

<b>United States Bankruptcy Court</b> <b>MIDDLE DISTRICT OF PENNSYLVANIA</b>		<b>Voluntary Petition</b>
Name of Debtor (if individual, enter Last, First, Middle) <b>LIQUID 891, INC.,</b> <b>a Corporation</b>		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): <b>dba L BAR AND LOUNGE</b>		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) <b>20-8831851</b>		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) <b>891 EISENHOWER BLVD</b> <b>HARRISBURG, PA</b>		Street Address of Joint Debtor (No. & Street, City, and State)
<div style="display: flex; justify-content: space-between;"> <div>           ZIP CODE  <b>17111</b> </div> <div>           ZIP CODE         </div> </div>		<div style="display: flex; justify-content: space-between;"> <div>           ZIP CODE         </div> <div>           ZIP CODE         </div> </div>
County of Residence or of the Principal Place of Business: <b>DAUPHIN</b>		County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address) <b>SAME</b>		Mailing Address of Joint Debtor (if different from street address)
<div style="display: flex; justify-content: space-between;"> <div>           ZIP CODE         </div> <div>           ZIP CODE         </div> </div>		<div style="display: flex; justify-content: space-between;"> <div>           ZIP CODE         </div> <div>           ZIP CODE         </div> </div>
Location of Principal Assets of Business Debtor (if different from street address above): <b>SAME</b>		ZIP CODE
<b>Type of Debtor</b> (Form of organization) (Check one box.) <input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input checked="" type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (if debtor is not one of the above entities, check this box and state type of entity below  <hr/>	<b>Nature of Business</b> (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other  <b>Tax-Exempt Entity</b> (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).	<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box) <div style="display: flex; justify-content: space-between;"> <div> <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             </div> <div> <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             </div> </div> <b>Nature of Debts</b> (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.
<b>Filing Fee</b> (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.		
<b>Check if:</b> <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).  <b>Check all applicable boxes:</b> <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).		<b>Chapter 11 Debtors:</b> <b>Check one box:</b> <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).
<b>Statistical/Administrative Information</b> <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.		THIS SPACE IS FOR COURT USE ONLY
<b>Estimated Number of Creditors</b> <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		
<b>Estimated Assets</b> <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		
<b>Estimated Liabilities</b> <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		

<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): <b>LIQUID 891, INC.,</b> a Corporation	
<b>All Prior Bankruptcy Cases Filed Within Last 8 Years</b> (If more than two, attach additional sheet)			
Location Where Filed: <b>NONE</b>	Case Number:	Date Filed:	
Location Where Filed:	Case Number:	Date Filed:	
<b>Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor</b> (If more than one, attach additional sheet)			
Name of Debtor: <b>NONE</b>	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
<b>Exhibit A</b> (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under Chapter 11)  <input type="checkbox"/> Exhibit A is attached and made a part of this petition		<b>Exhibit B</b> (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). <b>X</b> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>Signature of Attorney for Debtor(s)</span> <span>Date</span> </div>	
<b>Exhibit C</b> 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? <input type="checkbox"/> Yes, and exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No			
<b>Exhibit D</b> (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)  <input type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made part of this petition. If this is a joint petition: <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.			
<b>Information Regarding the Debtor - Venue</b> (Check any applicable box)  <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. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <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.			
<b>Certification by a Debtor Who Resides as a Tenant of Residential Property</b> (Check all applicable boxes.)  <input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)  <div style="text-align: right; margin-right: 100px;">         _____          (Name of landlord that obtained judgment)       </div> <div style="text-align: right; margin-right: 100px;">         _____          (Address of landlord)       </div> <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 <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. <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(f)).			

**Voluntary Petition**

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

Name of Debtor(s):  
**LIQUID 891, INC.,**  
**a Corporation****Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

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

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

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

**X**

Signature of Debtor

**X**

Signature of Joint Debtor

Telephone Number (if not represented by attorney)

Date

**Signature of Attorney****X**

Signature of Attorney for Debtor(s)

**ROBERT E. CHERNICOFF 23380**

Printed Name of Attorney for Debtor(s)

**CUNNINGHAM & CHERNICOFF, P.C.**

Firm Name

**2320 NORTH SECOND STREET**

Address

**HARRISBURG, PA 17110****717-238-6570**

Telephone Number

Date

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

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X**

Signature of Authorized Individual

**JEFFREY WEARY**

Printed Name of Authorized Individual

**President**

Title of Authorized Individual

Date

**Signature of a Foreign Representative**

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

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.**X**

(Signature of Foreign Representative)

(Printed name of Foreign Representative)

(Date)

**Signature of Non-Attorney Bankruptcy Petition Preparer**

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

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

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

Address

**X**

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided

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

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

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

Form **1120S**Department of the Treasury  
Internal Revenue Service (77)**U.S. Income Tax Return for an S Corporation**▶ Do not file this form unless the corporation has filed or is  
attaching Form 2553 to elect to be an S corporation.

OMB No. 1545-0130

**2010**

For calendar year 2010 or tax year beginning

and ending

A S election effective date

04/01/2007

B Business activity  
code number  
(see instructions)  
722410TYPE  
OR  
PRINT

Name

LIQUID 891 INCORPORATED

Number, street, and room or suite no. If a P.O. box, see instructions.

320 NORTH 67TH STREET

City or town, state, and ZIP code

HARRISBURG, PA 17111

D Employer identification number

E Date incorporated

04/01/2007

F Total assets (see instructions)

\$ 238,360.

G Is the corporation electing to be an S corporation beginning with this tax year? ☐ Yes ☒ No If "Yes," attach Form 2553 if not already filedH Check if: (1) ☐ Final return (2) ☐ Name change (3) ☐ Address change (4) ☐ Amended return (5) ☐ S election termination or revocationI Enter the number of shareholders who were shareholders during any part of the tax year **2****Caution: Include only trade or business income and expenses on lines 1a through 21. See the instructions for more information.**

Income		Deductions (See instructions for limitations)		Tax and Payments	
1 a	Gross receipts or sales	331,049.	b Less returns and allowances	1c	331,049.
2	Cost of goods sold (Schedule A, line 8)			2	89,032.
3	Gross profit. Subtract line 2 from line 1c			3	242,017.
4	Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)			4	
5	Other income (loss) (attach statement)	STATEMENT 1		5	28,860.
6	Total income (loss). Add lines 3 through 5			6	270,877.
7	Compensation of officers	STATEMENT 2		7	8,145.
8	Salaries and wages (less employment credits)			8	46,865.
9	Repairs and maintenance			9	7,533.
10	Bad debts			10	
11	Rents			11	62,500.
12	Taxes and licenses	STATEMENT 3		12	6,956.
13	Interest			13	16,747.
14	Depreciation not claimed on Schedule A or elsewhere on return (attach Form 4562)			14	11,009.
15	Depletion (Do not deduct oil and gas depletion.)			15	
16	Advertising			16	1,169.
17	Pension, profit-sharing, etc., plans			17	
18	Employee benefit programs			18	
19	Other deductions (attach statement)	STATEMENT 4		19	122,519.
20	Total deductions. Add lines 7 through 19			20	283,443.
21	Ordinary business income (loss). Subtract line 20 from line 6			21	-12,566.
22 a	Excess net passive income or LIFO recapture tax (see instructions)	22a		22c	
b	Tax from Schedule D (Form 1120S)	22b			
c	Add lines 22a and 22b				
23 a	2010 estimated tax payments and 2009 overpayment credited to 2010	23a		23d	
b	Tax deposited with Form 7004	23b			
c	Credit for federal tax paid on fuels (attach Form 4136)	23c			
d	Add lines 23a through 23c				
24	Estimated tax penalty (see instructions). Check if Form 2220 is attached			24	
25	Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter amount owed			25	
26	Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid			26	
27	Enter amount from line 26. Credited to 2011 estimated tax			27	

Sign  
Here

Signature of officer

Date

PRESIDENT

Title

Refunded

May the IRS discuss  
this return with the  
preparer shown  
below (see instr. 7)?☒ Yes ☐ No

Print/Type preparer's name

Preparer's signature

Date

PTIN

RAYMOND C BROWN

RAYMOND C BROWN

04/15/11

P00163247

Firm's name ▶ WAGGONER, FRUTIGER &amp; DAUB, LLP

Firm's address ▶ 5006 E TRINDLE RD SUITE 200  
MECHANICSBURG, PA 17050

Firm's EIN ▶

Phone no

(717) 506-1222

For Paperwork Reduction Act Notice, see separate instructions.

Form 1120S (2010)

**Schedule A Cost of Goods Sold** (see instructions)

1	Inventory at beginning of year	1	4,739.
2	Purchases	2	82,522.
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	5,767.
6	<b>Total.</b> Add lines 1 through 5	6	93,028.
7	Inventory at end of year	7	3,996.
8	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and on page 1, line 2	8	89,032.

SEE STATEMENT 5

9a Check all methods used for valuing closing inventory: (i) ☒ Cost as described in Regulations section 1.471-3(ii) ☐ Lower of cost or market as described in Regulations section 1.471-4(iii) ☐ Other (Specify method used and attach explanation) ▶b Check if there was a writedown of subnormal goods as described in Regulations section 1.471-2(c) ▶ ☐c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ▶ ☐d If the LIFO inventory method was used for this tax year, enter percentage (or amounts) of closing inventory computed under LIFO 9d ☐e If property is produced or acquired for resale, do the rules of Section 263A apply to the corporation? ☐ Yes ☒ Nof 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** (see instructions)

	Yes	No
1 Check accounting method: (a) <input type="checkbox"/> Cash (b) <input checked="" type="checkbox"/> Accrual (c) <input type="checkbox"/> Other (specify) ▶		
2 See the instructions and enter the:		
(a) Business activity ▶ <b>BAR</b>		
(b) Product or service ▶ <b>FOOD &amp; BEVERAGE</b>		
3 At the end of the tax year, did the corporation own, directly or indirectly, 50% or more of the voting stock of a domestic corporation? (For rules of attribution, see section 267(c).) If "Yes," attach a statement showing: (a) name and employer identification number (EIN), (b) percentage owned, and (c) if 100% owned, was a qualified subchapter S subsidiary election made?		X
4 Has this corporation filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, provide information on any reportable transaction?		X
5 Check this box if the corporation issued publicly offered debt instruments with original issue discount <input type="checkbox"/> If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.		
6 If the corporation: (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to its basis of the asset (or the basis of any other property) in the hands of a C corporation and (b) has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years ▶ \$		
7 Enter the accumulated earnings and profits of the corporation at the end of the tax year \$		
8 Are the corporation's total receipts (see instructions) for the tax year and its total assets at the end of the tax year less than \$250,000? If "Yes," the corporation is not required to complete Schedules L and M-1		X
9 During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions		X

**Schedule K Shareholders' Pro Rata Share Items**

	Total amount
1 Ordinary business income (loss) (page 1, line 21)	1 -12,566.
2 Net rental real estate income (loss) (attach Form 8825)	2
3a Other gross rental income (loss)	3a
b Expenses from other rental activities (attach statement)	3b
c Other net rental income (loss). Subtract line 3b from line 3a	3c
4 Interest income	4
5 Dividends: a Ordinary dividends	5a
b Qualified dividends	5b
6 Royalties	6
7 Net short-term capital gain (loss) (attach Schedule D (Form 1120S))	7
8a Net long-term capital gain (loss) (attach Schedule D (Form 1120S))	8a
b Collectibles (28%) gain (loss)	8b
c Unrecaptured section 1250 gain (attach statement)	8c
9 Net section 1231 gain (loss) (attach Form 4797)	9
10 Other income (loss) (see instructions) Type ▶	10

WA

Form 1120S (2010)

## Shareholders' Pro Rata Share Items (continued)

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

STATEMENT 6

4,112.

STATEMENT 7

448.

-16,678.

JWA

Form 1120S (2010)

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1	Cash		-1,895.		609.
2 a	Trade notes and accounts receivable				
b	Less allowance for bad debts				
3	Inventories		4,739.		3,996.
4	U.S. government obligations				
5	Tax-exempt securities				
6	Other current assets (att. stmt.)				
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (att. stmt.)				
10 a	Buildings and other depreciable assets	78,668.		78,669.	
b	Less accumulated depreciation	40,255.	38,413.	51,264.	27,405.
11 a	Depletable assets				
b	Less accumulated depletion				
12	Land (net of any amortization)				
13 a	Intangible assets (amortizable only)	250,500.		250,500.	
b	Less accumulated amortization	30,050.	220,450.	44,150.	206,350.
14	Other assets (att. stmt.)				
15	Total assets		261,707.		238,360.
Liabilities and Shareholders' Equity					
16	Accounts payable		13,232.		5,570.
17	Mortgages, notes, bonds payable in less than 1 year		299,227.		26,416.
18	Other current liabilities (att. stmt.)		3,532.		202.
19	Loans from shareholders				71,915.
20	Mortgages, notes, bonds payable in 1 year or more		103,777.		309,444.
21	Other liabilities (att. stmt.)				
22	Capital stock		100.		100.
23	Additional paid-in capital				
24	Retained earnings		-158,161.		-175,287.
25	Adjustments to shareholders' equity (att. stmt.)				
26	Less cost of treasury stock				
27	Total liabilities and shareholders' equity		261,707.		238,360.

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

Note: Schedule M-3 required instead of Schedule M-1 if total assets are \$10 million or more - see instructions

1	Net income (loss) per books	-17,126.	5	Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
2	Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize):		a	Tax-exempt interest \$	
3	Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 14i (itemize):		6	Deductions included on Schedule K, lines 1 through 12 and 14i, not charged against book income this year (itemize):	
a	Depreciation \$		a	Depreciation \$	
b	Travel and entertainment \$	448.	7	Add lines 5 and 6	
4	Add lines 1 through 3	-16,678.	8	Income (loss) (Schedule K, line 18), Line 4 less line 7	-16,678.

### Schedule M-2 Analysis of Accumulated Adjustments Account, Other Adjustments Account, and Shareholders' Undistributed Taxable Income Previously Taxed (see instructions)

	(a) Accumulated adjustments account	(b) Other adjustments account	(c) Shareholders' undistributed taxable income previously taxed
1	Balance at beginning of tax year		
2	Ordinary income from page 1, line 21	-158,161.	
3	Other additions		
4	Loss from page 1, line 21		
5	Other reductions	12,566.	
6	Combine lines 1 through 5	4,560.	
7	Distributions other than dividend distributions	-175,287.	
8	Balance at end of tax year. Subtract line 7 from line 6	-175,287.	

2010 DEPRECIATION AND AMORTIZATION REPORT  
OTHER DEPRECIATION

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	FURNITURE AND FIXTURES	1110107	200DB	7.00	17	72,695.			72,695.	36,930.		10,219.
2	LIQUOR LICENSE	1110107		240M	43	240,000.			240,000.	25,500.		12,000.
3	RENOVATIONS/BAR	111507	200DB	7.00	17	4,251.			4,251.	2,159.		598.
4	COMPUTER	1110107	200DB	5.00	17	835.			835.	550.		114.
5	FRYER	092208	200DB	7.00	17	225.		112.	113.	44.		20.
6	AUDIO EQUIPMENT	081108	200DB	7.00	17	345.		172.	173.	67.		30.
7	DJ EQUIPMENT	081508	200DB	7.00	17	318.		159.	159.	62.		28.
8	GOODWILL	1110107		60M	43	5,000.			5,000.	2,167.		1,000.
9	ORGANIZATION COSTS	1110107		60M	43	5,500.			5,500.	2,383.		1,100.
	* TOTAL OTHER DEPRECIATION & AMOR					329,169.		443.	328,726.	69,862.		25,109.

OTHER

028122  
05-01-10

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction



\_\_\_\_\_

AMOLDITE

TEMENT 2

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## EMENT 2

COUNTYMENT 4

## CONCLUSION

LIQUID 891 INCORPORATED

OFFICE EXPENSE	1,514.
OUTSIDE SERVICES	342.
PROFESSIONAL FEES	5,970.
TELEPHONE	1,284.
TRAVEL	1,830.
UTILITIES	27,430.

TOTAL TO FORM 1120S, PAGE 1, LINE 19

122,519.

FORM 1120S	COST OF GOODS SOLD - OTHER COSTS	STATEMENT	5
------------	----------------------------------	-----------	---

DESCRIPTION

AMOUNT

BAR SUPPLIES

5,767.

TOTAL TO FORM 1120S, PAGE 2, LINE 5

5,767.

SCHEDULE K	CHARITABLE CONTRIBUTIONS	STATEMENT	6
------------	--------------------------	-----------	---

DESCRIPTION

NO  
LIMIT

50% / 100%  
LIMIT

30% LIMIT

20% LIMIT

MISCELLANEOUS

4,112.

TOTALS TO SCHEDULE K, LINE 12A

4,112.

SCHEDULE K	NONDEDUCTIBLE EXPENSES	STATEMENT	7
------------	------------------------	-----------	---

DESCRIPTION

AMOUNT

EXCLUDED MEALS AND ENTERTAINMENT EXPENSES

448.

TOTAL TO SCHEDULE K, LINE 16C

448.

SCHEDULE M-2	ACCUMULATED ADJUSTMENTS ACCOUNT- OTHER REDUCTIONS	STATEMENT	8
--------------	---	-----------	---

DESCRIPTION

AMOUNT

CHARITABLE CONTRIBUTIONS  
NONDEDUCTIBLE EXPENSES

4,112.

448.

TOTAL TO SCHEDULE M-2, LINE 5 - COLUMN (A)

4,560.

LIQUID 891 INCORPORATED

SCHEDULE L	OTHER CURRENT LIABILITIES	STATEMENT	9
DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR	
PAYROLL TAX PAYABLE	2,130.		
SALES TAX PAYABLE	1,402.	202.	
TOTAL TO SCHEDULE L, LINE 18	3,532.	202.	

SCHEDULE L	ANALYSIS OF TOTAL RETAINED EARNINGS PER BOOKS	STATEMENT	10
DESCRIPTION	AMOUNT		
BALANCE AT BEGINNING OF YEAR	-158,161.		
NET INCOME PER BOOKS	-17,126.		
DISTRIBUTIONS	0.		
OTHER INCREASES (DECREASES)			
BALANCE AT END OF YEAR - SCHEDULE L, LINE 24, COLUMN (D)	-175,287.		

ALTERNATIVE MINIMUM TAX DEPRECIATION REPORT

Asset No	Description	Date Acquired	AMT Method	AMT Life	AMT Cost Or Basis	AMT Accumulated	Regular Depreciation	AMT Depreciation	AMT Adjustment
1	FURNITURE AND FIXTURES	11/01/07	150DB	7.00	72,695.	29,019.	10,219.	9,706.	513.
3	RENOVATIONS/BAR	11/15/07	150DB	7.00	4,251.	1,697.	598.	568.	30.
4	COMPUTER	11/01/07	150DB	5.00	835.	441.	114.	158.	-44.
	TOTALS								
					77,781.	31,157.	10,931.	10,432.	499.
	MACRS AMT ADJUSTMENT							499.	

0.0134  
05:01:10

Schedule K-1  
(Form 1120S)

Department of the Treasury  
Internal Revenue Service

For calendar year 2010, or tax  
year beginning \_\_\_\_\_  
ending \_\_\_\_\_

# 2010

Final K-1

☐ Amended K-1

OMB No. 1545-0130

### **Part III** Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items

[illegible]

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

## Part I Information About the Corporation

**A** Corporation's employer identification number

**B** Corporation's name, address, city, state, and ZIP code

LIQUID 891 INCORPORATED  
320 NORTH 67TH STREET  
HARRISBURG, PA 17111

C IRS Center where corporation filed return  
E-FILE

## Part II Information About the Shareholder

**D** Shareholder's identifying number

**E** Shareholder's name, address, city, state and ZIP code

JEFFREY S. WEARY  
320 NORTH 67TH STREET  
HARRISBURG, PA 17111

F Shareholder's percentage of stock ownership for tax year 50.000000%

For IRS Use Only

\* See attached statement for additional information.

Schedule K-1 (Form 1120S) 2010

11-24-11 JWA For Paperwork Reduction Act Notice, see Instructions for Form 1120S

Case 1:11-bk-06664-MDF Doc 1 Filed 09/29/11 Entered 09/29/11 14:03:03 Desc 1

Main Document Page 13 of 33

SCHEDULE K-1

NONDEDUCTIBLE EXPENSES, BOX 16, CODE C

DESCRIPTION	AMOUNT	SHAREHOLDER FILING INSTRUCTIONS
EXCLUDED MEALS AND ENTERTAINMENT EXPENSES	224.	SEE FORM 1040 INSTRUCTIONS
TOTAL	224.	

Schedule K-1  
(Form 1120S)

Department of the Treasury  
Internal Revenue Service

For calendar year 2010, or tax

year beginning

ending

2010

Final K-1

☐ Amended K-1

OMB No. 1545-0130

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

[illegible]

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

▶ See separate instructions.

## Part I Information About the Corporation

**A** Corporation's employer identification number

**B** Corporation's name, address, city, state, and ZIP code

LIQUID 891 INCORPORATED  
320 NORTH 67TH STREET  
HARRISBURG, PA 17111

C IRS Center where corporation filed return

E-FILE

## Part II Information About the Shareholder

**D** Shareholder's identifying number

Shareholder's name, address, city, state and ZIP code

TIMOTHY M. ROWE  
320 NORTH 67TH STREET  
HARRISBURG, PA 17111

**F** Shareholder's percentage of stock

ownership for tax year ..... 50.000000%

**For IRS Use Only**

\* See attached statement for additional information.

Schedule K-1 (Form 1120S) 2010

SCHEDULE K-1

NONDEDUCTIBLE EXPENSES, BOX 16, CODE C

DESCRIPTION	AMOUNT	SHAREHOLDER FILING INSTRUCTIONS
EXCLUDED MEALS AND ENTERTAINMENT EXPENSES	224.	SEE FORM 1040 INSTRUCTIONS
TOTAL	224.	



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.

OMB No. 1545-0233

Type or  
Print

Name

Identifying number

LIQUID 891 INCORPORATED

File by the due  
date for the  
return for which  
an extension is  
requested. See  
instructions.

Number, street, and room or suite no. (If P.O. box, see instructions.)

320 NORTH 67TH STREET

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)).

HARRISBURG, PA 17111

Note. See instructions before completing this form.

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

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

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

► ☐

If checked, attach a schedule, listing the name, address, and Employer Identification Number (EIN) for each member covered by this application.

**Part III All Filers Must Complete This Part**

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

► ☐5a The application is for calendar year 2010, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

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.

RCT-101 PAGE 1 OF 6  
PA CORPORATE TAX REPORT **2010**

DEPARTMENT USE ONLY

B A = 1120 B = 1120S C = 1120C D = 1120F E = 1120H F = 1065 G = 1040 H = Other

**STEP A**

Tax Year Beginning XX 01012010  
Tax Year Ending XX 12312010

**STEP B**

Regulated Inv. Co. XX N First Report XX N  
52-53 Week Filer XX N KOZ/EIP/SDA Credit XX N  
Address Change XX N File Period Change XX N  
Change Fed Group XX N

**STEP C**

Corp Tax Account ID XX 3720942  
Federal EIN XX  
Business Activity Code XX 722410  
Corporation Name XX LIQUID 891 INCORPORATED  
Address Line 1 XX  
Address Line 2 XX 320 NORTH 67TH STREET  
City XX HARRISBURG  
State XX PA  
ZIP XX 17111

**USE WHOLE DOLLARS ONLY****STEP D**

A. Tax Liability  
from Tax Report

B. Estimated  
Payments &  
Credits on Deposit

C. Restricted  
Credits

Calculation:  
A minus B minus C

**STEP E: Payment**  
Make check for this amount  
payable to "PA Dept of Revenue"

	A	B	C	Calculation	Payment
CS/FF	0	0	0	0	0
LOANS	0	0	0	0	0
CNI	0	0	0	0	0
TOTAL	0	0	0	0	0

Made payment electronically N

**STEP F: Transfer/Refund Method**  
Choose one of the following options:

B A = Transfer available credit B = Refund available credit

**STEP G: Corporate Officer**  
(Sign affirmation below)

NAME JEFFREY WEARY  
PHONE 7173500085  
E-MAIL

FORM 1019  
BARCODE 0000

274301 11-29-10 CCH

I affirm under penalties prescribed by law this report (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct and complete report.

Corporate Officer Signature/Date

1010010221

ACCOUNT ID 3720942  
 TAX YEAR END 12312010 NAME LIQUID 891 INCORPORATED  
 RCT-101 PAGE 2 OF 6 PA CORPORATE TAX REPORT 2010

## SECTION A: CS/FF

OLDEST PERIOD FIRST	TAX PERIOD BEGINNING	TAX PERIOD ENDING	BOOK INCOME			
YEAR 1	11012007	12312007	-35739	Investment in LLC	XX	N
YEAR 2	01012008	12312008	-70666	Holding Company	XX	N
YEAR 3	01012009	12312009	-33099	Family Farm	XX	N
YEAR 4						
YEAR 5						
YEAR 6						
YEAR 7						
CUR YR	01012010	12312010	-17126			

USE WHOLE DOLLARS ONLY

2. TOTAL BOOK INCOME (sum of income for all tax periods up to, but not over 5 years total)	2	-156630
3. DIVISOR (in years and in part years rounded to three decimal places) See instructions.	3	3.167
4. Divide Line 2 by Line 3.	4	-49457
5. AVERAGE BOOK INCOME - Enter Line 4, or if Line 4 is less than zero enter "0".	5	0
6. Divide Line 5 by 0.095.	6	0
7. Shareholders' equity at the END of the current period	7	-175187
8. Shareholders' equity at the BEGINNING of the current period	8	-158061
9. If Line 7 is more than twice as great or less than half as much as Line 8, add Lines 7 and 8 and divide by 2. Otherwise enter Line 7.	9	0
10. NET WORTH - Enter Line 9, or if Line 9 is less than zero enter "0".	10	0
11. Multiply Line 10 by 0.75.	11	0
12. Add Lines 6 and 11.	12	0
13. Divide Line 12 by 2.	13	0
14. \$160,000 valuation deduction	14	-160000
15. CAPITAL STOCK VALUE - Line 13 less Line 14, but not less than "0". If 100% taxable, enter Line 15 on Line 17.	15	0
16. Proportion of taxable assets or apportionment proportion (from Schedule A-1, Line 5)	16	1.000000
17. TAXABLE VALUE - Multiply Line 15 by Line 16. If less than zero, enter "0".	17	0
18. CAPITAL STOCK/FOREIGN FRANCHISE TAX - Multiply Line 17 by 0.00289.	18	0

Total Beginning of  
Taxable Year Assets 261707

Total End of Taxable  
Year Assets 238360

074302  
11-29-10 GCH

1010010221

1010010221

ACCOUNT ID 3720942  
 TAX YEAR END 12312010 NAME LIQUID 891 INCORPORATED  
 RCT-101 PAGE 3 OF 6 PA CORPORATE TAX REPORT 2010

**SECTION B: Bonus Depreciation**

1. Current year fed. deprec. of 168k prop.	1	<input type="checkbox"/>	Business Trust	XX	N
2. Current year adj. for disp. of 168k prop.	2	<input type="checkbox"/>	Solicitation Only	XX	N
3. Other adjustments	3	<input type="checkbox"/>	Single-Member LLC	XX	N
(Attach schedule C-3 if claiming bonus depreciation.)			Multi-Member LLC	XX	N
			PA-S Corporation	XX	Y
			Taxable Built-in Gains	XX	N

**USE WHOLE DOLLARS ONLY****SECTION C: CORPORATE NET INCOME TAX**

1. Income or loss from federal return on a separate company basis	1		0
<b>2. DEDUCTIONS:</b>			
A. Corporate dividends received (from Schedule C-2, Line 6)	2A		0
B. Interest on U.S. securities (GROSS INT less EXPENSES)	2B		0
C. Curr yr. addtl. PA deprec. plus adjust. for sale (attached Schedule C-3)	2C		0
D. Other (attached schedule) See instructions.	2D		0
<b>TOTAL DEDUCTIONS - Sum of A through D</b>	<b>2</b>		<b>0</b>
<b>3. ADDITIONS:</b>			
A. Taxes imposed on or measured by net income (attached schedule)	3A		0
B. Tax preference items (attached copy of federal Form 4626)	3B		0
C. Employment incentive payment credit adjustment (attached Schedule W)	3C		0
D. Current year bonus depreciation (attached Schedule C-3)	3D		0
E. Other (attached schedule) See instructions.	3E		0
<b>TOTAL ADDITIONS - Sum of A through E</b>	<b>3</b>		<b>0</b>
4. Income or loss with Pennsylvania adjustments (Line 1 - Line 2 + Line 3)	4		0
5. Total nonbusiness income or loss	5		0
6. Income or loss to be apportioned (Line 4 - Line 5)	6		0
7. Apportionment proportion (from Schedule C-1 Line 5)	7	1.000000	0
8. Income or loss apportioned to PA (Line 6 x Line 7)	8		0
9. Nonbusiness income or loss allocated to PA	9		0
10. Taxable income or loss after apportionment (Line 8 + Line 9)	10		0
11. Total net operating loss deduction (from RCT-103)	11		0
12. PA taxable income or loss (Line 10 - Line 11)	12		0
13. Corporate net income tax (Line 12 x 0.0999)	13		0

1010010421

ACCOUNT ID 3720942  
 TAX YEAR END 12312010 NAME LIQUID 891 INCORPORATED  
 RCT-101 PAGE 4 OF 6 PA CORPORATE TAX REPORT 2010

**SECTION D: LOANS TAX**

1. Foreign Corporations Only. Did this corporation have a fiscal officer resident in Pennsylvania? XX N  
 2. Did this corporation have indebtedness outstanding to individual residents and/or partnerships resident in Pennsylvania? XX Y  
 3. Did this corporation have indebtedness outstanding held by a trustee, agent or guardian for a resident individual taxable in its own right or by an executor or administrator of an estate wherein the decedent was a resident of Pennsylvania? XX N

List outstanding indebtedness. Attach separate schedule if additional space is required.

Interest Amount	Interest Rate	Taxable Value	Taxable		
0	.000	0	Indebtedness	XX	0
0	.000	0			
0	.000	0	Loans Tax	XX	0

**Schedule A-1: Apportionment Schedule For Capital Stock/Foreign Franchise Tax** (Include Form RCT-102, RCT-105 or RCT-106.)

Three Factor				Single Factor			
Property - PA	1A	0	1C	0.000000	Numerator	4A	0
Property - Total	1B	0			Denominator	4B	0
Payroll - PA	2A	0	2C	0.000000			
Payroll - Total	2B	0					
Sales - PA	3A	0	3C	0.000000	Apportionment	5	1.000000
Sales - Total	3B	0			Proportion		

**Schedule C-1: Apportionment Schedule For Corporate Net Income Tax** (Include Form RCT-106.)

Three Factor				Single Factor			
Property - PA	1A	0	1C	00.000000	Numerator	4A	0
Property - Total	1B	0			Denominator	4B	0
Payroll - PA	2A	0	2C	00.000000			
Payroll - Total	2B	0					
Sales - PA	3A	0	3C	00.000000	Apportionment	5	1.000000
Sales - Total	3B	0			Proportion		

074312  
 11-29-10 CCH

1010010421

1010010421

ACCOUNT ID 3720942  
 TAX YEAR END 12312010 NAME LIQUID 891 INCORPORATED  
 RCT-101 PAGE 5 OF 6 PA CORPORATE TAX REPORT 2010

## SECTION E: CORPORATE STATUS CHANGES

Out of Existence/ Withdrawal Date XX  
 Out of Existence (Final Report) XX  
 Date of Distribution of PA Assets\* OR No Assets to Distribute XX

PA Corporations: Report date business activity ceased and date assets were distributed.

Foreign (Non-PA) Corporations: Report date business activity in PA ceased and date PA assets were distributed.

\*Schedule of Disposition of Assets MUST be completed and filed with the PA Corporate Tax Report.

Has the corporation sold or transferred in bulk 51 percent or more of any of the following classes of assets? XX N  
 Any stock of goods, wares, merchandise of any kind, fixtures, machinery, equipment, buildings or real estate. If so, please provide the name and address of the purchaser. (Attach separate schedule if additional space is required.)

Purchaser Name XX  
 Address Line 1 XX  
 Address Line 2 XX  
 City XX  
 State XX  
 ZIP XX

## SECTION F: GENERAL INFORMATION QUESTIONNAIRE

Describe corporate activity in PA BAR/RESTAURANT  
 Describe corporate activity outside PA NONE  
 Other states in which taxpayer has activity

State of Incorporation XX PA Incorporation Date XX 04012007

1. Does any corporation, individual or other business entity hold all or a majority of the stock of this corporation? XX N
2. Does this corporation own all or a majority of stock in other corporations? If yes, complete Schedule X. XX N
3. Is this taxpayer a partnership that elects to file federal taxes as a corporation? XX N
4. Has the federal government changed taxable income as originally reported for any prior period for which reports of change have not been filed in PA? XX N

If yes: First Period End Date: XX Last Period End Date: XX

Accounting Method - Federal Tax Return

A A = Accrual C = Cash O = Other

Other

Accounting Method - Financial Statements

A A = Accrual C = Cash O = Other

Other

1010010621

ACCOUNT ID 3720942

TAX YEAR END 12312010 NAME LIQUID 891 INCORPORATED

RCT-101 PAGE 6 OF 6 PA CORPORATE TAX REPORT 2010

SCHEDULE OF REAL PROPERTY IN PA (Attach separate schedule if additional space is required.)

O = Own

R = Rent

Street Address

City

County

KOZ/KOEZ

XX R 320 N 67TH STREET  
 XX  
 XX  
 XX

HARRISBURG

DAUPHIN

N

## CORPORATE OFFICERS

(See Instructions)

SSN

Last Name

First Name

MI

President/Managing Partner

XX

1

WEARY

JEFFREY

S

Vice President

XX

7

ROWE

TIMOTHY

M

Secretary

XX

Treasurer/Tax Manager

XX

TAX PREPARER'S  
NAME AND ADDRESS

Mail to Preparer

XX

Y

Federal EIN or SSN

XX

Firm Name

XX

WAGGONER FRUTIGER DAUB LLP

Address Line 1

XX

Address Line 2

XX

5006 E TRINDLE RD SUIT

City

XX

MECHANICSBURG

State

XX

PA

ZIP

XX

17050

I affirm under penalties prescribed by law, this report (including any accompanying schedules and statements) has been prepared by me and to the best of my knowledge and belief is a true, correct and complete report.

Tax Preparer's Signature/Date

04/15/11

RAYMOND C BROWN

NAME RAYMOND C BROWN CPA  
 PHONE 7175061222  
 E-MAIL RBROWN@WFD CPA.COM  
 FEDERAL 000163247  
 PTIN

374314  
 11-29-10 CCH

1010010621

1010010621

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.

OMB No. 1545-0233

Type or  
Print

Name

Identifying number

LIQUID 891 INCORPORATED

Number, street, and room or suite no. (If P.O. box, see instructions.)

320 NORTH 67TH STREET

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)).

HARRISBURG, PA 17111

Note. See instructions before completing this form.

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

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

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 ☐

If checked, attach a schedule, listing the name, address, and Employer Identification Number (EIN) for each member covered by this application.

## Part III All Filers Must Complete This Part

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

5a The application is for calendar year 2010, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

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.

LHA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 7004 (Rev. 12-2008)



1006011264

PA-20S/PA-65  
(08-10) (Page 1 of 3)2010 Pennsylvania  
PA S Corporation/Partnership Information Return  
ENTER ONE LETTER OR NUMBER IN EACH BOX.

Filing Status: PA-20S Y PA-65 N PA-KOZ PS N  
C 3720942 722410 N

LIQUID 891 INCORPORATED

320 NORTH 67TH STREET

HARRISBURG PA 17111

Method of Accounting:  
A=Accrual, C=Cash,  
O=Other, Describe

A

Short-Year Return:

N

Extension Requested N

Initial Year N

Fiscal Year N

Final Return N

FEIN/Name/Address  
Change NAmended Information  
Return NDate activity  
began in PA 04012007**Part I. Total Taxable Business Income (Loss) from Operations Everywhere**

- 1a Taxable Business Income (Loss) from Operations Everywhere  
1b Share of Business Income (Loss) from All Other Entities  
1c Total Income (Loss). Add Line 1a and Line 1b  
1d Previously Disallowed CNI Deductions - PA S Corporations only  
1e Total Adjusted Business Income (Loss). Subtract Line 1d from Line 1c

1a	-17126
1b	0
1c	-17126
1d	0
1e	-17126

**Part II. Apportioned/Allocated PA-Taxable Business Income (Loss)**

- 2 Net Business Income (Loss)  
(2a = Outside PA) (2e = PA Source)  
2 Share of Business Income (Loss) from Other Entities  
(2b = Outside PA) (2f = PA Source)  
2 Previously Disallowed PA Source CNI Deductions - PA S Corporations only  
(2c = Outside PA) (2g = PA Source)  
2 Calculate Adjusted/Apportioned Net Business Income (Loss)  
(2d = Outside PA) (2h = PA Source)

2a	0
2e	-17126
2b	0
2f	0
2c	0
2g	0
2d	0
2h	-17126

**Part III. Allocated Other PA PIT Income (Loss)**

- 3 Interest Income from PA Schedule A  
4 Dividend Income from PA Schedule B  
5 Net Gain (Loss) from PA Schedule D  
(5a = Outside PA) (5b = PA Source)  
6 Rent/Royalty Net Income (Loss) from PA Schedule M, Part B  
(6a = Outside PA) (6b = PA Source)  
7 Estates or Trusts Income from PA Schedule J  
(7a = Outside PA) (7b = PA Source)  
8 Gambling and Lottery Winnings (Loss) from PA Schedule T  
(8a = Outside PA) (8b = PA Source)  
9 Total Other PA PIT Income (Loss)

3	0
4	0
5a	0
5b	0
6a	0
6b	0
7a	0
7b	0
8a	0
8b	0
9	0

GCH 074501 11-22-10

SUBMIT ALL SUPPORTING SCHEDULES

EC

Page 1 of 3

FC

1006011264



1006011264

51 C LIQUID 891 INCORPORATED

**Part IV. Total PAS Corporation or Partnership Income (Loss)**

- 10 Total Income (Loss) per Books and Records  
 11 Total Reportable Income (Loss). Add Lines 1e and 9 or Add Lines 2h and 9  
 12 Total Nontaxable/Nonreportable Income (Loss). Subtract Line 11 from Line 10

**Part V. Pass Through Credits - See the PA-20S/PA-65 instructions**

- 13a Total Other Credits. Submit PA-20S/PA-65 Schedule OC  
 13b Resident Credit  
 14a PA 2010 Quarterly Tax Withholding/Extension Payments for Nonresident Owners  
 14b Final Payment of Nonresident Withholding Tax  
 14c Total PA Income Tax Withheld. Add Lines 14a and 14b

**Part VI. Distributions - See the PA-20S/PA-65 instructions****Partnerships Only**

- 15 Distributions of Cash, Marketable Securities, and Property  
 16 Guaranteed Payments for Capital or Other Services  
 17 All Other Guaranteed Payments for Services Rendered  
 18 Guaranteed Payments to Retired Partners

**Distributions - See the PA-20S/PA-65 instructions****PAS Corporations Only**

- 19 Distributions from PA Accumulated Adjustments Account  
 20 Distributions of Cash, Marketable Securities, and Property

10	-17126
11	-17126
12	0

13a	0
13b	0
14a	0
14b	0
14c	0

15	0
16	0
17	0
18	0

19	0
20	0

**Part VII. Other Information - See the PA-20S/PA-65 instructions for each line**

- |   |    |         |
|---|----|---------|
| 1 During the entity's tax year, did the entity own any interest in another partnership or in any foreign entity that was disregarded as an entity separate from its owner under federal regulations Sections 301.7701-2 and 301.7701-3? If yes, submit statement. | 1  | N       |
| 2 Does the entity have any tax-exempt partners/members/shareholders? If yes, submit statement.  | 2  | N       |
| 3 Does the entity have any foreign partners/members/shareholders (outside the U.S.)? If yes, submit statement.  | 3  | N       |
| 4 Was there a distribution of property or a transfer (e.g., by sale or death) of a partner/member interest during the tax year? (Partnership only) If yes, submit statement.  | 4  | N       |
| 5 Has the federal government changed taxable income as originally reported for any prior period? If yes, indicate period on supplemental statement, and submit final IRS determination paperwork.   | 5  | N       |
| 6 Does the entity have any foreign operations or ownership in a foreign bank account? If yes, submit statement.   | 6  | N       |
| 7 Is this entity involved in a reportable transaction, listed transaction, or registered tax shelter within this return? If yes, submit statement.  | 7  | N       |
| 8 Does the entity have any corporate partners? Provide the PA Account # for each corporate partner listed on the Partner/Member/Shareholder Directory.  | 8  | N       |
| 9 Has the entity sold any tax credits? If yes, submit statement.  | 9  | N       |
| 10 Has the entity changed its method of accounting for federal income tax purposes during this tax year? If yes, submit federal Form 3115.  | 10 | N       |
| 11 Has the entity entered into any like-kind exchanges under IRC Section 1031? If yes, submit federal Form 8824.  | 11 | N       |
| 12 PA Apportionment as reported on PA-20S/PA-65 Schedule H-Corp   | 12 | 0000000 |

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11-22-10 GCH

1006211286

C LIQUID 891 INCORPORATED

Part VIII. PA S Corporations Only - Accumulated Adjustments Account (AAA) and Accumulated Earnings and Profits (AE&P)

		AAA	AE&P	
1	Balance at the beginning of the taxable year.	1	-150813	0
2	Total reportable income from Part IV, Line 11	2	0	N/A
3	Other additions. Submit an itemized statement.	3	0	0
4	Loss from Part IV, Line 11	4	-17126	N/A
5	Other reductions. Submit an itemized statement.	5	0	0
6	Sum of Lines 1 through 5	6	-167939	0
7	Distributions	7	0	0
8	Balance at taxable year-end. Subtract Line 7 from Line 6.	8	-167939	0

Part IX. Ownership In Pass Through Entities If the entity received income (loss) from an S corporation, partnership, estate or trust, limited liability company or any other pass through entity including a qualified subchapter S subsidiary (QSSS), list below the FEIN, name and address for each entity. If additional space is needed, submit a separate statement. If the income (loss) is from a QSSS, enter "yes" in the QSSS box.

FEIN	QSSS	NAME & ADDRESS
------	------	----------------

A

B

C

D

May the Department of Revenue discuss this return with the preparer shown below? Y

Part X. Signature and Verification

Under penalties of perjury, I declare 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 paid preparer is based on all information of which preparer has any knowledge.

Signature of General Partner, Principal Officer or Authorized Individual	Date	Daytime Telephone Number
		7173500085
Paid Preparer's Use Only		
Preparer's signature	Date	Check if self-employed
RAYMOND C BROWN	04/15/11	
Firm's name (or yours if self-employed), address, and ZIP code	Daytime Telephone Number	
WAGGONER, FRUTIGER & DAUB, LLP 5006 E TRINDLE RD SUITE 200 MECHANICSBUR 17050	7175061222	

Preparer's SSN or PTIN Firm's FEIN

P00163247 231583249

1006211286

1006211286

1007612003

PARTNER/MEMBER/  
SHAREHOLDER DIRECTORY - 2010  
PA-20S/PA-65 Directory (08-10)

LIQUID 891 INCORPORATED

C

The entity must list its partners/members/shareholders on this schedule. **CODE** - Enter the type of owner code: **RI**=Resident Individual, **NR**=Nonresident Individual, **PI**=Part-year Resident Individual (S Corp Only), **P**=Partnership, **C**=C Corporation, **E**=Estate, **T**=Trust, **S**=S Corporation, **L**=LLC taxed as a Partnership, **LC**=LLC taxed as a C Corporation, **LS**=LLC taxed as an S Corporation, **B**=Bank/Financial Institution, **I**=Insurance Company, **X**=Exempt **SSN/FEIN**; **PA Account #**; **Ownership %** - (enter each owner's percentage); and **Name and Address**.

1	Code	RI	SSN/FEIN	PA Account #	Ownership %
---	------	----	----------	--------------	-------------

05000000

Name & Address: JEFFREY S WEARY  
320 NORTH 67TH STREET HARRISBURG PA 17111

2	Code	RI	SSN/FEIN	PA Account #	Ownership %
---	------	----	----------	--------------	-------------

05000000

Name & Address: TIMOTHY M ROWE  
320 NORTH 67TH STREET HARRISBURG PA 17111

3	Code	SSN/FEIN	PA Account #	Ownership %
---	------	----------	--------------	-------------

Name & Address:

4	Code	SSN/FEIN	PA Account #	Ownership %
---	------	----------	--------------	-------------

Name & Address:

5	Code	SSN/FEIN	PA Account #	Ownership %
---	------	----------	--------------	-------------

Name & Address:

6	Code	SSN/FEIN	PA Account #	Ownership %
---	------	----------	--------------	-------------

Name & Address:

1007612003

10-11-10 CCH

1007612003

1007211343

PA Schedule RK-1 (08-10)  
 2010 Resident Schedule of  
 Shareholder/Partner/Beneficiary Pass Through Income, Loss and Credits

WEARY

JEFFREY

S

Final N

(Individual=1, PA S Corp=2, All Other Corp=3,  
 Estate/Trust=4, Partnership=5, LLC=6, Exempt Org.=7)

Owner 1

320 NORTH 67TH STREET

HARRISBURG PA 17111

LIQUID 891 INCORPORATED

HARRISBURG PA 17111

L 3720942

Shareholder's Stock Ownership % 05000

Beneficiary's year-end Distribution % 00000

Partner's % of:  
 Profit sharing 00000

Loss sharing 00000

Fiscal Year N

S

(Estate/Trust=E, Partnership=P, PA S Corp=S, LLC=L)

Capital Ownership 00000

N General Partner or LLC Member-Manager N Limited Partner or Other LLC Member

- Part II
- 1 PA-Taxable Business Income (Loss) from Operations
  - 2 Interest Income
  - 3 Dividend Income
  - 4 Net Gain (Loss) from the Sale, Exchange or Disposition of Property
  - 5 Net Income (Loss) from Rents, Royalties, Patents and Copyrights
  - 6 Income of/from Estates or Trusts
  - 7 Gambling and Lottery Winnings (Loss)

- Part III
- 8 Resident Credit. Submit statement.
  - 9 Total Other Credits. Submit statement.

- Part IV
- 10 Distributions of Cash, Marketable Securities, and Property - not including guaranteed payments
  - 11 Guaranteed Payments for Capital or Other Services
  - 12 All Other Guaranteed Payments for Services Rendered
  - 13 Guaranteed Payments to the Retired Partner
  - 14 Distributions from PA Accumulated Adjustments Account
  - 15 Distributions of Cash, Marketable Securities, and Property
  - 16 Nontaxable income (loss) or nondeductible expenses required to calculate owner's basis. Submit statement.

Note: Lines 17 through 20 are for information purposes only.

- Part VII
- 17 Owner's Share of IRC Section 179 allowed according to PA rules
  - 18 Owner's Share of Straight-Line Depreciation
  - 19 Partner's Share of Nonrecourse Liabilities at year-end
  - 20 Partner's Share of Recourse Liabilities at year-end

074021 11-29-10 CCH

NOTE: Amounts from this schedule must be reported on the appropriate PA Tax Return.

1	-8563
2	0
3	0
4	0
5	0
6	0
7	0
8	0
9	0
10	0
11	0
12	0
13	0
14	0
15	0
16	0
17	0
18	0
19	0
20	0

1007211343

1007211343

1007211343

PA Schedule RK-1 (08-10)  
**2010 Resident Schedule of**  
 Shareholder/Partner/Beneficiary Pass Through Income, Loss and Credits

7 ROWE

TIMOTHY

M

Final N

(Individual=1, PA S Corp=2, All Other Corp=3,  
 Estate/Trust=4, Partnership=5, LLC=6, Exempt Org.=7)

Owner 1

320 NORTH 67TH STREET

HARRISBURG PA 17111

LIQUID 891 INCORPORATED

Amended N

Shareholder's Stock Ownership % 05000

HARRISBURG PA 17111

Beneficiary's year-end Distribution % 00000

Partner's % of:

Profit sharing 00000

3720942

Loss sharing 00000

Fiscal Year N S (Estate/Trust=E, Partnership=P, PA S Corp=S, LLC=L)

Capital Ownership 00000

N General Partner or LLC Member-Manager N Limited Partner or Other LLC Member

- 1 PA-Taxable Business Income (Loss) from Operations  
 2 Interest Income  
 3 Dividend Income  
 4 Net Gain (Loss) from the Sale, Exchange or Disposition of Property  
 5 Net Income (Loss) from Rents, Royalties, Patents and Copyrights  
 6 Income of/from Estates or Trusts  
 7 Gambling and Lottery Winnings (Loss)

1 -8563  
 2 0  
 3 0  
 4 0  
 5 0  
 6 0  
 7 0

- 8 Resident Credit. Submit statement.  
 9 Total Other Credits. Submit statement.

8 0  
 9 0

- 10 Distributions of Cash, Marketable Securities, and Property - not including guaranteed payments  
 11 Guaranteed Payments for Capital or Other Services  
 12 All Other Guaranteed Payments for Services Rendered  
 13 Guaranteed Payments to the Retired Partner  
 14 Distributions from PA Accumulated Adjustments Account Liquidating N  
 15 Distributions of Cash, Marketable Securities, and Property  
 16 Nontaxable income (loss) or nondeductible expenses required to calculate owner's basis.  
 Submit statement.

10 0  
 11 0  
 12 0  
 13 0  
 14 0  
 15 0  
 16 0

Note: Lines 17 through 20 are for information purposes only.

- 17 Owner's Share of IRC Section 179 allowed according to PA rules  
 18 Owner's Share of Straight-Line Depreciation  
 19 Partner's Share of Nonrecourse Liabilities at year-end  
 20 Partner's Share of Recourse Liabilities at year-end

17 0  
 18 0  
 19 0  
 20 0

074021 11-29-10 CCH

NOTE: Amounts from this schedule must be reported on the appropriate PA Tax Return.

1007211343

1007211343

**PA SCHEDULE M**

Reconciliation of Federal-Taxable  
Income (Loss) to PA-Taxable  
Income (Loss)  
PA-20S/PA-65 M (08-10) (I)

1007010026

**2010**

Name as shown on PA-20S/PA-65 Information Return

FEIN

OFFICIAL USE ONLY

PA Sales Tax License Number

**LIQUID 891 INCORPORATED****PA Schedule M, Part A. Classifying Federal Income (Loss) for PA Personal Income Tax Purposes**

Classify, without adjustment, the federal income (loss) from Schedule K of federal Form 1120S or from Schedule K of federal Form 1065. The entity must allocate or apportion the amounts from the federal categories to the reportable PA PIT classes. The total of the specific federal line items should equal the total of the federal schedule.

Federal Form		Classified for Pennsylvania Personal Income Tax purposes				
Form 1120S, Schedule K line description	(a) Federal Income (loss)	(b) PA Business Income (loss)	(c) Interest Income PA Schedule A	(d) Dividend Income PA Schedule B	(e) Gain (loss) From Sales PA Schedule D	(f) Rent & Royalty Income (loss) PA Schedule E
1. Ordinary income (loss) from trade or business activities	-12566	-12566	0	0	0	0
2. Net income (loss) from rental real estate activities	0	0	0	0	0	0
3. Other gross rental income (loss)	0	0	0	0	0	0
4. Interest income	0	0	0	0	0	0
5. Dividends	0	0	0	0	0	0
6. Royalty income	0	0	0	0	0	0
7. Net short-term capital gain (loss)	0	0	0	0	0	0
8. Net long-term capital gain (loss)	0	0	0	0	0	0
9. Net gain (loss) from disposal of IRC Section 179 property	0	0	0	0	0	0
10. Net IRC Section 1231 gain (loss) from Form 4797	0	0	0	0	0	0
11. Other income (loss)	0	0	0	0	0	0
12. Total PA income (loss) by classification. Total the amounts in each column.	-12566	-12566	0	0	0	0

07-0001 10-18-10

1007010026

1007010026

## PA SCHEDULE M

1007110024

Reconciliation of Federal-Taxable  
Income (Loss) to PA-Taxable  
Income (Loss)  
PA-20S/PA-65 M (08-10) (1)

2010

Name as shown on PA-20S/PA-65 Information Return

OFFICIAL USE ONLY

FEIN

LIQUID 891 INCORPORATED

## PA Schedule M, Part B. Determining PA Reportable Income (Loss) by Classification

The entity may need to prepare a PA Schedule M, Part B, if it must make adjustments to properly determine its reportable classified income (loss) for its PA-20S/PA-65 Information Return. This specific list of adjustments applies to income (loss) from a business or farm, and rental/royalty income (loss).

Enter whole dollars only.

PA Allocated  
Income (Loss)Total Rental Income (Loss) or  
Total Business Income (Loss)  
Before ApportionmentSection A. Federal Classified Income (Loss). Income class from Part A, Column: **B**

Enter the initial of Column (b) or (f) only.

## Section B. Itemize income adjustments that increase PA reportable income (reduce the loss).

- a. Deferred income relating to advance payments for goods and services
- b. Difference in gain (loss) for each business sale of property where the proceeds were reinvested in the same line of business
- c. Gain from business like-kind exchanges, see PA PIT Guide for instructions
- d. Gain (loss) on involuntary conversions - IRC Section 1033
- e. Income from cancellation of debt that PA treats differently from federal rules
- f. Increases in income in the year of change resulting from spread in the year of change associated with IRC Section 481(a) adjustment

1.		2.	-12566
3.		4.	
5.		6.	
7.		8.	
9.		10.	
11.		12.	
13.		14.	
15.		16.	
17.		18.	

- g. Income from obligations of other states and organizations that is not exempt for PA purposes
- h. Other taxable income for PA purposes the entity does not report for federal purposes. Submit statement

## B. Total

## Section C. Itemize income adjustments that decrease the PA reportable income (increase the loss).

- a. Difference in gain (loss) for each business sale when proceeds were reinvested in the same line of business
- b. Income from obligations of the U.S. government and other organizations that is not taxable for PA purposes
- c. Decreases for previously reported income in prior year resulting from spread associated with IRC Section 481(a)
- d. Other PA nontaxable income the entity reported for federal purposes. Submit statement

1.		2.	
3.		4.	
5.		6.	
7.		8.	
9.		10.	
11.		12.	
13.		14.	
15.		16.	
17.		18.	

## C. Total

## Section D. Adjusted PA Reportable Income. See PA-20S/PA-65 Schedule M instructions.

## Section E. Itemize those expenses that PA law does not allow that the entity deducted on its federal form.

These adjustments increase PA reportable income (reduce the loss).

- a. Taxes paid on income from the worksheet in the PA PIT Guide. Submit worksheet
- b. Differences in depreciation taken for PA and federal purposes
- c. Key man life insurance premiums (owners as beneficiaries)
- d. Differences in PA treatment of guaranteed payments for capital
- e. Differences in depreciation for bonus depreciation (PA law does not allow bonus depreciation)
- f. Expense adjustments to qualify for the PA credits claimed in Part V of the PA-20S/PA-65
- g. Other expenses the entity deducted on its federal return that PA does not allow. Submit statement

1.		2.	
3.		4.	
5.		6.	
7.		8.	
9.		10.	
11.		12.	
13.		14.	
15.		16.	

## E. Total

## Section F. Itemize those expenses that PA law allows that the entity could not deduct on its federal form.

These adjustments decrease PA reportable income (increase the loss).

- a. 50 percent of business meals, entertainment, and club dues that the entity could not deduct
- b. Sales tax on depreciable assets
- c. Differences in depreciation taken for PA and federal purposes
- d. IRC Section 179 expenses (the maximum for PA purposes is \$25,000)
- e. Expenses for employees, including PA S corporation shareholder-employees
- f. Life insurance premiums (PA S corporation or partnership as beneficiary)
- g. Expense adjustments to qualify for federal credits
- h. Other expenses PA allows that the entity did not deduct on the federal return. Submit statement
- i. Use Tax claimed and remitted - not previously capitalized. Include a copy of the PA-1 form

1.		2.	448
3.		4.	
5.		6.	
7.		8.	
9.		10.	
11.		12.	
13.		14.	
15.		16.	4112
17.		18.	
19.		20.	4560
1.		2.	-17126

## F. Total

## Section G. Total Taxable Income (Loss). Add Section D, plus E, minus F.

\*\*STMT 1



LIQUID 891 INCORPORATED

PA-20S SCH. M

OTHER EXPENSES ALLOWED FOR PA

STATEMENT 1

DESCRIPTION

AMOUNT

QUALIFIED CHARITABLE DONATIONS

4,112.

TOTAL TO SCH. M, SEC. F, LINE H

4,112.

# UNITED STATES BANKRUPTCY COURT MIDDLE DISTRICT OF PENNSYLVANIA

In re *LIQUID 891, INC.*  
a Corporation  
dba L BAR AND LOUNGE

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 JEFFREY S. WEARY 891 EISENHOWER BLVD HARRISBURG PA 17111	Phone: JEFFREY S. WEARY 891 EISENHOWER BLVD HARRISBURG PA 17111	PERSONAL LOAN		\$ 58,800.00
2 TIMOTHY M. ROWE 891 EISENHOWER BLVD HARRISBURG PA 17111	Phone: TIMOTHY M. ROWE 891 EISENHOWER BLVD HARRISBURG PA 17111	PERSONAL LOAN		\$ 58,800.00
3 FRED AND SUSAN WEARY 10 SGRIGNOLI LANE ENOLA PA 17025	Phone: FRED AND SUSAN WEARY 10 SGRIGNOLI LANE ENOLA PA 17025	PERSONAL LOAN		\$ 27,186.78
4 SHERLYN ROBINSON 920 COLLINGSWOOD DRIVE HARRISBURG PA 17109	Phone: SHERLYN ROBINSON 920 COLLINGSWOOD DRIVE HARRISBURG PA 17109	PERSONAL LOAN		\$ 10,000.00
5 PARK FINANCIAL 73 W. MAIN STREET MECHANICSBURG PA 17055	Phone: PARK FINANCIAL 73 W. MAIN STREET MECHANICSBURG PA 17055	TRADE DEBT		\$ 4,600.00

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 CONNIE OWEN P.O. BOX 92 SUMMERSDALE PA 17093	Phone: CONNIE OWEN P.O. BOX 92 SUMMERSDALE PA 17093	PERSONAL LOAN		\$ 3,000.00
7 WAGGONE FRUITIGER & DAUB 5006 E. TRINDLE ROAD SUITE 200 MECHANICSBURG PA 17050	Phone: WAGGONE FRUITIGER & DAUB 5006 E. TRINDLE ROAD SUITE 200 MECHANICSBURG PA 17050	ACCOUNTING SERVICES		\$ 2,790.00
8 ACCOUNT SERVICES RECEIVABLES	Phone: ACCOUNT SERVICES RECEIVABLES	COLLECTION ACCOUNT		\$ 1,698.00
9 ALLIED INTERSTATE INC 540 DICK ROAD SUITE 100 DEPEW NY 14043	Phone: ALLIED INTERSTATE 3000 CORPORATE EXCHANGE DRIVE 5TH FLOOR COLUMBUS OH 43231	COLLECTION ACCOUNT		\$ 1,692.25
10 J D WAGNER 861 S. FRANKLIN STREET PALMYRA PA 17078	Phone: J D WAGNER 861 S. FRANKLIN STREET PALMYRA PA 17078	TRADE DEBT		\$ 1,235.47
11 CREDIT BUREAU OF YORK 33 S DUKE ST YORK PA 17401	Phone: CREDIT BUREAU OF YORK 33 S DUKE ST YORK PA 17401	COLLECTION ACCOUNT		\$ 1,080.00
12 CORDIA COMMUNICATIONS P.O. BOX 1763 WHITE PLAINS NY 10602	Phone: CORDIA COMMUNICATIONS P.O. BOX 1763 WHITE PLAINS NY 10602	TRADE DEBT		\$ 101.00
13 MID PENN BANK 349 UNION STREET MILLERSBURG PA 17061-1611	Phone: MID PENN BANK 349 UNION STREET MILLERSBURG PA 17061-1611	POSSIBLE NSF FEES		\$ 0.00

Debtor(s)

## LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

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

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

Date: 9/29/11

Signature

Name: JEFFREY WEARY

Title: President

**UNITED STATES BANKRUPTCY COURT  
MIDDLE DISTRICT OF PENNSYLVANIA**

In re *LIQUID 891, INC., a Corporation*  
*dba L BAR AND LOUNGE*

Case No.  
Chapter 11

\_\_\_\_\_/ Debtor  
Attorney for Debtor: *ROBERT E. CHERNICOFF*

**LIST OF EQUITY SECURITY HOLDERS**

Number	Registered Name of Holder of Security	Number of Shares	Class of Shares, Kind of Interest
1	<i>JEFFREY W. WEARY</i> <i>891 EISENHOWER BLVD</i> <i>HARRISBURG PA 17111</i>	<i>50%</i>	<i>COMMON STOCK</i>
2	<i>TIMOTHY M. ROWE</i> <i>891 EISENHOWER BLVD</i> <i>HARRISBURG PA 17111</i>	<i>50%</i>	<i>COMMON STOCK</i>

## LIST OF EQUITY SECURITY HOLDERS

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

I, JEFFREY WEARY, President of the corporation named as  
debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that they are true and correct to the  
best of my knowledge, information and belief.

Date: 9/29/11

Signature:   
Name: JEFFREY WEARY  
Title: President