| B Involuntary conversions | See the Partner's Instructions |
| C Section 1256 contracts and straddles | Form 6781, line 1 |
| D Mining exploration costs recapture | See Pub 535 |
| E Cancellation of debt | Form 1040, line 21 or Form 982 |
| F Other income (loss) | See the Partner's Instructions |
| 12 Section 179 deduction | See the Partner's Instructions |
| 13 Other deductions | |
| A Cash contributions (50%) | See the Partner's Instructions |
| B Cash contributions (30%) | |
| C Noncash contributions (50%) | |
| D Noncash contributions (30%) | |
| E Capital gain property to a 50% organization (30%) | |
| F Capital gain property (20%) | |
| G Contributions (100%) | |
| H Investment interest expense | Form 4952, line 1 |
| I Deductions — royalty income | Schedule E, line 18 |
| J Section 59(e)(2) expenditures | See the Partner's Instructions |
| K Deductions — portfolio (2% floor) | Schedule A, line 23 |
| L Deductions — portfolio (other) | Schedule A, line 28 |
| M Amounts paid for medical insurance | Schedule A, line 1 or Form 1040, line 29 |
| N Educational assistance benefits | See the Partner's Instructions |
| O Dependent care benefits | Form 2441, line 14 |
| P Preproductive period expenses | See the Partner's Instructions |
| Q Commercial revitalization deduction from rental real estate activities | See Form 8582 Instructions |
| R Pensions and IRAs | See the Partner's Instructions |
| S Reforestation expense deduction | See the Partner's Instructions |
| T Domestic production activities information | See Form 8903 Instructions |
| U Qualified production activities income | Form 8903, line 7 |
| V Employer's W-2 wages | Form 8903, line 15 |
| W Other deductions | See the Partner's Instructions |
| 14 Self-employment earnings (loss) | |
| Note. If you have a section 179 deduction or any partner-level deductions, see the Partner's Instructions before completing Schedule SE. | |
| A Net earnings (loss) from self-employment | Schedule SE, Section A or B |
| B Gross farming or fishing income | See the Partner's Instructions |
| C Gross non-farm income | See the Partner's Instructions |
| 15 Credits | |
| A Low-income housing credit (section 42(j)(5)) from pre-2008 buildings | See the Partner's Instructions |
| B Low-income housing credit (other) from pre-2008 buildings | See the Partner's Instructions |
| C Low-income housing credit (section 42(j)(5)) from post-2007 buildings | Form 8586, line 11 |
| D Low-income housing credit (other) from post-2007 buildings | Form 8586, line 11 |
| E Qualified rehabilitation expenditures (rental real estate) | See the Partner's Instructions |
| F Other rental real estate credits | |
| G Other rental credits | |
| H Undistributed capital gains credit | Form 1040, line 68; check box a |
| I Alcohol and cellulosic biofuel fuels credit | Form 6478, line 9 |
| Code | |
| J Work opportunity credit | Form 5884, line 3 |
| K Disabled access credit | See the Partner's Instructions |
| L Empowerment zone and renewal community employment credit | Form 8844, line 3 |
| M Credit for increasing research activities | See the Partner's Instructions |
| N Credit for employer social security and Medicare taxes | Form 8846, line 5 |
| O Backup withholding | Form 1040, line 62 |
| P Other credits | See the Partner's Instructions |
| 16 Foreign transactions | |
| A Name of country or U.S. possession | Form 1116, Part I |
| B Gross income from all sources | |
| C Gross income sourced at partner level | |
| <i>Foreign gross income sourced at partnership level</i> | |
| D Passive category | Form 1116, Part I |
| E General category | |
| F Other | |
| <i>Deductions allocated and apportioned at partner level</i> | |
| G Interest expense | Form 1116, Part I |
| H Other | Form 1116, Part I |
| <i>Deductions allocated and apportioned at partnership level to foreign source income</i> | |
| I Passive category | Form 1116, Part I |
| J General category | |
| K Other | |
| <i>Other information</i> | |
| L Total foreign taxes paid | Form 1116, Part II |
| M Total foreign taxes accrued | Form 1116, Part II |
| N Reduction in taxes available for credit | Form 1116, line 12 |
| O Foreign trading gross receipts | Form 8873 |
| P Extraterritorial income exclusion | Form 8873 |
| Q Other foreign transactions | See the Partner's Instructions |
| 17 Alternative minimum tax (AMT) items | |
| A Post-1986 depreciation adjustment | See the Partner's Instructions and the Instructions for Form 6251 |
| B Adjusted gain or loss | |
| C Depletion (other than oil & gas) | |
| D Oil, gas, & geothermal — gross income | |
| E Oil, gas, & geothermal — deductions | |
| F Other AMT items | |
| 18 Tax-exempt income and nondeductible expenses | |
| A Tax-exempt interest income | Form 1040, line 8b |
| B Other tax-exempt income | See the Partner's Instructions |
| C Nondeductible expenses | See the Partner's Instructions |
| 19 Distributions | |
| A Cash and marketable securities | See Partner's Instructions |
| B Other property | |
| C Distribution subject to section 737 | |
| 20 Other information | |
| A Investment income | Form 4952, line 4a |
| B Investment expenses | Form 4952, line 5 |
| C Fuel tax credit information | Form 4136 |
| D Qualified rehabilitation expenditures (other than rental real estate) | See the Partner's Instructions |
| E Basis of energy property | See the Partner's Instructions |
| F Recapture of low-income housing credit (section 42(j)(5)) | Form 8611, line 8 |
| G Recapture of low-income housing credit (other) | Form 8611, line 8 |
| H Recapture of investment credit | Form 4255 |
| I Recapture of other credits | See the Partner's Instructions |
| J Look-back interest — completed long-term contracts | See Form 8697 |
| K Look-back interest — income forecast method | See Form 8866 |
| L Dispositions of property with section 179 deductions | See the Partner's Instructions |
| M Recapture of section 179 deduction | |
| N Interest expense for corporate partners | |
| O Section 453(l)(3) information | |
| P Section 453A(c) information | |
| Q Section 1260(b) information | |
| R Interest allocable to production expenditures | |
| S CCF nonqualified withdrawals | |
| T Depletion information — oil and gas | |
| U Amortization of reforestation costs | |
| V Unrelated business taxable income | |
| W Precontribution gain (loss) | |
| X Other information | |

Schedule K-1
(Form 1065)

2008

Final K-1 Amended K-1

Department of the Treasury
Internal Revenue Service

For calendar year 2008, or tax
year beginning _____, 2008
ending _____,

**Partner's Share of Income, Deductions,
Credits, etc.** ▶ See separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number
75-2849750

B Partnership's name, address, city, state, and ZIP code
E R GASTON, LTD
P.O. BOX 227136
DALLAS, TX 75222

C IRS Center where partnership filed return
OGDEN, UT

D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's identifying number
191-48-0624

F Partner's name, address, city, state, and ZIP code
ED SIGMOND
1027 DANFORTH CT
ARLINGTON, TX 76017

G General partner or LLC member-manager Limited partner or other LLC member

H Domestic partner Foreign partner

I What type of entity is this partner? INDIVIDUAL

J Partner's share of profit, loss, and capital (see instructions):

| | Beginning | Ending |
|---------|-----------|---------|
| Profit | 96.67 % | 96.67 % |
| Loss | 96.67 % | 96.67 % |
| Capital | 96.67 % | 96.67 % |

K Partner's share of liabilities at year end:

Nonrecourse \$

Qualified nonrecourse financing \$

Recourse \$

L Partner's capital account analysis:

| | |
|---|-------------|
| Beginning capital account | \$ 96,395. |
| Capital contributed during the year | \$ |
| Current year increase (decrease) | \$ 101,832. |
| Withdrawals and distributions | \$ |
| Ending capital account | \$ 198,227. |

Tax basis GAAP Section 704(b) book
 Other (explain)

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

| | | | |
|-----------|--------------------------------------|-----------|--|
| 1 | Ordinary business income (loss) | 15 | Credits |
| | 96,030. | | |
| 2 | Net rental real estate income (loss) | | |
| 3 | Other net rental income (loss) | 16 | Foreign transactions |
| 4 | Guaranteed payments | | |
| 5 | Interest income | | |
| 6a | Ordinary dividends | | |
| 6b | Qualified dividends | | |
| 7 | Royalties | | |
| 8 | Net short-term capital gain (loss) | | |
| 9a | Net long-term capital gain (loss) | 17 | Alternative minimum tax (AMT) items |
| | | A | -21. |
| 9b | Collectibles (28%) gain (loss) | | |
| 9c | Unrecaptured section 1250 gain | | |
| 10 | Net section 1231 gain (loss) | 18 | Tax-exempt income and nondeductible expenses |
| 11 | Other income (loss) | | |
| 12 | Section 179 deduction | | |
| | 3,932. | | |
| 13 | Other deductions | | |
| U | 92,098. | 20 | Other information |
| V | 290,022. | | |
| 14 | Self-employment earnings (loss) | | |

*See attached statement for additional information.

FOR IRS USE ONLY

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

| Code | Report on |
|---|---|
| 1 Ordinary business income (loss). Determine whether the income (loss) is passive or nonpassive and enter on your return as follows. | |
| Passive loss | See the Partner's Instructions |
| Passive income | Schedule E, line 28, column (g) |
| Nonpassive loss | Schedule E, line 28, column (h) |
| Nonpassive income | Schedule E, line 28, column (i) |
| 2 Net rental real estate income (loss) | See the Partner's Instructions |
| 3 Other net rental income (loss) | See the Partner's Instructions |
| Net income | Schedule E, line 28, column (g) |
| Net loss | See the Partner's Instructions |
| 4 Guaranteed payments | Schedule E, line 28, column (j) |
| 5 Interest income | Form 1040, line 8a |
| 6a Ordinary dividends | Form 1040, line 9a |
| 6b Qualified dividends | Form 1040, line 9b |
| 7 Royalties | Schedule E, line 4 |
| 8 Net short-term capital gain (loss) | Schedule D, line 5, column (f) |
| 9a Net long-term capital gain (loss) | Schedule D, line 12, column (f) |
| 9b Collectibles (28%) gain (loss) | 28% Rate Gain Worksheet, line 4 (Schedule D Instructions) |
| 9c Unrecaptured section 1250 gain | See the Partner's Instructions |
| 10 Net section 1231 gain (loss) | See the Partner's Instructions |
| 11 Other income (loss) | See the Partner's Instructions |
| Code | |
| A Other portfolio income (loss) | See the Partner's Instructions |
| B Involuntary conversions | See the Partner's Instructions |
| C Section 1256 contracts and straddles | Form 6781, line 1 |
| D Mining exploration costs recapture | See Pub 535 |
| E Cancellation of debt | Form 1040, line 21 or Form 982 |
| F Other income (loss) | See the Partner's Instructions |
| 12 Section 179 deduction | See the Partner's Instructions |
| 13 Other deductions | |
| A Cash contributions (50%) | See the Partner's Instructions |
| B Cash contributions (30%) | |
| C Noncash contributions (50%) | |
| D Noncash contributions (30%) | |
| E Capital gain property to a 50% organization (30%) | |
| F Capital gain property (20%) | |
| G Contributions (100%) | |
| H Investment interest expense | Form 4952, line 1 |
| I Deductions — royalty income | Schedule E, line 18 |
| J Section 59(e)(2) expenditures | See the Partner's Instructions |
| K Deductions — portfolio (2% floor) | Schedule A, line 23 |
| L Deductions — portfolio (other) | Schedule A, line 28 |
| M Amounts paid for medical insurance | Schedule A, line 1 or Form 1040, line 29 |
| N Educational assistance benefits | See the Partner's Instructions |
| O Dependent care benefits | Form 2441, line 14 |
| P Preproductive period expenses | See the Partner's Instructions |
| Q Commercial revitalization deduction from rental real estate activities | See Form 8582 Instructions |
| R Pensions and IRAs | See the Partner's Instructions |
| S Reforestation expense deduction | See the Partner's Instructions |
| T Domestic production activities information | See Form 8903 Instructions |
| U Qualified production activities income | Form 8903, line 7 |
| V Employer's W-2 wages | Form 8903, line 15 |
| W Other deductions | See the Partner's Instructions |
| 14 Self-employment earnings (loss) | |
| Note. If you have a section 179 deduction or any partner-level deductions, see the Partner's Instructions before completing Schedule SE. | |
| A Net earnings (loss) from self-employment | Schedule SE, Section A or B |
| B Gross farming or fishing income | See the Partner's Instructions |
| C Gross non-farm income | See the Partner's Instructions |
| 15 Credits | |
| A Low-income housing credit (section 42(j)(5)) from pre-2008 buildings | See the Partner's Instructions |
| B Low-income housing credit (other) from pre-2008 buildings | See the Partner's Instructions |
| C Low-income housing credit (section 42(j)(5)) from post-2007 buildings | Form 8586, line 11 |
| D Low-income housing credit (other) from post-2007 buildings | Form 8586, line 11 |
| E Qualified rehabilitation expenditures (rental real estate) | See the Partner's Instructions |
| F Other rental real estate credits | |
| G Other rental credits | |
| H Undistributed capital gains credit | Form 1040, line 68; check box a |
| I Alcohol and cellulosic biofuel fuels credit | Form 6478, line 9 |
| Code | |
| J Work opportunity credit | Form 5884, line 3 |
| K Disabled access credit | See the Partner's Instructions |
| L Empowerment zone and renewal community employment credit | Form 8844, line 3 |
| M Credit for increasing research activities | See the Partner's Instructions |
| N Credit for employer social security and Medicare taxes | Form 8846, line 5 |
| O Backup withholding | Form 1040, line 62 |
| P Other credits | See the Partner's Instructions |
| 16 Foreign transactions | |
| A Name of country or U.S. possession | Form 1116, Part I |
| B Gross income from all sources | |
| C Gross income sourced at partner level | |
| <i>Foreign gross income sourced at partnership level</i> | |
| D Passive category | Form 1116, Part I |
| E General category | |
| F Other | |
| <i>Deductions allocated and apportioned at partner level</i> | |
| G Interest expense | Form 1116, Part I |
| H Other | Form 1116, Part I |
| <i>Deductions allocated and apportioned at partnership level to foreign source income</i> | |
| I Passive category | Form 1116, Part I |
| J General category | |
| K Other | |
| <i>Other information</i> | |
| L Total foreign taxes paid | Form 1116, Part II |
| M Total foreign taxes accrued | Form 1116, Part II |
| N Reduction in taxes available for credit | Form 1116, line 12 |
| O Foreign trading gross receipts | Form 8873 |
| P Extraterritorial income exclusion | Form 8873 |
| Q Other foreign transactions | See the Partner's Instructions |
| 17 Alternative minimum tax (AMT) items | |
| A Post-1986 depreciation adjustment | See the Partner's Instructions and the Instructions for Form 6251 |
| B Adjusted gain or loss | |
| C Depletion (other than oil & gas) | |
| D Oil, gas, & geothermal — gross income | |
| E Oil, gas, & geothermal — deductions | |
| F Other AMT items | |
| 18 Tax-exempt income and nondeductible expenses | |
| A Tax-exempt interest income | Form 1040, line 8b |
| B Other tax-exempt income | See the Partner's Instructions |
| C Nondeductible expenses | See the Partner's Instructions |
| 19 Distributions | |
| A Cash and marketable securities | See Partner's Instructions |
| B Other property | |
| C Distribution subject to section 737 | |
| 20 Other information | |
| A Investment income | Form 4952, line 4a |
| B Investment expenses | Form 4952, line 5 |
| C Fuel tax credit information | Form 4136 |
| D Qualified rehabilitation expenditures (other than rental real estate) | See the Partner's Instructions |
| E Basis of energy property | See the Partner's Instructions |
| F Recapture of low-income housing credit (section 42(j)(5)) | Form 8611, line 8 |
| G Recapture of low-income housing credit (other) | Form 8611, line 8 |
| H Recapture of investment credit | Form 4255 |
| I Recapture of other credits | See the Partner's Instructions |
| J Look-back interest — completed long-term contracts | See Form 8697 |
| K Look-back interest — income forecast method | See Form 8866 |
| L Dispositions of property with section 179 deductions | See the Partner's Instructions |
| M Recapture of section 179 deduction | |
| N Interest expense for corporate partners | |
| O Section 453(l)(3) information | |
| P Section 453A(c) information | |
| Q Section 1260(b) information | |
| R Interest allocable to production expenditures | |
| S CCF nonqualified withdrawals | |
| T Depletion information — oil and gas | |
| U Amortization of reforestation costs | |
| V Unrelated business taxable income | |
| W Precontribution gain (loss) | |
| X Other information | |

Final K-1 Amended K-1

Schedule K-1 (Form 1065)

2008

For calendar year 2008, or tax year beginning _____, 2008 ending _____

Department of the Treasury Internal Revenue Service

Partner's Share of Income, Deductions, Credits, etc. See separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number 75-2849750
B Partnership's name, address, city, state, and ZIP code E R GASTON, LTD P.O. BOX 227136 DALLAS, TX 75222
C IRS Center where partnership filed return OGDEN, UT
D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's identifying number 75-2782517
F Partner's name, address, city, state, and ZIP code GOODFELLAS PIZZA, INC P.O. BOX 227136 DALLAS, TX 75222
G General partner or LLC member-manager Limited partner or other LLC member
H Domestic partner Foreign partner
I What type of entity is this partner? S CORPORATION
J Partner's share of profit, loss, and capital (see instructions): Beginning Ending
K Partner's share of liabilities at year end: Nonrecourse, Qualified nonrecourse financing, Recourse

L Partner's capital account analysis: Beginning capital account, Capital contributed during the year, Current year increase (decrease), Withdrawals and distributions, Ending capital account
Tax basis GAAP Section 704(b) book Other (explain)

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

Table with 3 columns: Line number, Description, and Code. Rows include: 1 Ordinary business income (loss) 15 Credits; 2 Net rental real estate income (loss); 3 Other net rental income (loss) 16 Foreign transactions; 4 Guaranteed payments; 5 Interest income; 6a Ordinary dividends; 6b Qualified dividends; 7 Royalties; 8 Net short-term capital gain (loss); 9a Net long-term capital gain (loss) 17 Alternative minimum tax (AMT) items; 9b Collectibles (28%) gain (loss); 9c Unrecaptured section 1250 gain; 10 Net section 1231 gain (loss) 18 Tax-exempt income and nondeductible expenses; 11 Other income (loss); 12 Section 179 deduction; 13 Other deductions; 14 Self-employment earnings (loss); 19 Distributions; 20 Other information

*See attached statement for additional information.

FOR IRS USE ONLY

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

| Code | Report on |
|---|---|
| 1 Ordinary business income (loss). Determine whether the income (loss) is passive or nonpassive and enter on your return as follows. | |
| Passive loss | See the Partner's Instructions |
| Passive income | Schedule E, line 28, column (g) |
| Nonpassive loss | Schedule E, line 28, column (h) |
| Nonpassive income | Schedule E, line 28, column (j) |
| 2 Net rental real estate income (loss) | See the Partner's Instructions |
| 3 Other net rental income (loss) | See the Partner's Instructions |
| Net income | Schedule E, line 28, column (g) |
| Net loss | See the Partner's Instructions |
| 4 Guaranteed payments | Schedule E, line 28, column (j) |
| 5 Interest income | Form 1040, line 8a |
| 6a Ordinary dividends | Form 1040, line 9a |
| 6b Qualified dividends | Form 1040, line 9b |
| 7 Royalties | Schedule E, line 4 |
| 8 Net short-term capital gain (loss) | Schedule D, line 5, column (f) |
| 9a Net long-term capital gain (loss) | Schedule D, line 12, column (f) |
| 9b Collectibles (28%) gain (loss) | 28% Rate Gain Worksheet, line 4 (Schedule D Instructions) |
| 9c Unrecaptured section 1250 gain | See the Partner's Instructions |
| 10 Net section 1231 gain (loss) | See the Partner's Instructions |
| 11 Other income (loss) | |
| <i>Code</i> | |
| A Other portfolio income (loss) | See the Partner's Instructions |
| B Involuntary conversions | See the Partner's Instructions |
| C Section 1256 contracts and straddles | Form 6781, line 1 |
| D Mining exploration costs recapture | See Pub 535 |
| E Cancellation of debt | Form 1040, line 21 or Form 982 |
| F Other income (loss) | See the Partner's Instructions |
| 12 Section 179 deduction | See the Partner's Instructions |
| 13 Other deductions | |
| A Cash contributions (50%) | See the Partner's Instructions |
| B Cash contributions (30%) | |
| C Noncash contributions (50%) | |
| D Noncash contributions (30%) | |
| E Capital gain property to a 50% organization (30%) | |
| F Capital gain property (20%) | |
| G Contributions (100%) | |
| H Investment interest expense | Form 4952, line 1 |
| I Deductions — royalty income | Schedule E, line 18 |
| J Section 59(e)(2) expenditures | See the Partner's Instructions |
| K Deductions — portfolio (2% floor) | Schedule A, line 23 |
| L Deductions — portfolio (other) | Schedule A, line 28 |
| M Amounts paid for medical insurance | Schedule A, line 1 or Form 1040, line 29 |
| N Educational assistance benefits | See the Partner's Instructions |
| O Dependent care benefits | Form 2441, line 14 |
| P Preproductive period expenses | See the Partner's Instructions |
| Q Commercial revitalization deduction from rental real estate activities | See Form 8582 Instructions |
| R Pensions and IRAs | See the Partner's Instructions |
| S Reforestation expense deduction | See the Partner's Instructions |
| T Domestic production activities information | See Form 8903 Instructions |
| U Qualified production activities income | Form 8903, line 7 |
| V Employer's W-2 wages | Form 8903, line 15 |
| W Other deductions | See the Partner's Instructions |
| 14 Self-employment earnings (loss) | |
| Note. If you have a section 179 deduction or any partner-level deductions, see the Partner's Instructions before completing Schedule SE. | |
| A Net earnings (loss) from self-employment | Schedule SE, Section A or B |
| B Gross farming or fishing income | See the Partner's Instructions |
| C Gross non-farm income | See the Partner's Instructions |
| 15 Credits | |
| A Low-income housing credit (section 42(j)(5)) from pre-2008 buildings | See the Partner's Instructions |
| B Low-income housing credit (other) from pre-2008 buildings | See the Partner's Instructions |
| C Low-income housing credit (section 42(j)(5)) from post-2007 buildings | Form 8586, line 11 |
| D Low-income housing credit (other) from post-2007 buildings | Form 8586, line 11 |
| E Qualified rehabilitation expenditures (rental real estate) | See the Partner's Instructions |
| F Other rental real estate credits | |
| G Other rental credits | |
| H Undistributed capital gains credit | Form 1040, line 68; check box a |
| I Alcohol and cellulosic biofuel fuels credit | Form 6478, line 9 |
| <i>Code</i> | |
| J Work opportunity credit | Form 5884, line 3 |
| K Disabled access credit | See the Partner's Instructions |
| L Empowerment zone and renewal community employment credit | Form 8844, line 3 |
| M Credit for increasing research activities | See the Partner's Instructions |
| N Credit for employer social security and Medicare taxes | Form 8846, line 5 |
| O Backup withholding | Form 1040, line 62 |
| P Other credits | See the Partner's Instructions |
| 16 Foreign transactions | |
| A Name of country or U.S. possession | Form 1116, Part I |
| B Gross income from all sources | |
| C Gross income sourced at partner level | |
| <i>Foreign gross income sourced at partnership level</i> | |
| D Passive category | Form 1116, Part I |
| E General category | |
| F Other | |
| <i>Deductions allocated and apportioned at partner level</i> | |
| G Interest expense | Form 1116, Part I |
| H Other | Form 1116, Part I |
| <i>Deductions allocated and apportioned at partnership level to foreign source income</i> | |
| I Passive category | Form 1116, Part I |
| J General category | |
| K Other | |
| <i>Other information</i> | |
| L Total foreign taxes paid | Form 1116, Part II |
| M Total foreign taxes accrued | Form 1116, Part II |
| N Reduction in taxes available for credit | Form 1116, line 12 |
| O Foreign trading gross receipts | Form 8873 |
| P Extraterritorial income exclusion | Form 8873 |
| Q Other foreign transactions | See the Partner's Instructions |
| 17 Alternative minimum tax (AMT) items | |
| A Post-1986 depreciation adjustment | See the Partner's Instructions and the Instructions for Form 6251 |
| B Adjusted gain or loss | |
| C Depletion (other than oil & gas) | |
| D Oil, gas, & geothermal — gross income | |
| E Oil, gas, & geothermal — deductions | |
| F Other AMT items | |
| 18 Tax-exempt income and nondeductible expenses | |
| A Tax-exempt interest income | Form 1040, line 8b |
| B Other tax-exempt income | See the Partner's Instructions |
| C Nondeductible expenses | See the Partner's Instructions |
| 19 Distributions | |
| A Cash and marketable securities | See Partner's Instructions |
| B Other property | |
| C Distribution subject to section 737 | |
| 20 Other information | |
| A Investment income | Form 4952, line 4a |
| B Investment expenses | Form 4952, line 5 |
| C Fuel tax credit information | Form 4136 |
| D Qualified rehabilitation expenditures (other than rental real estate) | See the Partner's Instructions |
| E Basis of energy property | See the Partner's Instructions |
| F Recapture of low-income housing credit (section 42(j)(5)) | Form 8611, line 8 |
| G Recapture of low-income housing credit (other) | Form 8611, line 8 |
| H Recapture of investment credit | Form 4255 |
| I Recapture of other credits | See the Partner's Instructions |
| J Look-back interest — completed long-term contracts | See Form 8697 |
| K Look-back interest — income forecast method | See Form 8866 |
| L Dispositions of property with section 179 deductions | See the Partner's Instructions |
| M Recapture of section 179 deduction | |
| N Interest expense for corporate partners | |
| O Section 453(l)(3) information | |
| P Section 453A(c) information | |
| Q Section 1260(b) information | |
| R Interest allocable to production expenditures | |
| S CCF nonqualified withdrawals | |
| T Depletion information — oil and gas | |
| U Amortization of reforestation costs | |
| V Unrelated business taxable income | |
| W Precontribution gain (loss) | |
| X Other information | |

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

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

Name(s) shown on return

E R GASTON, LTD

Identifying number

75-2849750

Business or activity to which this form relates

FORM 1065

Part I Election To Expense Certain Property Under Section 179

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

| | | | |
|----|--|------------------------------|------------------|
| 1 | Maximum amount. See the instructions for a higher limit for certain businesses | 1 | \$250,000. |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 | 4,067. |
| 3 | Threshold cost of section 179 property before reduction in limitation (see instructions) | 3 | \$800,000. |
| 4 | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | 0. |
| 5 | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions. | 5 | 250,000. |
| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
| | 5-YEAR EQUIPMENT | 4,067. | 4,067. |
| 7 | Listed property. Enter the amount from line 29. | 7 | 0. |
| 8 | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7. | 8 | 4,067. |
| 9 | Tentative deduction. Enter the smaller of line 5 or line 8. | 9 | 4,067. |
| 10 | Carryover of disallowed deduction from line 13 of your 2007 Form 4562 | 10 | 0. |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) | 11 | 99,338. |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11. | 12 | 4,067. |
| 13 | Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12. ▶ | 13 | 0. |

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

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

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

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

Section A

| | | | |
|----|---|----|--------|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2008. | 17 | 6,004. |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here. ▶ <input type="checkbox"/> | | |

Section B – Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

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

Section C – Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

| | | | |
|----|--|----|--------|
| 21 | Listed property. Enter amount from line 28 | 21 | |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions | 22 | 6,004. |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs ▶ | 23 | |

E R GASTON, LTD

75-2849750

**STATEMENT 1
FORM 1065, LINE 20
OTHER DEDUCTIONS**

| | | |
|-----------------------------|----|-----------------|
| ACCOUNTING | \$ | 3,883. |
| AUTO AND TRUCK EXPENSE..... | | 7,745. |
| BANK CHARGES..... | | 31,812. |
| COMMISSIONS..... | | 805. |
| DUES AND SUBSCRIPTIONS..... | | 4,871. |
| GIFTS..... | | 275. |
| INSURANCE..... | | 7,391. |
| JANITORIAL..... | | 2,946. |
| LEGAL AND PROFESSIONAL..... | | 6,024. |
| MISCELLANEOUS..... | | 954. |
| OTHER EXPENSE..... | | 114. |
| OVER/SHORT..... | | 81. |
| POSTAGE..... | | 1,081. |
| SUPPLIES..... | | 12,400. |
| TRAVEL..... | | 12,539. |
| UTILITIES..... | | 64,823. |
| TOTAL | \$ | <u>157,744.</u> |

**STATEMENT 2
FORM 1065, SCHEDULE K, LINE 13D
OTHER DEDUCTIONS**

QUALIFIED DOMESTIC PRODUCTION ACTIVITY INFORMATION

| | | |
|---|----|----------|
| QUALIFIED PRODUCTION ACTIVITIES INCOME..... | \$ | 95,271. |
| EMPLOYER'S W-2 WAGES..... | | 300,012. |

**STATEMENT 3
FORM 1065, SCHEDULE L, LINE 6
OTHER CURRENT ASSETS**

| | <u>BEGINNING</u> | <u>ENDING</u> |
|------------------------------------|--------------------|----------------------|
| THE GREAT AMERICAN FOOD CHAIN..... | \$ 886,645. | \$ 1,068,023. |
| TOTAL | <u>\$ 886,645.</u> | <u>\$ 1,068,023.</u> |

**STATEMENT 4
FORM 1065, SCHEDULE L, LINE 17
OTHER CURRENT LIABILITIES**

| | <u>BEGINNING</u> | <u>ENDING</u> |
|-----------------------|--------------------|--------------------|
| INTERCOMPANY PAY..... | \$ 910,347. | \$ 958,409. |
| TOTAL | <u>\$ 910,347.</u> | <u>\$ 958,409.</u> |

E R GASTON, LTD

75-2849750

| | 2008 | 2007 | DIFF |
|---|-----------|---------|----------|
| TRADE OR BUSINESS INCOME | | | |
| GROSS RECEIPTS LESS RETURNS..... | 1,136,189 | 528,348 | 607,841 |
| COST OF GOODS SOLD..... | 656,687 | 177,191 | 479,496 |
| GROSS PROFIT..... | 479,502 | 351,157 | 128,345 |
| OTHER INCOME (LOSS)..... | 0 | 26,119 | -26,119 |
| TOTAL INCOME (LOSS)..... | 479,502 | 377,276 | 102,226 |
| TRADE OR BUSINESS DEDUCTIONS | | | |
| SALARIES AND WAGES (LESS EMP. CREDITS)... | 29,112 | 221,704 | -192,592 |
| REPAIRS AND MAINTENANCE..... | 8,559 | 7,453 | 1,106 |
| RENT..... | 92,224 | 41,343 | 50,881 |
| TAXES AND LICENSES..... | 38,745 | 31,888 | 6,857 |
| INTEREST..... | 47,776 | 0 | 47,776 |
| DEPRECIATION..... | 6,004 | 8,325 | -2,321 |
| OTHER DEDUCTIONS..... | 157,744 | 91,588 | 66,156 |
| TOTAL DEDUCTIONS..... | 380,164 | 402,301 | -22,137 |
| SCHEDULE K - INCOME | | | |
| ORDINARY BUSINESS INCOME (LOSS)..... | 99,338 | -25,025 | 124,363 |
| SCHEDULE K - DEDUCTIONS | | | |
| SECTION 179 DEDUCTION..... | 4,067 | 0 | 4,067 |
| SCHEDULE K - ALTERNATIVE MINIMUM TAX ITEMS | | | |
| POST-1986 DEPRECIATION ADJUSTMENT..... | -22 | -2 | -20 |
| SCHEDULE L - BALANCE SHEET | | | |
| BEGINNING ASSETS..... | 1,044,085 | 660,145 | 383,940 |
| BEGINNING LIABILITIES AND CAPITAL..... | 1,044,085 | 660,145 | 383,940 |
| ENDING ASSETS..... | 1,219,843 | 766,024 | 453,819 |
| ENDING LIABILITIES AND CAPITAL..... | 1,219,843 | 766,024 | 453,819 |

E R GASTON, LTD

75-2849750

ENDING ASSETS

| | | |
|------------------------------------|---------|-----------|
| CASH..... | | -43,725 |
| ACCOUNTS RECEIVABLE..... | 1,928 | |
| LESS ALLOWANCE FOR BAD DEBTS..... | (0) | 1,928 |
| INVENTORIES..... | | 24,171 |
| OTHER CURRENT ASSETS..... | | 1,068,023 |
| BUILDINGS AND OTHER ASSETS..... | 169,446 | |
| LESS ACCUMULATED DEPRECIATION..... | (0) | 169,446 |
| TOTAL ASSETS..... | | 1,219,843 |

ENDING LIABILITIES & CAPITAL

| | | |
|------------------------------------|--|-----------|
| ACCOUNTS PAYABLE..... | | 62,177 |
| OTHER CURRENT LIABILITIES..... | | 958,409 |
| PARTNERS' CAPITAL ACCOUNTS..... | | 199,257 |
| TOTAL LIABILITIES AND CAPITAL..... | | 1,219,843 |

E R GASTON, LTD

75-2849750

| | 2008 | 2007 | DIFF |
|-----------------------------------|-----------|---------|---------|
| REVENUE | | | |
| GROSS RECEIPTS OR SALES..... | 1,136,189 | 528,348 | 607,841 |
| OTHER INCOME..... | 0 | 26,119 | -26,119 |
| TOTAL GROSS REVENUE..... | 1,136,189 | 554,467 | 581,722 |
| TOTAL REVENUE..... | 1,136,189 | 554,467 | 581,722 |
| COST OF GOODS SOLD | | | |
| COST OF GOODS SOLD..... | 659,714 | 177,191 | 482,523 |
| TOTAL COST OF GOODS SOLD..... | 659,714 | 177,191 | 482,523 |
| COMPENSATION | | | |
| WAGES AND CASH COMPENSATION..... | 392,110 | 221,704 | 170,406 |
| TOTAL COMPENSATION..... | 392,110 | 221,704 | 170,406 |
| MARGIN | | | |
| PERCENT MARGIN..... | 795,332 | 388,127 | 407,205 |
| COGS MARGIN..... | 476,475 | 377,276 | 99,199 |
| COMPENSATION MARGIN..... | 744,079 | 332,763 | 411,316 |
| MARGIN..... | 476,475 | 332,763 | 143,712 |
| APPORTIONMENT FACTOR | | | |
| GROSS RECEIPTS IN TEXAS..... | 1,136,189 | 554,467 | 581,722 |
| GROSS RECEIPTS EVERYWHERE..... | 1,136,189 | 554,467 | 581,722 |
| APPORTIONMENT FACTOR..... | 1.00000 | 1.00000 | 0.00000 |
| TAXABLE MARGIN | | | |
| APPORTIONED MARGIN..... | 476,475 | 332,763 | 143,712 |
| TAXABLE MARGIN..... | 476,475 | 332,763 | 143,712 |
| TAX DUE | | | |
| TAX RATE..... | 0.5000% | 0.0050% | 0.4950% |
| TAX DUE..... | 2,382 | 1,664 | 718 |
| TAX ADJUSTMENTS | | | |
| TAX DUE BEFORE DISCOUNT..... | 2,382 | 1,664 | 718 |
| DISCOUNT..... | 0 | 666 | -666 |
| AMOUNT DUE AND PAYABLE | | | |
| TOTAL AMOUNT DUE AND PAYABLE..... | 2,382 | 998 | 1,384 |
| TAX RATES | | | |
| MARGINAL TAX RATE..... | 0.5% | 0.0% | 0.5% |
| EFFECTIVE TAX RATE..... | 0.5% | 0.3% | 0.2% |

2008

GENERAL INFORMATION

PAGE 1

E R GASTON, LTD

75-2849750

FORMS NEEDED FOR THIS RETURN

FEDERAL: 1065, SCH K-1, 4562

TEXAS: 05-158-A, 05-158-B, 05-167, 05-170

CARRYOVERS TO 2009

NONE

E R GASTON, LTD
P.O. BOX 227136
DALLAS, TX 75222

Comptroller of Public Accounts
P.O. Box 149348
Austin, TX 78714-9348

■ Tcode 13250 ANNUAL

| | | | |
|----------------------------------|-----------------------|------------------------|--|
| ■ Taxpayer number 17528497500 | ■ Report year 2009 | Due date 05/15/2009 | Privilege period covered by this report 01/01/2009 – 12/31/2009 |
|----------------------------------|-----------------------|------------------------|--|

| | | | | | | |
|--|-------------|--|-------------------|--|---|--|
| Taxpayer name E R GASTON, LTD | | | | | Secretary of State file number or Comptroller file number | |
| Mailing address P.O. BOX 227136 | | | | | 0012768810 | |
| City DALLAS | State TX | Country US | ZIP Code 75222 | Plus 4 | Check box if the address has changed <input type="checkbox"/> | |
| Check box if this is a combined report <input type="checkbox"/> | | Check box if Total Revenue is adjusted for Tiered Partnership Election, see 171.1015. <input type="checkbox"/> | | Check box to request a Certificate of Account Status <input type="checkbox"/> | | |
| Check box if this is a Corporation or Limited Liability Company <input type="checkbox"/> | | | | Check box if this is an Entity other than a Corporation or Limited Liability Company <input checked="" type="checkbox"/> | | |

| | | | |
|----------------------------|--------------------------|----------|------------|
| Accounting year begin date | Accounting year end date | SIC code | NAICS code |
| 010108 | 123108 | 5813 | 722410 |

REVENUE (Whole dollars only)

| | | | |
|----|---|----|------------|
| 1 | Gross receipt or sales | 1 | 1136189.00 |
| 2 | Dividends | 2 | 0.00 |
| 3 | Interest | 3 | 0.00 |
| 4 | Rents | 4 | 0.00 |
| 5 | Royalties | 5 | 0.00 |
| 6 | Gains/losses | 6 | 0.00 |
| 7 | Other income | 7 | 0.00 |
| 8 | Total gross revenue (Add Items 1 thru 7) | 8 | 1136189.00 |
| 9 | Deduction from gross revenue | 9 | 0.00 |
| 10 | TOTAL REVENUE (Item 8 minus Item 9) (If less than zero, enter 0) | 10 | 1136189.00 |

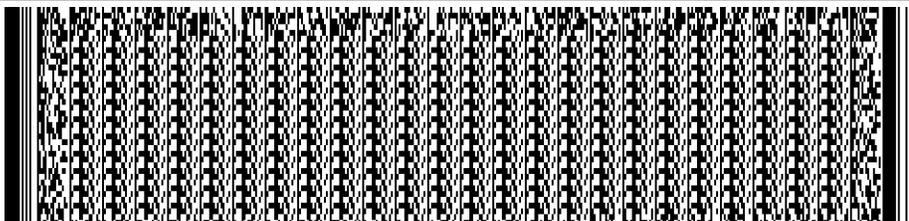
COST OF GOODS SOLD (Whole dollars only)

| | | | |
|----|--|----|-----------|
| 11 | Costs of goods sold | 11 | 659714.00 |
| 12 | Indirect or administrative overhead costs (Limited to 4%) | 12 | 0.00 |
| 13 | Other (See instructions) | 13 | 0.00 |
| 14 | TOTAL COSTS OF GOODS SOLD (Add Items 11 thru 13) | 14 | 659714.00 |

COMPENSATION (Whole dollars only)

| | | | |
|----|---|----|-----------|
| 15 | Wages and cash compensation | 15 | 392110.00 |
| 16 | Employee benefits | 16 | 0.00 |
| 17 | Other (See instructions) | 17 | 0.00 |
| 18 | TOTAL COMPENSATION (Add Items 15 thru 17) | 18 | 392110.00 |

Texas Comptroller Official Use Only



| | |
|---------|-----------------------|
| VE/DE | <input type="radio"/> |
| PM Date | <input type="text"/> |



TEXAS FRANCHISE TAX REPORT – Page 2

■ Tcode 13251 ANNUAL

| | | | |
|-------------------|---------------|------------|-----------------|
| ■ Taxpayer number | ■ Report year | Due date | Taxpayer name |
| 17528497500 | 2009 | 05/15/2009 | E R GASTON, LTD |

MARGIN (Whole dollars only)

| | | | |
|----|--|------|-----------|
| 19 | Revenue (Item 10 X 70%) | 19 ■ | 795332.00 |
| 20 | Revenue (Item 10 minus Item 14 COGS) | 20 ■ | 476475.00 |
| 21 | Revenue (Item 10 minus Item 18 Compensation) | 21 ■ | 744079.00 |
| 22 | MARGIN (Enter the lowest amount from Items 19, 20 or 21) | 22 ■ | 476475.00 |

APPORTIONMENT FACTOR

| | | | |
|----|--|------|------------|
| 23 | Gross receipts in Texas (Whole dollars only) | 23 ■ | 1136189.00 |
| 24 | Gross receipts everywhere (Whole dollars only) . | 24 ■ | 1136189.00 |
| 25 | APPORTIONMENT FACTOR (Divide Item 23 by Item 24) (Round to 4 decimal places) | 25 ■ | 1.0000 |

TAXABLE MARGIN (Whole dollars only)

| | | | |
|----|--|------|-----------|
| 26 | Apportioned margin (Multiply Item 22 by Item 25) | 26 ■ | 476475.00 |
| 27 | Allowable deductions | 27 ■ | 0.00 |
| 28 | TAXABLE MARGIN (Item 26 minus Item 27) | 28 ■ | 476475.00 |

TAX DUE

| | | | |
|----|---|------|---------|
| 29 | Tax rate (See instructions for determining the appropriate tax rate) | 29 ■ | 0.0050 |
| 30 | Tax due (Multiply Item 28 by the tax rate in Item 29) (Dollars and cents) . | 30 ■ | 2382.00 |

TAX ADJUSTMENTS (Dollars and cents)

| | | | |
|----|---|------|---------|
| 31 | Tax credits (Item 23 from Form 05-160) | 31 ■ | 0.00 |
| 32 | Tax due before discount (Item 30 minus Item 31) | 32 ■ | 2382.00 |
| 33 | Discount (See instructions) | 33 ■ | 0.00 |

TOTAL TAX DUE (Dollars and cents)

| | | | |
|----|--|------|---------|
| 34 | TOTAL TAX DUE (Item 32 minus Item 33) (Do not include payment if this amount is less than \$1,000) | 34 ■ | 2382.00 |
|----|--|------|---------|

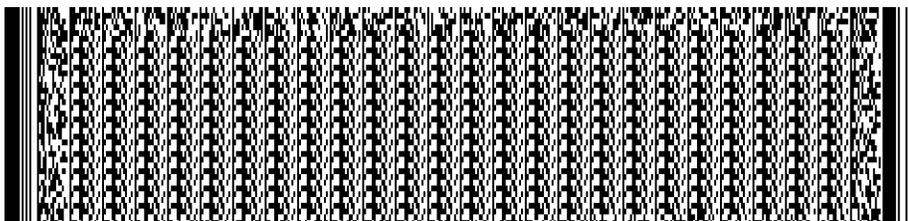
If the amount in Item 34 is \$1,000 or more, you must complete Form 05-170.

| | |
|---|----------------------------|
| Print or type name ED SIGMOND | Area code and phone number |
| I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief. | |
| sign here ► _____ | Date _____ |

Mail original to:
 COMPTROLLER OF PUBLIC ACCOUNTS
 P.O. Box 149348
 Austin, TX 78714-9348

If you have any questions regarding franchise tax, you may contact the Texas State Comptroller's field office in your area or call (800) 252-1381, toll free nationwide. The Austin number is (512) 463-4600.
 For instructions on completing the franchise tax report forms, see Form 05-392.

Texas Comptroller Official Use Only



| | | | | | |
|---------|---|--|--|--|--|
| VE/DE | ○ | | | | |
| PM Date | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 20px;"> </td> <td style="width: 25%; height: 20px;"> </td> <td style="width: 25%; height: 20px;"> </td> <td style="width: 25%; height: 20px;"> </td> </tr> </table> | | | | |
| | | | | | |



TEXAS FRANCHISE TAX OWNERSHIP INFORMATION REPORT

(To be filed by Entities other than Corporations or Limited Liability Companies)
This report MUST be filed to satisfy franchise tax requirements

| | |
|--------------------------|----------------------|
| ■ Taxpayer number | ■ Report year |
| 17528497500 | 2009 |

You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at: (512) 463-4600, or (800) 252-1381, toll free nationwide.

| | | | | |
|---|--------------------|-----------------------|---|--------|
| Taxpayer name E R GASTON, LTD | | | Secretary of State file number or Comptroller file number | |
| Mailing address P.O. BOX 227136 | | | 0012768810 | |
| City DALLAS | State TX | Country USA | ZIP Code 75222 | Plus 4 |

SECTION A. Enter the information required for each general partner and each person or entity that owns an interest of ten percent (10%) or more in this entity.

| | | | | |
|--|---|---|---|--|
| Name ED SIGMOND | What type of owner? (Check only one) | MEMBER <input type="checkbox"/> | LIMITED PARTNER <input checked="" type="checkbox"/> | GENERAL PARTNER <input type="checkbox"/> |
| Mailing address 1027 DANFORTH CT | FBI number | Percentage of ownership 96.67 % | | |
| City ARLINGTON | State TX | ZIP Code 76017 | Plus 4 | |

| | | | | |
|---|---|-------------------------------------|--|---|
| Name GOODFELLAS PIZZA, INC | What type of owner? (Check only one) | MEMBER <input type="checkbox"/> | LIMITED PARTNER <input type="checkbox"/> | GENERAL PARTNER <input checked="" type="checkbox"/> |
| Mailing address P.O. BOX 227136 | FBI number 752782517 | Percentage of ownership % | | |
| City DALLAS | State TX | ZIP Code 75222 | Plus 4 | |

| | | | | |
|-----------------|---|-------------------------------------|--|--|
| Name | What type of owner? (Check only one) | MEMBER <input type="checkbox"/> | LIMITED PARTNER <input type="checkbox"/> | GENERAL PARTNER <input type="checkbox"/> |
| Mailing address | FBI number | Percentage of ownership % | | |
| City | State | ZIP Code | Plus 4 | |

| | | | | |
|-----------------|---|-------------------------------------|--|--|
| Name | What type of owner? (Check only one) | MEMBER <input type="checkbox"/> | LIMITED PARTNER <input type="checkbox"/> | GENERAL PARTNER <input type="checkbox"/> |
| Mailing address | FBI number | Percentage of ownership % | | |
| City | State | ZIP Code | Plus 4 | |

SECTION B. Enter the information required for each entity, if any, in which this partnership, association, trust or other entity owns an interest of ten percent (10%) or more.

| | | | |
|---|--------------------|------------|-------------------------------------|
| Name of owned (subsidiary) corporation or entity NONE | State of formation | FBI number | Percentage of Ownership % |
| Name of owned (subsidiary) corporation or entity | State of formation | FBI number | Percentage of Ownership % |

Registered agent and registered office currently on file. *(See instructions if you need to make changes)*

Agent:

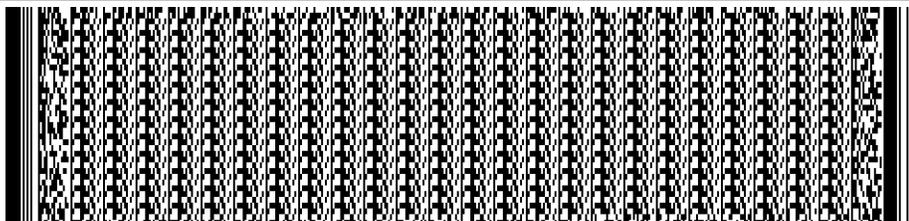
| | | | | |
|----------------|------|-------|----------|--------|
| Office: | City | State | ZIP Code | Plus 4 |
|----------------|------|-------|----------|--------|

The above information is authorized by Section 171.201(a)(2), Section 171.201(a)(3) and 171.202(a)(4) for each entity.
Use additional forms (05-167) for Sections A and B as necessary.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is a member or partner and who is not currently employed by this, or a related entity.

| | | | |
|--------------------|-------|------|----------------------------|
| sign here ▶ | Title | Date | Area code and phone number |
|--------------------|-------|------|----------------------------|

Texas Comptroller Official Use Only



| | | | |
|-------|-----------------------|---------|-----------------------|
| VE/DE | <input type="radio"/> | PIR IND | <input type="radio"/> |
|-------|-----------------------|---------|-----------------------|



TEXAS FRANCHISE TAX PAYMENT FORM

| | | |
|--------------------------|----------------------|-----------------|
| ■ Taxpayer number | ■ Report year | Due date |
| 17528497500 | 2009 | 05/15/2009 |

Taxpayer name

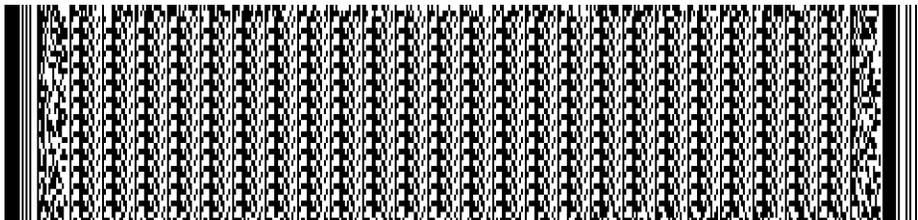
E R GASTON, LTD

| | | | |
|----------|---|------------|----------|
| 1 | Total tax due on this report | 1 | 2382. 00 |
| | <i>(Item 34 from Form 05-158-B or Item 17 from Form 05-169)</i> | | |
| 2 | Enter prior payment | 2 | 0. 00 |
| 3 | Net tax due <i>(Item 1 minus Item 2)</i> | 3 | 2382. 00 |
| 4 | Penalty <i>(See instructions)</i> | 4 | 0. 00 |
| 5 | Interest <i>(See instructions)</i> | 5 | 0. 00 |
| 6 | TOTAL AMOUNT DUE AND PAYABLE <i>(Add Items 3, 4 and 5)</i> | 6 ■ | 2382. 00 |
| | <i>Make amount payable to STATE COMPTROLLER</i> | | |

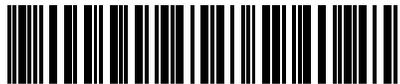
Mail original to:
 COMPTROLLER OF PUBLIC ACCOUNTS
 P.O. Box 149348
 Austin, TX 78714-9348

If you have any questions regarding franchise tax, you may contact the Texas State Comptroller's field office in your area or call (800) 252-1381, toll free nationwide.
 The Austin number is (512) 463-4600.
 For instructions on completing the franchise tax report forms, see Form 05-392.

Texas Comptroller Official Use Only



| | | | | | |
|---------|--|--|--|--|--|
| VE/DE | ○ | | | | |
| PM Date | <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> | | | | |
| | | | | | |



E R GASTON, LTD
P.O. BOX 227136
DALLAS, TX 75222

September 13, 2009

STEVE PARKER
3845 DUNHAVEN
DALLAS, TX 75220

RE:
E R GASTON, LTD
75-2849750
Schedule K-1 from Partnership's 2008 Return of Income

Dear STEVE PARKER:

Enclosed is your 2008 Schedule K-1 (Form 1065) Partner's Share of Income, Deductions, Credits, Etc. from E R GASTON, LTD. This information reflects the amounts you need to complete your income tax return. The amounts shown are your distributive share of partnership tax items to be reported on your tax return, and may not correspond to actual distributions you have received during the year. This information is included in the Partnership's 2008 Federal Return of Partnership Income that was filed with the Internal Revenue Service.

If you have any questions concerning this information, please contact us immediately.

Sincerely,

E R GASTON, LTD

Enclosure(s)

Schedule K-1 (Form 1065)

2008

Final K-1 Amended K-1

Department of the Treasury Internal Revenue Service

For calendar year 2008, or tax year beginning _____, 2008 ending _____

Partner's Share of Income, Deductions, Credits, etc. See separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number 75-2849750
B Partnership's name, address, city, state, and ZIP code E R GASTON, LTD P.O. BOX 227136 DALLAS, TX 75222
C IRS Center where partnership filed return OGDEN, UT
D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's identifying number 464-53-9788
F Partner's name, address, city, state, and ZIP code STEVE PARKER 3845 DUNHAVEN DALLAS, TX 75220
G General partner or LLC member-manager Limited partner or other LLC member
H Domestic partner Foreign partner
I What type of entity is this partner? INDIVIDUAL
J Partner's share of profit, loss, and capital (see instructions): Beginning Ending
Profit 3.33 % 3.33 %
Loss 3.33 % 3.33 %
Capital 3.33 % 3.33 %
K Partner's share of liabilities at year end: Nonrecourse \$ Qualified nonrecourse financing \$ Recourse \$

L Partner's capital account analysis: Beginning capital account \$ -2,478. Capital contributed during the year \$ Current year increase (decrease) \$ 3,508. Withdrawals and distributions \$ Ending capital account \$ 1,030.
Tax basis GAAP Section 704(b) book Other (explain)

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

Table with 3 columns: Line number, Description, and Amount. Includes rows for Ordinary business income (loss) 3,308, Net rental real estate income (loss), Other net rental income (loss), Guaranteed payments, Interest income, Ordinary dividends, Qualified dividends, Royalties, Net short-term capital gain (loss), Net long-term capital gain (loss) 17 A, Collectibles (28%) gain (loss), Unrecaptured section 1250 gain, Net section 1231 gain (loss) 18, Other income (loss), Section 179 deduction 135, Other deductions 3,173, Self-employment earnings (loss) 14, Distributions 19, and Other information 20.

*See attached statement for additional information.

FOR IRS USE ONLY

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

| Code | Report on |
|---|---|
| 1 Ordinary business income (loss). Determine whether the income (loss) is passive or nonpassive and enter on your return as follows. | |
| Passive loss | See the Partner's Instructions |
| Passive income | Schedule E, line 28, column (g) |
| Nonpassive loss | Schedule E, line 28, column (h) |
| Nonpassive income | Schedule E, line 28, column (i) |
| 2 Net rental real estate income (loss) | See the Partner's Instructions |
| 3 Other net rental income (loss) | Schedule E, line 28, column (g) |
| Net income | See the Partner's Instructions |
| Net loss | Schedule E, line 28, column (j) |
| 4 Guaranteed payments | Form 1040, line 8a |
| 5 Interest income | Form 1040, line 9a |
| 6a Ordinary dividends | Form 1040, line 9b |
| 6b Qualified dividends | Schedule E, line 4 |
| 7 Royalties | Schedule D, line 5, column (f) |
| 8 Net short-term capital gain (loss) | Schedule D, line 12, column (f) |
| 9a Net long-term capital gain (loss) | 28% Rate Gain Worksheet, line 4 (Schedule D Instructions) |
| 9b Collectibles (28%) gain (loss) | See the Partner's Instructions |
| 9c Unrecaptured section 1250 gain | See the Partner's Instructions |
| 10 Net section 1231 gain (loss) | See the Partner's Instructions |
| 11 Other income (loss) | |
| Code | |
| A Other portfolio income (loss) | See the Partner's Instructions |
| B Involuntary conversions | See the Partner's Instructions |
| C Section 1256 contracts and straddles | Form 6781, line 1 |
| D Mining exploration costs recapture | See Pub 535 |
| E Cancellation of debt | Form 1040, line 21 or Form 982 |
| F Other income (loss) | See the Partner's Instructions |
| 12 Section 179 deduction | See the Partner's Instructions |
| 13 Other deductions | |
| A Cash contributions (50%) | See the Partner's Instructions |
| B Cash contributions (30%) | |
| C Noncash contributions (50%) | |
| D Noncash contributions (30%) | |
| E Capital gain property to a 50% organization (30%) | |
| F Capital gain property (20%) | |
| G Contributions (100%) | Form 4952, line 1 |
| H Investment interest expense | Schedule E, line 18 |
| I Deductions — royalty income | See the Partner's Instructions |
| J Section 59(e)(2) expenditures | Schedule A, line 23 |
| K Deductions — portfolio (2% floor) | Schedule A, line 28 |
| L Deductions — portfolio (other) | Schedule A, line 1 or Form 1040, line 29 |
| M Amounts paid for medical insurance | See the Partner's Instructions |
| N Educational assistance benefits | Form 2441, line 14 |
| O Dependent care benefits | See the Partner's Instructions |
| P Preproductive period expenses | See the Partner's Instructions |
| Q Commercial revitalization deduction from rental real estate activities | See Form 8582 Instructions |
| R Pensions and IRAs | See the Partner's Instructions |
| S Reforestation expense deduction | See Form 8903 Instructions |
| T Domestic production activities information | Form 8903, line 7 |
| U Qualified production activities income | Form 8903, line 15 |
| V Employer's W-2 wages | See the Partner's Instructions |
| W Other deductions | |
| 14 Self-employment earnings (loss) | |
| Note. If you have a section 179 deduction or any partner-level deductions, see the Partner's Instructions before completing Schedule SE. | |
| A Net earnings (loss) from self-employment | Schedule SE, Section A or B |
| B Gross farming or fishing income | See the Partner's Instructions |
| C Gross non-farm income | See the Partner's Instructions |
| 15 Credits | |
| A Low-income housing credit (section 42(j)(5)) from pre-2008 buildings | See the Partner's Instructions |
| B Low-income housing credit (other) from pre-2008 buildings | See the Partner's Instructions |
| C Low-income housing credit (section 42(j)(5)) from post-2007 buildings | Form 8586, line 11 |
| D Low-income housing credit (other) from post-2007 buildings | Form 8586, line 11 |
| E Qualified rehabilitation expenditures (rental real estate) | See the Partner's Instructions |
| F Other rental real estate credits | |
| G Other rental credits | Form 1040, line 68; check box a |
| H Undistributed capital gains credit | Form 6478, line 9 |
| I Alcohol and cellulosic biofuel fuels credit | |
| Code | |
| J Work opportunity credit | Form 5884, line 3 |
| K Disabled access credit | See the Partner's Instructions |
| L Empowerment zone and renewal community employment credit | Form 8844, line 3 |
| M Credit for increasing research activities | See the Partner's Instructions |
| N Credit for employer social security and Medicare taxes | Form 8846, line 5 |
| O Backup withholding | Form 1040, line 62 |
| P Other credits | See the Partner's Instructions |
| 16 Foreign transactions | |
| A Name of country or U.S. possession | Form 1116, Part I |
| B Gross income from all sources | |
| C Gross income sourced at partner level | |
| <i>Foreign gross income sourced at partnership level</i> | |
| D Passive category | Form 1116, Part I |
| E General category | |
| F Other | |
| <i>Deductions allocated and apportioned at partner level</i> | |
| G Interest expense | Form 1116, Part I |
| H Other | Form 1116, Part I |
| <i>Deductions allocated and apportioned at partnership level to foreign source income</i> | |
| I Passive category | Form 1116, Part I |
| J General category | |
| K Other | |
| <i>Other information</i> | |
| L Total foreign taxes paid | Form 1116, Part II |
| M Total foreign taxes accrued | Form 1116, Part II |
| N Reduction in taxes available for credit | Form 1116, line 12 |
| O Foreign trading gross receipts | Form 8873 |
| P Extraterritorial income exclusion | Form 8873 |
| Q Other foreign transactions | See the Partner's Instructions |
| 17 Alternative minimum tax (AMT) items | |
| A Post-1986 depreciation adjustment | See the Partner's Instructions and the Instructions for Form 6251 |
| B Adjusted gain or loss | |
| C Depletion (other than oil & gas) | |
| D Oil, gas, & geothermal — gross income | |
| E Oil, gas, & geothermal — deductions | |
| F Other AMT items | |
| 18 Tax-exempt income and nondeductible expenses | |
| A Tax-exempt interest income | Form 1040, line 8b |
| B Other tax-exempt income | See the Partner's Instructions |
| C Nondeductible expenses | See the Partner's Instructions |
| 19 Distributions | |
| A Cash and marketable securities | See Partner's Instructions |
| B Other property | |
| C Distribution subject to section 737 | |
| 20 Other information | |
| A Investment income | Form 4952, line 4a |
| B Investment expenses | Form 4952, line 5 |
| C Fuel tax credit information | Form 4136 |
| D Qualified rehabilitation expenditures (other than rental real estate) | See the Partner's Instructions |
| E Basis of energy property | See the Partner's Instructions |
| F Recapture of low-income housing credit (section 42(j)(5)) | Form 8611, line 8 |
| G Recapture of low-income housing credit (other) | Form 8611, line 8 |
| H Recapture of investment credit | Form 4255 |
| I Recapture of other credits | See the Partner's Instructions |
| J Look-back interest — completed long-term contracts | See Form 8697 |
| K Look-back interest — income forecast method | See Form 8866 |
| L Dispositions of property with section 179 deductions | See the Partner's Instructions |
| M Recapture of section 179 deduction | |
| N Interest expense for corporate partners | |
| O Section 453(l)(3) information | |
| P Section 453A(c) information | |
| Q Section 1260(b) information | |
| R Interest allocable to production expenditures | |
| S CCF nonqualified withdrawals | |
| T Depletion information — oil and gas | |
| U Amortization of reforestation costs | |
| V Unrelated business taxable income | |
| W Precontribution gain (loss) | |
| X Other information | |

E R GASTON, LTD
P.O. BOX 227136
DALLAS, TX 75222

September 13, 2009

ED SIGMOND
1027 DANFORTH CT
ARLINGTON, TX 76017

RE:
E R GASTON, LTD
75-2849750
Schedule K-1 from Partnership's 2008 Return of Income

Dear ED SIGMOND:

Enclosed is your 2008 Schedule K-1 (Form 1065) Partner's Share of Income, Deductions, Credits, Etc. from E R GASTON, LTD. This information reflects the amounts you need to complete your income tax return. The amounts shown are your distributive share of partnership tax items to be reported on your tax return, and may not correspond to actual distributions you have received during the year. This information is included in the Partnership's 2008 Federal Return of Partnership Income that was filed with the Internal Revenue Service.

If you have any questions concerning this information, please contact us immediately.

Sincerely,

E R GASTON, LTD

Enclosure(s)

Schedule K-1 (Form 1065)

2008

Final K-1 Amended K-1

Department of the Treasury Internal Revenue Service

For calendar year 2008, or tax year beginning ending

Partner's Share of Income, Deductions, Credits, etc. See separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number 75-2849750
B Partnership's name, address, city, state, and ZIP code
E R GASTON, LTD
P.O. BOX 227136
DALLAS, TX 75222
C IRS Center where partnership filed return
OGDEN, UT
D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's identifying number 191-48-0624
F Partner's name, address, city, state, and ZIP code
ED SIGMOND
1027 DANFORTH CT
ARLINGTON, TX 76017
G General partner or LLC member-manager Limited partner or other LLC member
H Domestic partner Foreign partner
I What type of entity is this partner? INDIVIDUAL
J Partner's share of profit, loss, and capital (see instructions):
Beginning Ending
Profit 96.67 % 96.67 %
Loss 96.67 % 96.67 %
Capital 96.67 % 96.67 %
K Partner's share of liabilities at year end:
Nonrecourse \$
Qualified nonrecourse financing \$
Recourse \$

L Partner's capital account analysis:
Beginning capital account \$ 96,395.
Capital contributed during the year \$
Current year increase (decrease) \$ 101,832.
Withdrawals and distributions \$
Ending capital account \$ 198,227.
Tax basis GAAP Section 704(b) book Other (explain)

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

Table with 3 columns: Line number, Description, and Amount. Includes rows for Ordinary business income (96,030), Net rental real estate income, Other net rental income, Guaranteed payments, Interest income, Ordinary dividends, Qualified dividends, Royalties, Net short-term capital gain, Net long-term capital gain (-21), Collectibles (28%) gain, Unrecaptured section 1250 gain, Net section 1231 gain, Other income, Section 179 deduction (3,932), Other deductions (92,098), Self-employment earnings, and Distributions.

*See attached statement for additional information.

FOR IRS USE ONLY

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

| Code | Report on |
|---|---|
| 1 Ordinary business income (loss). Determine whether the income (loss) is passive or nonpassive and enter on your return as follows. | |
| Passive loss | See the Partner's Instructions |
| Passive income | Schedule E, line 28, column (g) |
| Nonpassive loss | Schedule E, line 28, column (h) |
| Nonpassive income | Schedule E, line 28, column (i) |
| 2 Net rental real estate income (loss) | See the Partner's Instructions |
| 3 Other net rental income (loss) | See the Partner's Instructions |
| Net income | Schedule E, line 28, column (g) |
| Net loss | See the Partner's Instructions |
| 4 Guaranteed payments | Schedule E, line 28, column (j) |
| 5 Interest income | Form 1040, line 8a |
| 6a Ordinary dividends | Form 1040, line 9a |
| 6b Qualified dividends | Form 1040, line 9b |
| 7 Royalties | Schedule E, line 4 |
| 8 Net short-term capital gain (loss) | Schedule D, line 5, column (f) |
| 9a Net long-term capital gain (loss) | Schedule D, line 12, column (f) |
| 9b Collectibles (28%) gain (loss) | 28% Rate Gain Worksheet, line 4 (Schedule D Instructions) |
| 9c Unrecaptured section 1250 gain | See the Partner's Instructions |
| 10 Net section 1231 gain (loss) | See the Partner's Instructions |
| 11 Other income (loss) | See the Partner's Instructions |
| Code | |
| A Other portfolio income (loss) | See the Partner's Instructions |
| B Involuntary conversions | See the Partner's Instructions |
| C Section 1256 contracts and straddles | Form 6781, line 1 |
| D Mining exploration costs recapture | See Pub 535 |
| E Cancellation of debt | Form 1040, line 21 or Form 982 |
| F Other income (loss) | See the Partner's Instructions |
| 12 Section 179 deduction | See the Partner's Instructions |
| 13 Other deductions | |
| A Cash contributions (50%) | See the Partner's Instructions |
| B Cash contributions (30%) | |
| C Noncash contributions (50%) | |
| D Noncash contributions (30%) | |
| E Capital gain property to a 50% organization (30%) | |
| F Capital gain property (20%) | |
| G Contributions (100%) | |
| H Investment interest expense | Form 4952, line 1 |
| I Deductions — royalty income | Schedule E, line 18 |
| J Section 59(e)(2) expenditures | See the Partner's Instructions |
| K Deductions — portfolio (2% floor) | Schedule A, line 23 |
| L Deductions — portfolio (other) | Schedule A, line 28 |
| M Amounts paid for medical insurance | Schedule A, line 1 or Form 1040, line 29 |
| N Educational assistance benefits | See the Partner's Instructions |
| O Dependent care benefits | Form 2441, line 14 |
| P Preproductive period expenses | See the Partner's Instructions |
| Q Commercial revitalization deduction from rental real estate activities | See Form 8582 Instructions |
| R Pensions and IRAs | See the Partner's Instructions |
| S Reforestation expense deduction | See the Partner's Instructions |
| T Domestic production activities information | See Form 8903 Instructions |
| U Qualified production activities income | Form 8903, line 7 |
| V Employer's W-2 wages | Form 8903, line 15 |
| W Other deductions | See the Partner's Instructions |
| 14 Self-employment earnings (loss) | |
| Note. If you have a section 179 deduction or any partner-level deductions, see the Partner's Instructions before completing Schedule SE. | |
| A Net earnings (loss) from self-employment | Schedule SE, Section A or B |
| B Gross farming or fishing income | See the Partner's Instructions |
| C Gross non-farm income | See the Partner's Instructions |
| 15 Credits | |
| A Low-income housing credit (section 42(j)(5)) from pre-2008 buildings | See the Partner's Instructions |
| B Low-income housing credit (other) from pre-2008 buildings | See the Partner's Instructions |
| C Low-income housing credit (section 42(j)(5)) from post-2007 buildings | Form 8586, line 11 |
| D Low-income housing credit (other) from post-2007 buildings | Form 8586, line 11 |
| E Qualified rehabilitation expenditures (rental real estate) | See the Partner's Instructions |
| F Other rental real estate credits | |
| G Other rental credits | |
| H Undistributed capital gains credit | Form 1040, line 68; check box a |
| I Alcohol and cellulosic biofuel fuels credit | Form 6478, line 9 |
| Code | |
| J Work opportunity credit | Form 5884, line 3 |
| K Disabled access credit | See the Partner's Instructions |
| L Empowerment zone and renewal community employment credit | Form 8844, line 3 |
| M Credit for increasing research activities | See the Partner's Instructions |
| N Credit for employer social security and Medicare taxes | Form 8846, line 5 |
| O Backup withholding | Form 1040, line 62 |
| P Other credits | See the Partner's Instructions |
| 16 Foreign transactions | |
| A Name of country or U.S. possession | Form 1116, Part I |
| B Gross income from all sources | |
| C Gross income sourced at partner level | |
| <i>Foreign gross income sourced at partnership level</i> | |
| D Passive category | Form 1116, Part I |
| E General category | |
| F Other | |
| <i>Deductions allocated and apportioned at partner level</i> | |
| G Interest expense | Form 1116, Part I |
| H Other | Form 1116, Part I |
| <i>Deductions allocated and apportioned at partnership level to foreign source income</i> | |
| I Passive category | Form 1116, Part I |
| J General category | |
| K Other | |
| <i>Other information</i> | |
| L Total foreign taxes paid | Form 1116, Part II |
| M Total foreign taxes accrued | Form 1116, Part II |
| N Reduction in taxes available for credit | Form 1116, line 12 |
| O Foreign trading gross receipts | Form 8873 |
| P Extraterritorial income exclusion | Form 8873 |
| Q Other foreign transactions | See the Partner's Instructions |
| 17 Alternative minimum tax (AMT) items | |
| A Post-1986 depreciation adjustment | See the Partner's Instructions and the Instructions for Form 6251 |
| B Adjusted gain or loss | |
| C Depletion (other than oil & gas) | |
| D Oil, gas, & geothermal — gross income | |
| E Oil, gas, & geothermal — deductions | |
| F Other AMT items | |
| 18 Tax-exempt income and nondeductible expenses | |
| A Tax-exempt interest income | Form 1040, line 8b |
| B Other tax-exempt income | See the Partner's Instructions |
| C Nondeductible expenses | See the Partner's Instructions |
| 19 Distributions | |
| A Cash and marketable securities | See Partner's Instructions |
| B Other property | |
| C Distribution subject to section 737 | |
| 20 Other information | |
| A Investment income | Form 4952, line 4a |
| B Investment expenses | Form 4952, line 5 |
| C Fuel tax credit information | Form 4136 |
| D Qualified rehabilitation expenditures (other than rental real estate) | See the Partner's Instructions |
| E Basis of energy property | See the Partner's Instructions |
| F Recapture of low-income housing credit (section 42(j)(5)) | Form 8611, line 8 |
| G Recapture of low-income housing credit (other) | Form 8611, line 8 |
| H Recapture of investment credit | Form 4255 |
| I Recapture of other credits | See the Partner's Instructions |
| J Look-back interest — completed long-term contracts | See Form 8697 |
| K Look-back interest — income forecast method | See Form 8866 |
| L Dispositions of property with section 179 deductions | See the Partner's Instructions |
| M Recapture of section 179 deduction | |
| N Interest expense for corporate partners | |
| O Section 453(l)(3) information | |
| P Section 453A(c) information | |
| Q Section 1260(b) information | |
| R Interest allocable to production expenditures | |
| S CCF nonqualified withdrawals | |
| T Depletion information — oil and gas | |
| U Amortization of reforestation costs | |
| V Unrelated business taxable income | |
| W Precontribution gain (loss) | |
| X Other information | |

E R GASTON, LTD
P.O. BOX 227136
DALLAS, TX 75222

September 13, 2009

GOODFELLAS PIZZA, INC
P.O. BOX 227136
DALLAS, TX 75222

RE:
E R GASTON, LTD
75-2849750
Schedule K-1 from Partnership's 2008 Return of Income

Dear GOODFELLAS PIZZA, INC:

Enclosed is your 2008 Schedule K-1 (Form 1065) Partner's Share of Income, Deductions, Credits, Etc. from E R GASTON, LTD. This information reflects the amounts you need to complete your income tax return. The amounts shown are your distributive share of partnership tax items to be reported on your tax return, and may not correspond to actual distributions you have received during the year. This information is included in the Partnership's 2008 Federal Return of Partnership Income that was filed with the Internal Revenue Service.

If you have any questions concerning this information, please contact us immediately.

Sincerely,

E R GASTON, LTD

Enclosure(s)

Schedule K-1 (Form 1065)

2008

Final K-1 Amended K-1

Department of the Treasury Internal Revenue Service

For calendar year 2008, or tax year beginning ending

Partner's Share of Income, Deductions, Credits, etc. See separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number 75-2849750
B Partnership's name, address, city, state, and ZIP code
E R GASTON, LTD
P.O. BOX 227136
DALLAS, TX 75222
C IRS Center where partnership filed return
OGDEN, UT
D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's identifying number 75-2782517
F Partner's name, address, city, state, and ZIP code
GOODFELLAS PIZZA, INC
P.O. BOX 227136
DALLAS, TX 75222
G General partner or LLC member-manager Limited partner or other LLC member
H Domestic partner Foreign partner
I What type of entity is this partner? S CORPORATION
J Partner's share of profit, loss, and capital (see instructions):
Beginning Ending
Profit % %
Loss % %
Capital % %
K Partner's share of liabilities at year end:
Nonrecourse \$
Qualified nonrecourse financing \$
Recourse \$

L Partner's capital account analysis:
Beginning capital account \$ 0.
Capital contributed during the year \$
Current year increase (decrease) \$
Withdrawals and distributions \$
Ending capital account \$ 0.
Tax basis GAAP Section 704(b) book Other (explain)

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

Table with 3 columns: Line number, Description, and Code. Rows include: 1 Ordinary business income (loss) 15 Credits; 2 Net rental real estate income (loss); 3 Other net rental income (loss) 16 Foreign transactions; 4 Guaranteed payments; 5 Interest income; 6a Ordinary dividends; 6b Qualified dividends; 7 Royalties; 8 Net short-term capital gain (loss); 9a Net long-term capital gain (loss) 17 Alternative minimum tax (AMT) items; 9b Collectibles (28%) gain (loss); 9c Unrecaptured section 1250 gain; 10 Net section 1231 gain (loss) 18 Tax-exempt income and nondeductible expenses; 11 Other income (loss); 12 Section 179 deduction; 13 Other deductions; 14 Self-employment earnings (loss); 19 Distributions; 20 Other information.

*See attached statement for additional information.

FOR IRS USE ONLY

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

| Code | Report on |
|---|---|
| 1 Ordinary business income (loss). Determine whether the income (loss) is passive or nonpassive and enter on your return as follows. | |
| Passive loss | See the Partner's Instructions |
| Passive income | Schedule E, line 28, column (g) |
| Nonpassive loss | Schedule E, line 28, column (h) |
| Nonpassive income | Schedule E, line 28, column (i) |
| 2 Net rental real estate income (loss) | See the Partner's Instructions |
| 3 Other net rental income (loss) | See the Partner's Instructions |
| Net income | Schedule E, line 28, column (g) |
| Net loss | See the Partner's Instructions |
| 4 Guaranteed payments | Schedule E, line 28, column (j) |
| 5 Interest income | Form 1040, line 8a |
| 6a Ordinary dividends | Form 1040, line 9a |
| 6b Qualified dividends | Form 1040, line 9b |
| 7 Royalties | Schedule E, line 4 |
| 8 Net short-term capital gain (loss) | Schedule D, line 5, column (f) |
| 9a Net long-term capital gain (loss) | Schedule D, line 12, column (f) |
| 9b Collectibles (28%) gain (loss) | 28% Rate Gain Worksheet, line 4 (Schedule D Instructions) |
| 9c Unrecaptured section 1250 gain | See the Partner's Instructions |
| 10 Net section 1231 gain (loss) | See the Partner's Instructions |
| 11 Other income (loss) | |
| Code | |
| A Other portfolio income (loss) | See the Partner's Instructions |
| B Involuntary conversions | See the Partner's Instructions |
| C Section 1256 contracts and straddles | Form 6781, line 1 |
| D Mining exploration costs recapture | See Pub 535 |
| E Cancellation of debt | Form 1040, line 21 or Form 982 |
| F Other income (loss) | See the Partner's Instructions |
| 12 Section 179 deduction | See the Partner's Instructions |
| 13 Other deductions | |
| A Cash contributions (50%) | See the Partner's Instructions |
| B Cash contributions (30%) | |
| C Noncash contributions (50%) | |
| D Noncash contributions (30%) | |
| E Capital gain property to a 50% organization (30%) | |
| F Capital gain property (20%) | |
| G Contributions (100%) | |
| H Investment interest expense | Form 4952, line 1 |
| I Deductions — royalty income | Schedule E, line 18 |
| J Section 59(e)(2) expenditures | See the Partner's Instructions |
| K Deductions — portfolio (2% floor) | Schedule A, line 23 |
| L Deductions — portfolio (other) | Schedule A, line 28 |
| M Amounts paid for medical insurance | Schedule A, line 1 or Form 1040, line 29 |
| N Educational assistance benefits | See the Partner's Instructions |
| O Dependent care benefits | Form 2441, line 14 |
| P Preproductive period expenses | See the Partner's Instructions |
| Q Commercial revitalization deduction from rental real estate activities | See Form 8582 Instructions |
| R Pensions and IRAs | See the Partner's Instructions |
| S Reforestation expense deduction | See the Partner's Instructions |
| T Domestic production activities information | See Form 8903 Instructions |
| U Qualified production activities income | Form 8903, line 7 |
| V Employer's W-2 wages | Form 8903, line 15 |
| W Other deductions | See the Partner's Instructions |
| 14 Self-employment earnings (loss) | |
| Note. If you have a section 179 deduction or any partner-level deductions, see the Partner's Instructions before completing Schedule SE. | |
| A Net earnings (loss) from self-employment | Schedule SE, Section A or B |
| B Gross farming or fishing income | See the Partner's Instructions |
| C Gross non-farm income | See the Partner's Instructions |
| 15 Credits | |
| A Low-income housing credit (section 42(j)(5)) from pre-2008 buildings | See the Partner's Instructions |
| B Low-income housing credit (other) from pre-2008 buildings | See the Partner's Instructions |
| C Low-income housing credit (section 42(j)(5)) from post-2007 buildings | Form 8586, line 11 |
| D Low-income housing credit (other) from post-2007 buildings | Form 8586, line 11 |
| E Qualified rehabilitation expenditures (rental real estate) | See the Partner's Instructions |
| F Other rental real estate credits | |
| G Other rental credits | |
| H Undistributed capital gains credit | Form 1040, line 68; check box a |
| I Alcohol and cellulosic biofuel fuels credit | Form 6478, line 9 |
| Code | Report on |
| J Work opportunity credit | Form 5884, line 3 |
| K Disabled access credit | See the Partner's Instructions |
| L Empowerment zone and renewal community employment credit | Form 8844, line 3 |
| M Credit for increasing research activities | See the Partner's Instructions |
| N Credit for employer social security and Medicare taxes | Form 8846, line 5 |
| O Backup withholding | Form 1040, line 62 |
| P Other credits | See the Partner's Instructions |
| 16 Foreign transactions | |
| A Name of country or U.S. possession | Form 1116, Part I |
| B Gross income from all sources | |
| C Gross income sourced at partner level | |
| <i>Foreign gross income sourced at partnership level</i> | |
| D Passive category | Form 1116, Part I |
| E General category | |
| F Other | |
| <i>Deductions allocated and apportioned at partner level</i> | |
| G Interest expense | Form 1116, Part I |
| H Other | Form 1116, Part I |
| <i>Deductions allocated and apportioned at partnership level to foreign source income</i> | |
| I Passive category | Form 1116, Part I |
| J General category | |
| K Other | |
| <i>Other information</i> | |
| L Total foreign taxes paid | Form 1116, Part II |
| M Total foreign taxes accrued | Form 1116, Part II |
| N Reduction in taxes available for credit | Form 1116, line 12 |
| O Foreign trading gross receipts | Form 8873 |
| P Extraterritorial income exclusion | Form 8873 |
| Q Other foreign transactions | See the Partner's Instructions |
| 17 Alternative minimum tax (AMT) items | |
| A Post-1986 depreciation adjustment | See the Partner's Instructions and the Instructions for Form 6251 |
| B Adjusted gain or loss | |
| C Depletion (other than oil & gas) | |
| D Oil, gas, & geothermal — gross income | |
| E Oil, gas, & geothermal — deductions | |
| F Other AMT items | |
| 18 Tax-exempt income and nondeductible expenses | |
| A Tax-exempt interest income | Form 1040, line 8b |
| B Other tax-exempt income | See the Partner's Instructions |
| C Nondeductible expenses | See the Partner's Instructions |
| 19 Distributions | |
| A Cash and marketable securities | See Partner's Instructions |
| B Other property | |
| C Distribution subject to section 737 | |
| 20 Other information | |
| A Investment income | Form 4952, line 4a |
| B Investment expenses | Form 4952, line 5 |
| C Fuel tax credit information | Form 4136 |
| D Qualified rehabilitation expenditures (other than rental real estate) | See the Partner's Instructions |
| E Basis of energy property | See the Partner's Instructions |
| F Recapture of low-income housing credit (section 42(j)(5)) | Form 8611, line 8 |
| G Recapture of low-income housing credit (other) | Form 8611, line 8 |
| H Recapture of investment credit | Form 4255 |
| I Recapture of other credits | See the Partner's Instructions |
| J Look-back interest — completed long-term contracts | See Form 8697 |
| K Look-back interest — income forecast method | See Form 8866 |
| L Dispositions of property with section 179 deductions | See the Partner's Instructions |
| M Recapture of section 179 deduction | |
| N Interest expense for corporate partners | |
| O Section 453(l)(3) information | |
| P Section 453A(c) information | |
| Q Section 1260(b) information | |
| R Interest allocable to production expenditures | |
| S CCF nonqualified withdrawals | |
| T Depletion information — oil and gas | |
| U Amortization of reforestation costs | |
| V Unrelated business taxable income | |
| W Precontribution gain (loss) | |
| X Other information | |

The Elbow Room
Profit & Loss
 January through December 2010

| | Jan - Dec 10 |
|--------------------------------|---------------------|
| Ordinary Income/Expense | |
| Income | |
| Alcoholic Beverages | 634,415.56 |
| Food Sales | 254,131.86 |
| Vending Commissions | 12,780.50 |
| OTHER INCOME | 11,707.22 |
| Cigarette Commision | 601.88 |
| Miscellaneous Income | 20.00 |
| Non-Alcoholic Beverages | -68.70 |
| Total Income | 913,588.32 |
| Cost of Goods Sold | |
| Beverage-Alcoholic | 161,009.20 |
| TABC Tax | 110,502.60 |
| Food | 78,670.90 |
| Beverage-Non Alcoholic | 5,366.15 |
| To-Go Items | 3,802.77 |
| Purchase Discounts | -150.00 |
| Total COGS | 359,201.62 |
| Gross Profit | 554,386.70 |
| Expense | |
| Payroll Expenses | 253,443.60 |
| Rent | 85,200.00 |
| Other Administrative | 78,412.15 |
| Utilities | 55,490.99 |
| Professional Fees | 35,244.67 |
| Payroll Taxes & Benefits | 30,633.69 |
| Repairs & Maintenance | 12,706.92 |
| Credit Card Fees | 11,958.08 |
| Insurance | 11,357.63 |
| Contract Labor | 9,684.20 |
| SUPPLIES | 7,808.25 |
| Travel & Ent | 7,396.16 |
| Equipment Rental | 5,271.05 |
| Equipment | 3,276.71 |
| Janitorial Exp | 2,984.29 |
| Advertising & Promotion | 2,218.60 |
| Salaries and wages | 1,906.24 |
| Suspense | 335.04 |
| Taxes | -220.61 |
| Total Expense | 615,107.66 |
| Net Ordinary Income | -60,720.96 |
| Other Income/Expense | |
| Other Expense | |
| Other Expenses | 1,721.55 |
| Total Other Expense | 1,721.55 |
| Net Other Income | -1,721.55 |
| Net Income | -62,442.51 |

2009 TAX RETURN

GOVERNMENT COPY

Client: ERGASTON

Prepared for: E R GASTON, LTD
P.O. BOX 227136
DALLAS, TX 75222

Prepared by: JOHN L ELWELL
ELWELL AND ASSOCIATES
11300 N CENTRAL EXPWY STE 100
DALLAS, TX 75243-6705
(214) 739-7100

Date: SEPTEMBER 14, 2010

Comments:

Route to: _____

**ELWELL AND ASSOCIATES
11300 N CENTRAL EXPWY STE 100
DALLAS, TX 75243-6705
(214) 739-7100**

September 14, 2010

E R GASTON, LTD
P.O. BOX 227136
DALLAS, TX 75222

Dear Client:

Enclosed is your 2009 Federal Return of Partnership Income. The original should be signed at the bottom of page one. No tax is payable with the filing of this return. Mail the Federal return on or before September 15, 2010 to:

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0011

Enclosed is your 2010 Texas Franchise Tax Return. The original should be signed at the bottom of the form. In addition, sign and date at the bottom of Form 05-167, 2010 Texas Franchise Tax Ownership Information Report. No tax is payable with the filing of this return. Mail the Texas return on or before November 15, 2010. to:

COMPTROLLER OF PUBLIC ACCOUNTS
P.O. BOX 149348
AUSTIN, TX 78714-9348

You must distribute a copy of the 2009 Schedule K-1 to each partner, if applicable. Be sure to give each partner a copy of the Partner's Instructions for Schedule K-1.

Please call if you have any questions.

Sincerely,

JOHN L ELWELL

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

▶ **File a separate application for each return.**

▶ **See separate instructions.**

| | | |
|--|--|---|
| Type or Print | Name E R GASTON, LTD <small>Number, street, and room or suite number. (If P.O. box, see instructions.)</small> | Identifying number 75-2849750 |
| File by the due date for the return for which an extension is requested. See instructions. | P.O. BOX 227136 <small>City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code)).</small> | |
| | DALLAS, TX 75222 | |

Note. See instructions before completing this form.

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

1 a Enter the form code for the return that this application is for (see below) **09**

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

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

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

| Application Is For: | Form Code | Application Is For: | Form Code |
|-----------------------------------|-----------|---------------------|-----------|
| Form 706-GS(D) | 01 | Form 1120-PC | 21 |
| Form 706-GS(T) | 02 | Form 1120-POL | 22 |
| Form 1041-N | 06 | Form 1120-REIT | 23 |
| Form 1041-QFT | 07 | Form 1120-RIC | 24 |
| Form 1042 | 08 | Form 1120S | 25 |
| Form 1065-B | 10 | Form 1120-SF | 26 |
| Form 1066 | 11 | Form 3520-A | 27 |
| Form 1120 | 12 | Form 8612 | 28 |
| Form 1120-C | 34 | Form 8613 | 29 |
| Form 1120-F | 15 | Form 8725 | 30 |
| Form 1120-FSC | 16 | Form 8831 | 32 |
| Form 1120-H | 17 | Form 8876 | 33 |
| Form 1120-L | 18 | Form 8924 | 35 |
| Form 1120-ND | 19 | Form 8928 | 36 |
| Form 1120-ND (section 4951 taxes) | 20 | | |

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

Part III All Filers Must Complete This Part

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

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

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

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

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

Form **1065**

Department of the Treasury
Internal Revenue Service

U.S. Return of Partnership Income
For calendar year 2009, or tax year beginning _____, 2009,
ending _____, 20 ____.
▶ See separate instructions.

OMB No.1545-0099

2009

| | | | |
|---------------------------------------|---|--|---|
| A Principal business activity | Use the IRS label. Otherwise, print or type. | E R GASTON, LTD P.O. BOX 227136 DALLAS, TX 75222 | D Employer identification number |
| RESTAURANT | | | 75-2849750 |
| B Principal product or service | | | E Date business started |
| RESTAURANT | | | 1/01/2000 |
| C Business code number | | | F Total assets (see instrs) |
| 722410 | | | \$ 738,364. |

G Check applicable boxes: (1) Initial return (2) Final return (3) Name change (4) Address change (5) Amended return
(6) Technical termination - also check (1) or (2)

H Check accounting method: (1) Cash (2) Accrual (3) Other (specify) ▶ _____

I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year. ▶ 3

J Check if Schedules C and M-3 are attached.

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

| | | | | | |
|---|--|-----|----------|----------|----------|
| I N C O M E | 1a Gross receipts or sales | 1a | 985,952. | | |
| | b Less returns and allowances | 1b | | 1c | 985,952. |
| | 2 Cost of goods sold (Schedule A, line 8) | | | 2 | 504,987. |
| | 3 Gross profit. Subtract line 2 from line 1c. | | | 3 | 480,965. |
| | 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 | 480,965. | |
| D E D U C T I O N S F O R L I M I T A T I O N S | 9 Salaries and wages (other than to partners) (less employment credits) | | | 9 | 80,000. |
| | 10 Guaranteed payments to partners | | | 10 | |
| | 11 Repairs and maintenance | | | 11 | 8,092. |
| | 12 Bad debts | | | 12 | |
| | 13 Rent | | | 13 | 90,939. |
| | 14 Taxes and licenses | | | 14 | 37,598. |
| | 15 Interest | | | 15 | 21,554. |
| | 16a Depreciation (if required, attach Form 4562) | 16a | 5,552. | | |
| | b Less depreciation reported on Schedule A and elsewhere on return. | 16b | | 16c | 5,552. |
| | 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) SEE STATEMENT 1 | | | 20 | 157,229. |
| | 21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20 | | | 21 | 400,964. |
| 22 Ordinary business income (loss). Subtract line 21 from line 8 | | | 22 | 80,001. | |

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.

▶ _____ ▶ _____
Signature of general partner or limited liability company member manager Date

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

Paid Preparer's Use Only

| | | | |
|--|------|---|--|
| Preparer's signature JOHN L ELWELL | Date | Check if self-employed. <input checked="" type="checkbox"/> | Preparer's SSN or PTIN P00333675 |
| Firm's name (or yours if self-employed), address, and ZIP code ▶ ELWELL AND ASSOCIATES 11300 N CENTRAL EXPWY STE 100 DALLAS, TX 75243-6705 | | EIN ▶ 75-2121388 Phone no. (214) 739-7100 | |

Schedule A Cost of Goods Sold (see the instructions)

| | | | |
|---|---|---|----------|
| 1 | Inventory at beginning of year | 1 | 24,171. |
| 2 | Purchases less cost of items withdrawn for personal use | 2 | 267,115. |
| 3 | Cost of labor | 3 | 234,351. |
| 4 | Additional section 263A costs (attach statement) | 4 | |
| 5 | Other costs (attach statement) | 5 | |
| 6 | Total. Add lines 1 through 5. | 6 | 525,637. |
| 7 | Inventory at end of year | 7 | 20,650. |
| 8 | Cost of goods sold. Subtract line 7 from line 6. Enter here and on page 1, line 2. | 8 | 504,987. |

- 9a Check all methods used for valuing closing inventory:
- (i) Cost as described in Regulations section 1.471-3
 - (ii) Lower of cost or market as described in Regulations section 1.471-4
 - (iii) Other (specify method used and attach explanation) _____
- b Check this box if there was a writedown of 'subnormal' goods as described in Regulations section 1.471-2(c) Yes No
- c Check this box if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) Yes No
- d Do the rules of section 263A (for property produced or acquired for resale) apply to the partnership? Yes No
- e Was there any change in determining quantities, cost, or valuations between opening and closing inventory? Yes No
If 'Yes,' attach explanation.

Schedule B Other Information

- 1 What type of entity is filing this return? Check the applicable box:
- | | | | |
|---|--|-----|----|
| a <input type="checkbox"/> Domestic general partnership | b <input checked="" type="checkbox"/> Domestic limited partnership | Yes | No |
| c <input 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? Yes No
- 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 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. Yes No
- 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. Yes No
- 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. Yes No

| (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. Yes No

| (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 |
|--------------------|--|----------------------|------------------------------|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| | Yes | No |
|---|-----|----|
| 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 this 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 2009, 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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If 'Yes,' enter the name of the foreign country. ▶ | | X |
| 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 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(b) or 734(b) 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 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 a 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 ▶ | | |
| 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. ▶ | | X |
| 17 Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return ▶ | | |

Designation of Tax Matters Partner (see the instructions)

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

| | | | |
|---|-------------------------------------|---------------------------|---------------|
| Name of designated TMP | ▶ STEVE PARKER | Identifying number of TMP | ▶ 464-53-9788 |
| If the TMP is an entity, name of TMP representative | ▶ | Phone number of TMP | ▶ |
| Address of designated TMP | ▶ 3845 DUNHAVEN DALLAS, TX 75220 | | |

| Schedule K Partners' Distributive Share Items | | Total amount | | |
|---|--|--------------|---------|--|
| Income (Loss) | 1 Ordinary business income (loss) (page 1, line 22) | 1 | 80,001. | |
| | 2 Net rental real estate income (loss) (attach Form 8825) | 2 | | |
| | 3a Other gross rental income (loss) | 3a | | |
| | b Expenses from other rental activities (attach stmt) | 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 | | |
| 9a 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 | 1,995. | |
| | 13a 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 ▶ SEE STATEMENT 2 | 13d | | | |
| Self-Employment | 14a Net earnings (loss) from self-employment | 14a | | |
| | b Gross farming or fishing income | 14b | | |
| | c Gross nonfarm income | 14c | | |
| Credits | 15a 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) | 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 | 16a Name of country or U.S. possession .. ▶ | | | |
| | b Gross income from all sources | 16b | | |
| | c Gross income sourced at partner level | 16c | | |
| | Foreign gross income sourced at partnership level | | | |
| | d Passive category ▶ e General category ▶ f Other..... ▶ | 16f | | |
| | Deductions allocated and apportioned at partner level | | | |
| | g Interest expense ▶ h Other..... ▶ | 16h | | |
| | Deductions allocated and apportioned at partnership level to foreign source income | | | |
| i Passive category ▶ j General category ▶ k Other..... ▶ | 16k | | | |
| l Total foreign taxes (check one): ▶ Paid <input type="checkbox"/> Accrued <input type="checkbox"/> | 16l | | | |
| m Reduction in taxes available for credit (attach statement) | 16m | | | |
| n Other foreign tax information (attach statement) | | | | |
| Alternative Minimum Tax (AMT) Items | 17a Post-1986 depreciation adjustment | 17a | -19. | |
| | 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 stmt) | 17f | | |
| Other Information | 18a Tax-exempt interest income | 18a | | |
| | b Other tax-exempt income | 18b | | |
| | c Nondeductible expenses | 18c | | |
| | 19a Distributions of cash and marketable securities | 19a | | |
| | b Distributions of other property | 19b | | |
| | 20a Investment income | 20a | | |
| b Investment expenses | 20b | | | |
| c Other items and amounts (attach stmt) | | | | |

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 16l. | | | | | | 1 | 78,006. |
| 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 | | 78,006. | | | | | |

| Schedule L | Balance Sheets per Books | Beginning of tax year | | End of tax year | |
|--------------------------------|---|-----------------------|----------|-----------------|----------|
| | | (a) | (b) | (c) | (d) |
| Assets | | | | | |
| 1 | Cash | | 1,275. | | 12,276. |
| 2a | Trade notes and accounts receivable | 1,928. | | 2,047. | |
| b | Less allowance for bad debts | | 1,928. | | 2,047. |
| 3 | Inventories | | 24,171. | | 20,650. |
| 4 | U.S. government obligations | | | | |
| 5 | Tax-exempt securities | | | | |
| 6 | Other current assets (attach stmt) SEE ST. 3. | | 498,557. | | 619,915. |
| 7 | Mortgage and real estate loans | | | | |
| 8 | Other investments (attach stmt) | | | | |
| 9a | Buildings and other depreciable assets | 169,446. | | 171,441. | |
| b | Less accumulated depreciation | 84,500. | 84,946. | 90,000. | 81,441. |
| 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 stmt) SEE ST. 4. | | 3,679. | | 2,035. |
| 14 | Total assets | | 614,556. | | 738,364. |
| Liabilities and Capital | | | | | |
| 15 | Accounts payable | | 62,177. | | 61,194. |
| 16 | Mortgages, notes, bonds payable in less than 1 year | | | | |
| 17 | Other current liabilities (attach stmt) SEE ST. 5. | | 353,122. | | 369,855. |
| 18 | All nonrecourse loans | | | | |
| 19 | Mortgages, notes, bonds payable in 1 year or more | | | | |
| 20 | Other liabilities (attach stmt) | | | | |
| 21 | Partners' capital accounts | | 199,257. | | 277,315. |
| 22 | Total liabilities and capital | | 614,556. | | 708,364. |

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return
 Note. Schedule M-3 may be required instead of Schedule M-1 (see instructions).

| | | | | | |
|---|--|---------|---|---|---------|
| 1 | Net income (loss) per books | 78,058. | 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 pmts (other than health insurance) | | 7 | Deductions included on Schedule K, lines 1 through 13d, and 16l, 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 16l (itemize): | | a | Depreciation .. \$ | 52. |
| a | Depreciation .. \$ | | 8 | Add lines 6 and 7 | 52. |
| b | Travel and entertainment .. \$ | | 9 | Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5 | 78,006. |
| 5 | Add lines 1 through 4 | 78,058. | | | |

Schedule M-2 Analysis of Partners' Capital Accounts

| | | | | | |
|---|------------------------------|----------|---|---|----------|
| 1 | Balance at beginning of year | 199,257. | 6 | Distributions: a Cash | |
| 2 | Capital contributed: a Cash | | b | Property | |
| | b Property | | 7 | Other decreases (itemize): | |
| 3 | Net income (loss) per books | 78,058. | 8 | Add lines 6 and 7 | |
| 4 | Other increases (itemize): | | 9 | Balance at end of year. Subtract line 8 from line 5 | 277,315. |
| 5 | Add lines 1 through 4 | 277,315. | | | |

**SCHEDULE B-1
(Form 1065)**

(December 2009)
Department of the Treasury
Internal Revenue Service

**Information on Partners Owning 50% or
More of the Partnership**

▶ **Attach to Form 1065. See instructions.**

OMB No. 1545-0099

Name of partnership

E R GASTON, LTD

Employer identification number (EIN)

75-2849750

Part I Entities Owning 50% or More of the Partnership (Form 1065, Schedule B, Question 3a)

Complete columns (i) through (v) below for any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization that owns, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership (see instructions).

| (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 |
|--------------------|--|----------------------|------------------------------|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Part II Individuals or Estates Owning 50% or More of the Partnership (Form 1065, Schedule B, Question 3b)

Complete columns (i) through (iv) below for any individual or estate that owns, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership (see instructions).

| (i) Name of Individual or Estate | (ii) Identifying Number (if any) | (iii) Country of Citizenship (see instructions) | (v) Maximum Percentage Owned in Profit, Loss, or Capital |
|----------------------------------|----------------------------------|---|--|
| ED SIGMOND | 191-48-0624 | UNITED STATES | 96.670 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

BAA For Paperwork Reduction Act Notice, see the instructions for Form 1065.

Cat. No. 49842K

Schedule B-1 (Form 1065) (12-2009)

Schedule K-1 (Form 1065)

2009

Final K-1 Amended K-1

Department of the Treasury Internal Revenue Service

For calendar year 2009, or tax year beginning ending

Partner's Share of Income, Deductions, Credits, etc.

See separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number 75-2849750
B Partnership's name, address, city, state, and ZIP code
E R GASTON, LTD
P.O. BOX 227136
DALLAS, TX 75222
C IRS Center where partnership filed return
OGDEN, UT
D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's identifying number 464-53-9788
F Partner's name, address, city, state, and ZIP code
STEVE PARKER
3845 DUNHAVEN
DALLAS, TX 75220
G General partner or LLC member-manager Limited partner or other LLC member
H Domestic partner Foreign partner
I What type of entity is this partner? INDIVIDUAL
J Partner's share of profit, loss, and capital (see instructions):
Beginning Ending
Profit 3.33 % 3.33 %
Loss 3.33 % 3.33 %
Capital 3.33 % 3.33 %
K Partner's share of liabilities at year end:
Nonrecourse \$
Qualified nonrecourse financing \$
Recourse \$

L Partner's capital account analysis:
Beginning capital account \$ 1,030.
Capital contributed during the year \$
Current year increase (decrease) \$ 2,600.
Withdrawals and distributions \$
Ending capital account \$ 3,630.
M Did the partner contribute property with a built-in gain or loss?
Yes No
If 'Yes', attach statement (see instructions)

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

Table with 3 columns: Line number, Description, and Amount. Includes rows for Ordinary business income (loss) 2,664, Net rental real estate income (loss), Other net rental income (loss), Guaranteed payments, Interest income, Ordinary dividends, Qualified dividends, Royalties, Net short-term capital gain (loss), Net long-term capital gain (loss) 17A, Collectibles (28%) gain (loss), Unrecaptured section 1250 gain, Net section 1231 gain (loss) 18, Other income (loss), Section 179 deduction 66, Other deductions 2,598, Self-employment earnings (loss), and Distributions 19.

*See attached statement for additional information.

FOR IRS USE ONLY

Final K-1 Amended K-1

Schedule K-1 (Form 1065)

2009

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

Department of the Treasury Internal Revenue Service

Partner's Share of Income, Deductions, Credits, etc. See separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number 75-2849750
B Partnership's name, address, city, state, and ZIP code E R GASTON, LTD P.O. BOX 227136 DALLAS, TX 75222
C IRS Center where partnership filed return OGDEN, UT
D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's identifying number 191-48-0624
F Partner's name, address, city, state, and ZIP code ED SIGMOND 1027 DANFORTH CT ARLINGTON, TX 76017
G General partner or LLC member-manager Limited partner or other LLC member
H Domestic partner Foreign partner
I What type of entity is this partner? INDIVIDUAL
J Partner's share of profit, loss, and capital (see instructions): Beginning Ending
Profit 96.67 % 96.67 %
Loss 96.67 % 96.67 %
Capital 96.67 % 96.67 %
K Partner's share of liabilities at year end: Nonrecourse \$ Qualified nonrecourse financing \$ Recourse \$

L Partner's capital account analysis: Beginning capital account \$ 198,227. Capital contributed during the year \$ Current year increase (decrease) \$ 75,458. Withdrawals and distributions \$ Ending capital account \$ 273,685.

M Did the partner contribute property with a built-in gain or loss? Tax basis GAAP Section 704(b) book Other (explain) Yes No

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

Table with 3 columns: Line number, Description, and Amount. Rows include: 1 Ordinary business income (loss) 77,337. 2 Net rental real estate income (loss) 3 Other net rental income (loss) 4 Guaranteed payments 5 Interest income 6a Ordinary dividends 6b Qualified dividends 7 Royalties 8 Net short-term capital gain (loss) 9a Net long-term capital gain (loss) 17 A Alternative minimum tax (AMT) items -18. 9b Collectibles (28%) gain (loss) 9c Unrecaptured section 1250 gain 10 Net section 1231 gain (loss) 18 Tax-exempt income and nondeductible expenses 11 Other income (loss) 12 Section 179 deduction 1,929. 13 Other deductions U 75,408. V 303,883. 14 Self-employment earnings (loss) 19 Distributions 20 Other information

*See attached statement for additional information.

FOR IRS USE ONLY

Schedule K-1 (Form 1065)

2009

Final K-1 Amended K-1

For calendar year 2009, or tax year beginning ending

Department of the Treasury Internal Revenue Service

Partner's Share of Income, Deductions, Credits, etc. See separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number 75-2849750
B Partnership's name, address, city, state, and ZIP code
E R GASTON, LTD
P.O. BOX 227136
DALLAS, TX 75222
C IRS Center where partnership filed return
OGDEN, UT
D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's identifying number 75-2782517
F Partner's name, address, city, state, and ZIP code
GOODFELLAS PIZZA, INC
P.O. BOX 227136
DALLAS, TX 75222
G General partner or LLC member-manager Limited partner or other LLC member
H Domestic partner Foreign partner
I What type of entity is this partner? S CORPORATION
J Partner's share of profit, loss, and capital (see instructions):
Beginning Ending
Profit % %
Loss % %
Capital % %
K Partner's share of liabilities at year end:
Nonrecourse \$
Qualified nonrecourse financing \$
Recourse \$

L Partner's capital account analysis:
Beginning capital account \$ 0.
Capital contributed during the year \$
Current year increase (decrease) \$
Withdrawals and distributions \$
Ending capital account \$ 0.
M Did the partner contribute property with a built-in gain or loss?
Yes No
If 'Yes', attach statement (see instructions)

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

Table with 3 columns: Line number, Description, and Amount. Rows include: 1 Ordinary business income (loss) 15 Credits; 2 Net rental real estate income (loss); 3 Other net rental income (loss) 16 Foreign transactions; 4 Guaranteed payments; 5 Interest income; 6a Ordinary dividends; 6b Qualified dividends; 7 Royalties; 8 Net short-term capital gain (loss); 9a Net long-term capital gain (loss) 17 Alternative minimum tax (AMT) items; 9b Collectibles (28%) gain (loss); 9c Unrecaptured section 1250 gain; 10 Net section 1231 gain (loss) 18 Tax-exempt income and nondeductible expenses; 11 Other income (loss); 12 Section 179 deduction; 13 Other deductions; 14 Self-employment earnings (loss); 19 Distributions; 20 Other information.

*See attached statement for additional information.

FOR IRS USE ONLY

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

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

Name(s) shown on return

E R GASTON, LTD

Identifying number

75-2849750

Business or activity to which this form relates

FORM 1065

Part I Election To Expense Certain Property Under Section 179

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

| | | | |
|----|--|------------------------------|------------------|
| 1 | Maximum amount. See the instructions for a higher limit for certain businesses. | 1 | \$250,000. |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 | 1,995. |
| 3 | Threshold cost of section 179 property before reduction in limitation (see instructions) | 3 | \$800,000. |
| 4 | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-. | 4 | 0. |
| 5 | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions. | 5 | 250,000. |
| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
| | 5-YEAR EQUIPMENT | 1,995. | 1,995. |
| 7 | Listed property. Enter the amount from line 29. | 7 | 0. |
| 8 | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7. | 8 | 1,995. |
| 9 | Tentative deduction. Enter the smaller of line 5 or line 8. | 9 | 1,995. |
| 10 | Carryover of disallowed deduction from line 13 of your 2008 Form 4562. | 10 | 0. |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs). | 11 | 80,001. |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11. | 12 | 1,995. |
| 13 | Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12. | 13 | 0. |

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

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

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

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

Section A

| | | | |
|----|--|----|--------------------------|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2009. | 17 | 5,552. |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here. | | <input type="checkbox"/> |

Section B – Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

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

Section C – Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

| | | | |
|----|--|----|--------|
| 21 | Listed property. Enter amount from line 28. | 21 | |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations – see instructions | 22 | 5,552. |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

E R GASTON, LTD

75-2849750

STATEMENT 1
FORM 1065, LINE 20
OTHER DEDUCTIONS

| | | |
|-----------------------------|----------|-----------------|
| ADVERTISING..... | \$ | 4,146. |
| COMMISSIONS..... | | 4,200. |
| INSURANCE..... | | 10,648. |
| JANITORIAL..... | | 3,004. |
| LEGAL AND PROFESSIONAL..... | | 3,640. |
| OFFICE EXPENSE..... | | 50,758. |
| SUPPLIES..... | | 13,279. |
| TRAVEL..... | | 13,329. |
| UTILITIES..... | | 54,225. |
| | TOTAL \$ | <u>157,229.</u> |

STATEMENT 2
FORM 1065, SCHEDULE K, LINE 13D
OTHER DEDUCTIONS

QUALIFIED DOMESTIC PRODUCTION ACTIVITY INFORMATION

| | | |
|---|----|----------|
| QUALIFIED PRODUCTION ACTIVITIES INCOME..... | \$ | 78,006. |
| EMPLOYER'S W-2 WAGES..... | | 314,351. |

STATEMENT 3
FORM 1065, SCHEDULE L, LINE 6
OTHER CURRENT ASSETS

| | BEGINNING | ENDING |
|--------------------------------------|--------------------|--------------------|
| KESTREL HOLDINGS..... | \$ 361,985. | \$ 462,891. |
| NOTES RECEIVABLES:601 N HASKELL..... | 0. | 1,208. |
| SIGMOND & JOHNSON..... | 3,000. | 3,000. |
| THE GREAT AMERICAN FOOD CHAIN..... | 133,572. | 152,816. |
| TOTAL | <u>\$ 498,557.</u> | <u>\$ 619,915.</u> |

STATEMENT 4
FORM 1065, SCHEDULE L, LINE 13
OTHER ASSETS

| | BEGINNING | ENDING |
|-----------------------|------------------|------------------|
| EMPLOYEE LOANS..... | \$ 1,145. | \$ 1,314. |
| PREPAID EXPENSES..... | 2,534. | 721. |
| TOTAL | <u>\$ 3,679.</u> | <u>\$ 2,035.</u> |

STATEMENT 5
FORM 1065, SCHEDULE L, LINE 17
OTHER CURRENT LIABILITIES

| | <u>BEGINNING</u> | <u>ENDING</u> |
|-----------------------|--------------------|--------------------|
| INTERCOMPANY PAY..... | \$ 353,122. | \$ 369,855. |
| TOTAL | <u>\$ 353,122.</u> | <u>\$ 369,855.</u> |

TEXAS FRANCHISE TAX NO TAX DUE INFORMATION REPORT

■ **Tcode** 13255 ANNUAL

| | | | |
|--------------------------|----------------------|-----------------|--|
| ■ Taxpayer number | ■ Report year | Due date | Privilege period covered by this report |
| 17528497500 | 2010 | 05/17/2010 | 01/01/2010 – 12/31/2010 |

| | | | | | | |
|---|--------------------|---------------------------------|--------------------------|--|--|--|
| Taxpayer name E R GASTON, LTD | | | | | Secretary of State file number or Comptroller file number | |
| Mailing address P.O. BOX 227136 | | | | | 0012768810 | |
| City DALLAS | State TX | Country UNITED STATES | ZIP code 75222 | Plus 4 | Check box if the address has changed ■ <input type="checkbox"/> | |
| Check box if this is a combined report..... ■ <input type="checkbox"/> | | | SIC code | | NAICS code | |
| | | | ■ 5813 | | ■ 722410 | |
| Check box if Total Revenue is adjusted for Tiered Partnership Election, see instructions..... ■ <input type="checkbox"/> | | | | Check box to request a Certificate of Account Status..... ■ <input type="checkbox"/> | | |
| Check box if this is a Corporation or Limited Liability Company <input type="checkbox"/> | | | | Check box if this is an Entity other than a Corporation or Limited Liability Company <input checked="" type="checkbox"/> | | |

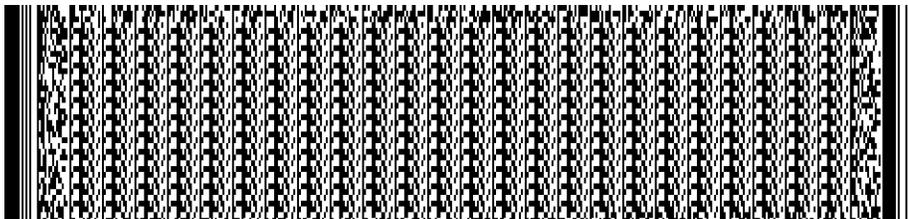
If any of the statements below are true, you qualify to file this No Tax Due Information Report:
(Check all boxes that apply)

1. **This entity is a passive entity as defined in Chapter 171 of the Texas Tax Code.** (See instructions)..... 1. ■
 (Passive income does NOT include rent.)
 2. **This entity's annualized total annual revenue is below the no tax due threshold.** (See instructions)..... 2. ■
 3. **This entity has zero Texas Gross Receipts.**..... 3. ■
 4. **This entity is a Real Estate Investment Trust (REIT) that meets the qualifications specified in section 171.0002(c)(4).**..... 4. ■
- 5a. **Accounting year begin date** 5a. ■ m m d d y y
010109 5b. **Accounting year end date** 5b. ■ m m d d y y
123109
6. **TOTAL REVENUE** (Whole dollars only)..... 6. ■ 985952.00

| | | |
|---|------|--|
| Print or type name ED SIGMOND | | Area code and phone number |
| I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief. | | Mail original to: COMPTROLLER OF PUBLIC ACCOUNTS P.O. Box 149348 Austin, TX 78714-9348 |
| sign here ▶ | Date | |

If you have any questions regarding franchise tax, you may contact the Texas State Comptroller's field office in your area or call (800) 252-1381 or (512) 463-4600.
 For instructions on completing the franchise tax reports, see Form 05-392 (2008), Form 05-393 (2009) or Form 05-394 (2010).

Texas Comptroller Official Use Only



| | |
|---------|---|
| VE/DE | ○ |
| PM Date | |



TEXAS FRANCHISE TAX OWNERSHIP INFORMATION REPORT

To be filed by Entities other than Corporations, Limited Liability Companies or Financial Institutions
This report **MUST** be signed and filed to satisfy franchise tax requirements

■ Tcode 13197

| | |
|----------------------------------|-----------------------|
| ■ Taxpayer number 17528497500 | ■ Report year 2010 |
|----------------------------------|-----------------------|

You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at: (512) 463-4600, or (800) 252-1381, toll free nationwide.

| | | | | |
|------------------------------------|-------------|---|-------------------|--------|
| Taxpayer name E R GASTON, LTD | | Secretary of State file number or Comptroller file number 0012768810 | | |
| Mailing address P.O. BOX 227136 | | | | |
| City DALLAS | State TX | Country USA | ZIP Code 75222 | Plus 4 |

SECTION A. Enter the information required for each general partner of a partnership or each trustee of a trust. Also, provide the information for each person or entity that owns an interest of ten percent (10%) or more in this entity.

| | | | | |
|-------------------------------------|---|---|--|-----------------------------------|
| Name ED SIGMOND | What type of owner? (Check only one) | GENERAL PARTNER <input type="checkbox"/> | LIMITED PARTNER <input checked="" type="checkbox"/> | OTHER <input type="checkbox"/> |
| Mailing address 1027 DANFORTH CT | FEI number | Percentage of ownership 96.67 | | |
| City ARLINGTON | State TX | ZIP Code 76017 | Plus 4 | |

| | | | | |
|------------------------------------|---|--|---|-----------------------------------|
| Name GOODFELLAS PIZZA, INC | What type of owner? (Check only one) | GENERAL PARTNER <input checked="" type="checkbox"/> | LIMITED PARTNER <input type="checkbox"/> | OTHER <input type="checkbox"/> |
| Mailing address P.O. BOX 227136 | FEI number 752782517 | Percentage of ownership | | |
| City DALLAS | State TX | ZIP Code 75222 | Plus 4 | |

| | | | | |
|-----------------|---|---|---|-----------------------------------|
| Name | What type of owner? (Check only one) | GENERAL PARTNER <input type="checkbox"/> | LIMITED PARTNER <input type="checkbox"/> | OTHER <input type="checkbox"/> |
| Mailing address | FEI number | Percentage of ownership | | |
| City | State | ZIP Code | Plus 4 | |

SECTION B. Enter the information required for each entity, if any, in which this partnership, association, trust or other entity owns an interest of ten percent (10%) or more.

| | | | |
|--|--------------------|------------|-------------------------|
| Name of owned (subsidiary) corporation or entity | State of formation | FEI number | Percentage of Ownership |
| Name of owned (subsidiary) corporation or entity | State of formation | FEI number | Percentage of Ownership |

Registered agent and office, or agent for service of process. (See instructions if you need to make changes)

Agent:

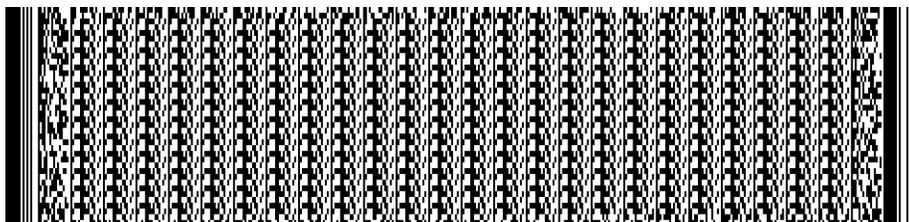
| | | | | |
|----------------|------|-------|----------|--------|
| Office: | City | State | ZIP Code | Plus 4 |
|----------------|------|-------|----------|--------|

The above information is authorized by Section 171.201(a)(2), Section 171.201(a)(3), 171.202(a)(4) and 171.354 for each entity.
Use additional forms (05-167) for Sections A and B as necessary.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below.

| | | | |
|--------------------|-------|------|----------------------------|
| sign here ▶ | Title | Date | Area code and phone number |
|--------------------|-------|------|----------------------------|

Texas Comptroller Official Use Only



| | | | |
|-------|-----------------------|---------|-----------------------|
| VE/DE | <input type="radio"/> | PIR IND | <input type="radio"/> |
|-------|-----------------------|---------|-----------------------|



TEXAS FRANCHISE TAX EXTENSION REQUEST

■ Tcode 13258 ANNUAL

■ Taxpayer number

■ Report year

Due date

| | | |
|-------------|------|------------|
| 17528497500 | 2010 | 05/17/2010 |
|-------------|------|------------|

| | | | | | | |
|---|--------------------|---------------------------------|--------------------------|--------|---|--|
| Taxpayer name E R GASTON, LTD | | | | | Secretary of State file number or Comptroller file number | |
| Mailing address P.O. BOX 227136 | | | | | 0012768810 | |
| City DALLAS | State TX | Country UNITED STATES | ZIP Code 75222 | Plus 4 | Check box if the address has changed <input checked="" type="checkbox"/> | |
| Check box if this is a combined report <input type="checkbox"/> | | | | | | |

1. **Check this box if you will be using your 2008 Temporary Credit for Business Loss Carryforward for the report year for which you are requesting this extension** *(See instructions)* 1.
2. **Check this box if you will begin using your 1992 Temporary Credit for the report year for which you are requesting this extension** *(See instructions)* 2.
3. **Extension payment** *(Dollars and cents)* 3. 0.00

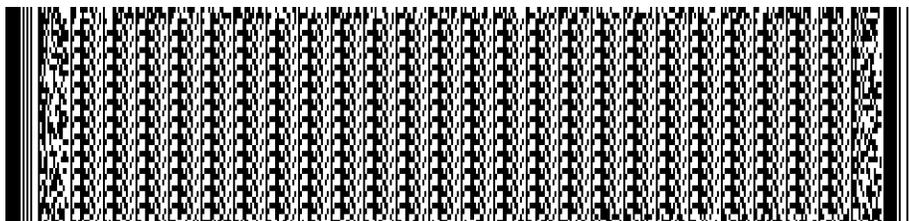
If this extension is for a combined group, you must also complete and submit Form 05-165. Note to mandatory Electronic Fund Transfer (EFT) payors: When requesting a second extension do not submit an Affiliate list Form 05-165.

| | | |
|---|------|--|
| Print or type name ED SIGMOND | | Area code and phone number |
| I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief. | | Mail original to: COMPTROLLER OF PUBLIC ACCOUNTS P.O. Box 149348 Austin, TX 78714-9348 |
| sign here ▶ | Date | |

If you have any questions regarding franchise tax, you may contact the Texas State Comptroller's field office in your area or call (800) 252-1381 or (512) 463-4600. For instructions on completing the franchise tax report forms, see Form 05-392 (2008), Form 05-393 (2009) or Form 05-394 (2010).

Taxpayers who paid \$10,000 or more during the preceding fiscal year (September 1 thru August 31) are required to electronically pay their franchise tax. For more information visit: http://www.window.state.tx.us/webfile/req_franchise.html

Texas Comptroller Official Use Only



| | | | | | | | |
|---------|---|--|--|--|--|--|--|
| VE/DE | ○ | | | | | | |
| PM Date | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; border: 1px solid black;"> </td> <td style="width: 15%; border: 1px solid black;"> </td> <td style="width: 15%; border: 1px solid black;"> </td> <td style="width: 15%; border: 1px solid black;"> </td> <td style="width: 15%; border: 1px solid black;"> </td> <td style="width: 15%; border: 1px solid black;"> </td> </tr> </table> | | | | | | |
| | | | | | | | |



The Elbow Room
Balance Sheet
As of February 28, 2011

| | <u>Feb 28, 11</u> |
|---------------------------------------|--------------------------|
| ASSETS | |
| Current Assets | |
| Checking/Savings | |
| CURRENT ASSETS | 28,361.46 |
| Total Checking/Savings | 28,361.46 |
| Other Current Assets | |
| INVENTORY | 19,741.14 |
| Total Other Current Assets | 19,741.14 |
| Total Current Assets | 48,102.60 |
| Fixed Assets | |
| Accumulated Depreciation | -90,000.00 |
| FIXED ASSETS | 171,440.66 |
| Total Fixed Assets | 81,440.66 |
| TOTAL ASSETS | <u>129,543.26</u> |
| LIABILITIES & EQUITY | |
| Liabilities | |
| Current Liabilities | |
| Accounts Payable | |
| Accounts Payable | 55,607.83 |
| Total Accounts Payable | 55,607.83 |
| Other Current Liabilities | |
| Rent Payable - 3101 Gaston, Inc | 224,068.14 |
| INTERCOMPANY PAYBLES | 2,788.63 |
| Payroll Liabilities | 402,482.95 |
| Sales Tax Payable | 36,373.62 |
| TABC Tax Payable | 19,255.83 |
| Total Other Current Liabilities | 684,969.17 |
| Total Current Liabilities | 740,577.00 |
| Total Liabilities | 740,577.00 |
| Equity | |
| Partners Capital Account | -520,954.10 |
| Retained Earnings | -105,859.37 |
| Net Income | 15,779.73 |
| Total Equity | -611,033.74 |
| TOTAL LIABILITIES & EQUITY | <u>129,543.26</u> |

The Elbow Room
Balance Sheet
As of December 31, 2010

| | <u>Dec 31, 10</u> |
|---------------------------------------|--------------------------|
| ASSETS | |
| Current Assets | |
| Checking/Savings | |
| CURRENT ASSETS | 15,578.45 |
| Total Checking/Savings | 15,578.45 |
| Other Current Assets | |
| INVENTORY | 19,385.84 |
| Prepaid Expenses | 986.30 |
| Total Other Current Assets | 20,372.14 |
| Total Current Assets | 35,950.59 |
| Fixed Assets | |
| Accumulated Depreciation | -90,000.00 |
| FIXED ASSETS | 171,440.66 |
| Total Fixed Assets | 81,440.66 |
| TOTAL ASSETS | <u>117,391.25</u> |
| LIABILITIES & EQUITY | |
| Liabilities | |
| Current Liabilities | |
| Accounts Payable | |
| Accounts Payable | 66,889.63 |
| Total Accounts Payable | 66,889.63 |
| Other Current Liabilities | |
| Rent Payable - 3101 Gaston, Inc | 218,484.14 |
| INTERCOMPANY PAYBLES | 3,640.58 |
| Payroll Liabilities | 390,005.07 |
| Sales Tax Payable | 32,950.40 |
| TABC Tax Payable | 20,471.64 |
| Total Other Current Liabilities | 665,551.83 |
| Total Current Liabilities | 732,441.46 |
| Total Liabilities | 732,441.46 |
| Equity | |
| Partners Capital Account | -509,190.84 |
| Retained Earnings | -43,215.51 |
| Net Income | -62,643.86 |
| Total Equity | -615,050.21 |
| TOTAL LIABILITIES & EQUITY | <u>117,391.25</u> |

The Elbow Room
Profit & Loss
 January 1 through February 27, 2011

| | Jan 1 - Feb 27, 11 |
|--------------------------------|---------------------------|
| Ordinary Income/Expense | |
| Income | |
| Alcoholic Beverages | 116,922.76 |
| Food Sales | 43,372.48 |
| Vending Commissions | 2,571.75 |
| Cigarette Commision | 108.64 |
| Miscellaneous Income | 0.00 |
| Total Income | 162,975.63 |
| Cost of Goods Sold | |
| Beverage-Alcoholic | 28,157.66 |
| TABC Tax | 15,022.70 |
| Food | 13,828.21 |
| Beverage-Non Alcoholic | 1,128.10 |
| To-Go Items | 819.91 |
| Purchase Discounts | 0.00 |
| Total COGS | 58,956.58 |
| Gross Profit | 104,019.05 |
| Expense | |
| Payroll Expenses | 40,020.02 |
| Other Administrative | 15,214.31 |
| Rent | 14,200.00 |
| Payroll Taxes & Benefits | 4,828.61 |
| Utilities | 4,381.89 |
| Contract Labor | 2,410.00 |
| Travel & Ent | 1,209.64 |
| SUPPLIES | 1,043.97 |
| Suspense | 999.00 |
| Insurance | 988.30 |
| Janitorial Exp | 844.76 |
| Equipment Rental | 713.87 |
| Repairs & Maintenance | 710.94 |
| Advertising & Promotion | 354.00 |
| Credit Card Fees | 320.01 |
| Total Expense | 88,239.32 |
| Net Ordinary Income | 15,779.73 |
| Net Income | 15,779.73 |