

**MONTHLY OPERATING REPORT FOR  
CORPORATE OR PARTNERSHIP DEBTOR  
(Including LLCs and LLPs)**

Case No. \_\_\_\_\_

Debtor \_\_\_\_\_

Report Month/Year \_\_\_\_\_

**Instructions:** The debtor's monthly financial report shall include this cover sheet signed by the debtor and all UST forms and supporting documents. Exceptions, if allowed, are noted in the checklist below. Failure to comply with the reporting requirements of Local Bankruptcy Rule 2015-2, or the U.S. Trustee's reporting requirements, is cause for conversion or dismissal of the case.

The debtor submits the following with this monthly financial report:		Completed	Not Applicable
<b>UST-11</b>	<b>Comparative Income Statement</b> or debtor's income statement (must include all line items specified on UST-11).	<input type="checkbox"/>	<input type="checkbox"/>
<b>UST-12</b>	<b>Comparative Balance Sheet</b> or debtor's balance sheet (must include all line items specified on UST-12. The debtor's balance sheet, if used, shall include a breakdown of pre- and post-petition liabilities. The breakdown may be provided as a separate attachment to the debtor's balance sheet.	<input type="checkbox"/>	<input type="checkbox"/>
<b>UST-13</b>	<b>Comparative Cash Flow Statement</b> or debtor's cash flow statement (must include all line items specified on UST-13). Complete this statement if the debtor is reporting based on the accrual basis of accounting. This is the required method, unless other arrangements have been made with the U.S. Trustee.	<input type="checkbox"/>	<input type="checkbox"/>
<b>UST-14</b>	<b>Summary of Disbursements</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>UST-14A</b>	<b>Statement of Cash Receipts and Disbursements</b> Complete one or more to include all bank accounts or other sources of debtor funds. Attach copies of monthly bank statements and all supporting documents described in the instructions.	<input type="checkbox"/>	<input type="checkbox"/>
<b>UST-14B</b>	<b>Additional Disbursement Information</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>UST-15</b>	<b>Statement of Aged Receivables</b> Provide a detailed accounting of aged receivables on, or as an attachment to, UST-15.	<input type="checkbox"/>	<input type="checkbox"/>
<b>UST-16</b>	<b>Statement of Aged Post-Petition Payables</b> Provide a detailed accounting of aged post-petition payables on, or as an attachment to, UST-16.	<input type="checkbox"/>	<input type="checkbox"/>
<b>UST-17</b>	<b>Statement of Operations</b> When applicable, UST-17 shall include copies of supporting documents such as an escrow statement for the sale of real property, an auctioneer's report for property sold at auction, or a certificate of insurance or copy of debtor's bond for any change in insurance or bond coverage.	<input type="checkbox"/>	<input type="checkbox"/>

**DEBTOR'S CERTIFICATION**

I certify under penalty of perjury that (1) I have personally prepared this financial report or directly supervised its preparation, and (2) the information contained in this monthly financial report is complete, true, and accurate to the best of my knowledge, information, and belief.

BY: \_\_\_\_\_

DATE: \_\_\_\_\_

TITLE: \_\_\_\_\_

The debtor, or trustee, if appointed, must sign the monthly financial report. Only an authorized officer may sign a financial report for a corporate debtor and only a general partner has authority to sign a financial report for a partnership debtor. Debtor's counsel may not sign a financial report for the debtor.

Case Number: Report Mo/Yr: Debtor: **UST-11, COMPARATIVE INCOME STATEMENT**

**INSTRUCTIONS:** The initial report should include only business activity commencing from the petition date through the end of the month. If the case is filed after the 20th day of the month, the report for the initial partial month may be combined with the report for next calendar month.

For the Month of:	MO/YR	MO/YR	MO/YR	Cumulative To Date
Revenue				-
Less: Returns and Allowances				-
<b>NET REVENUE</b>	-	-	-	-
Cost of Goods sold:				
Beginning Inventory				-
Add: Purchases				-
Less: Ending Inventory				-
<b>Cost of Goods Sold</b>	-	-	-	-
Additional Costs of Good Sold:				
Direct Labor				-
Freight In				-
<b>TOTAL COST OF GOOD SOLD</b>	-	-	-	-
Other Operating Expenses:				
Officers' Salaries (Gross)				-
Other Salaries (Gross)				-
Depreciation and Amortization				-
Employee Benefits				-
Payroll Taxes (Employer's portion)				-
Insurance				-
Rent				-
General and Administrative				-
<b>TOTAL OPERATING EXPENSES</b>	-	-	-	-
<b>NET OPERATING INCOME (LOSS)</b>	-	-	-	-
Add: Other Income				-
Less: Interest Expense				-
Less: Non-recurring items				
Professional Fees				-
UST Fees				-
Other (specify)				-
<b>TOTAL NON-RECURRING ITEMS</b>	-	-	-	-
<b>GAIN (LOSS) ON DISPOSAL OF ASSETS</b>				-
<b>NET INCOME (LOSS) BEFORE INCOME TAX</b>	-	-	-	-
Income Taxes				-
<b>NET INCOME (LOSS)</b>	-	-	-	-

Case Number: 0  
 Report Mo/Yr:

Debtor:

**UST-12, COMPARATIVE BALANCE SHEET**

<b>ASSETS</b>	<b>As of month ending:</b>	<b>MO/YR</b>	<b>MO/YR</b>	<b>MO/YR</b>	<b>PER SCHEDULES (i.e. Petition Date)</b>
Current Assets					
Cash-Restricted					
Cash-Unrestricted					
<b>TOTAL CASH</b>		-	-	-	-
Accounts Receivable					
Less: Allowance for Doubtful Accounts					
<b>NET ACCOUNTS RECEIVABLE</b>		-	-	-	-
Notes Receivable					
Insider Receivables					
Inventory (see note below)					
Prepaid Expenses					
Other (attach list)					
<b>TOTAL CURRENT ASSETS</b>		-	-	-	-
Fixed Assets					
Real Property/Buildings					
Equipment					
Accumulated Depreciation					
<b>NET FIXED ASSETS</b>		-	-	-	-
Other Assets (attach list)					
<b>TOTAL ASSETS</b>		-	-	-	-
<b>LIABILITIES</b>					
Post-Petition Liabilities					
Trade Accounts Payable					
Taxes Payable					
Accrued Professional Fees					
Notes Payable					
Rents and Lease payables					
Accrued Interest					
Other (specify)					
<b>TOTAL POST-PETITION LIABILITIES</b>		-	-	-	
Pre-Petition Liabilities					
Secured Debt					
Priority Debt					
Unsecured Debt					
Other (attach list)					
<b>TOTAL PRE-PETITION LIABILITIES</b>		-	-	-	-
<b>TOTAL LIABILITIES</b>		-	-	-	-

Method of inventory valuation (Cost, Lower of Cost or Market, FIFO, LIFO, Other) : \_\_\_\_\_

Case Number: 0

Report Mo/Yr:

Debtor:

**UST-12, COMPARATIVE BALANCE SHEET**

<b>EQUITY</b>	<b>As of month ending:</b>	<b>MO/YR</b>	<b>MO/YR</b>	<b>MO/YR</b>	<b>PER SCHEDULES (i.e. Petition Date)</b>
Owners' Equity (or Deficit)					
Prepetition Owners' Equity					
Post-petition Cumulative Profit or (Loss)					
Direct Charges to Equity (Explain)					
<b>TOTAL OWNERS' EQUITY (DEFICIT)</b>		-	-	-	-
<b>TOTAL LIABILITIES AND OWNERS' EQUITY(DEFICIT)</b>		-	-	-	-

FOOTNOTES TO BALANCE SHEET:

Case Number:   
 Report Mo/Yr:

Debtor:

UST-13, COMPARATIVE CASH FLOW STATEMENT				
As of month ending:	MO/YR	MO/YR	MO/YR	Cumulative Filing to Date
NET INCOME (LOSS)	-	-	-	
ADJUSTMENTS TO RECONCILE NET INCOME TO NET CASH:				
Depreciation and Amortization				
(Gain) Loss on Sale of Assets				
(Increase) Decrease in Prepays				
(Increase) Decrease in Receivables				
(Increase) Decrease in Inventory				
Increase (Decrease) in Payables				
Increase (Decrease) in Taxes Payable				
Increase (Decrease) in Professional Fees				
Increase (Decrease) in Rents/Leases Pay				
Increase (Decrease) in Accrued Interest				
NET CASH PROVIDED BY OPERATIONS	-	-	-	
CASH FLOWS FROM INVESTING/FINANCING:				
Purchase of Fixed Assets				
Proceeds from Sale of Fixed Assets				
Capital Contributions				
Loan Proceeds				
Loan Principal and Capital Lease Payments				
NET INCREASE (DECREASE) IN CASH	-	-	-	
BEGINNING CASH	-	-	-	
ENDING CASH				

Case Number:   
 Report Mo/Yr:

Debtor:

**UST-14, SUMMARY OF DISBURSEMENTS**

**INSTRUCTIONS:** BEFORE COMPLETING THIS PAGE, prepare UST-14A (see next page) to include all bank accounts or other sources of the debtor's funds. The disbursement total will be used to complete this SUMMARY OF DISBURSEMENTS.

The debtor is responsible for providing accurate monthly disbursement totals for purposes of calculating its obligation pursuant to 28 U.S.C. § 1930(a)(6) to pay statutory fees to the U.S. Trustee. The disbursement total encompasses all payments made by the debtor during the reporting month, whether made directly by the debtor or by another party for the debtor. It includes checks written and cash payments for inventory and equipment purchases, payroll and related taxes and expenses, other operating costs, and debt reduction. It also includes payments made pursuant to joint check arrangements and those resulting from a sale or liquidation of the debtor's assets. The only transactions normally excluded from the disbursement total are transfers within the same reporting month between multiple debtor accounts.

The U.S. Trustee payment is due on the last day of the month following the end of each calendar quarter, or on **April 30, July 31, October 31, and January 31**, respectively. Because the amount billed is an estimate, the debtor is responsible for paying the correct statutory fee based on actual disbursements for the calendar quarter, or portion thereof while the debtor is in Chapter 11 (i.e. until the case is converted, dismissed, or closed by final decree). Failure to pay statutory fees to the U.S. Trustee is cause for conversion or dismissal of the case. A copy of the statutory fee schedule may be found on the U.S. Trustee's website located at:

[http://www.usdoj.gov/ust/r18/e\\_library.htm](http://www.usdoj.gov/ust/r18/e_library.htm)

If you have any questions about how to compute the disbursement total, please call the U.S. Trustee's office:

Portland, OR (503) 326-7651  
 Eugene, OR (541) 465-6330

(UST-14A, with attachments, should follow this page.)

**COMPUTATION OF MONTHLY DISBURSEMENT TOTAL**

Total disbursements from UST-14A	
Cash payments not included in total above (if any)	
Disbursements made by third parties for the debtor (if any, explain)	

**TOTAL DISBURSEMENTS THIS MONTH FROM ALL SOURCES** \$ -

	<b>Yes</b>	<b>No</b>	
At the end of this reporting month, did the debtor have any <u>delinquent</u> statutory fees owing to the U.S. Trustee?	<input type="checkbox"/>	<input type="checkbox"/>	

(If yes, list each quarter that is delinquent and the amount due along with an explanation)

<u>Quarter</u>	<u>Explanation</u>	<u>Amount</u>

Case Number:  
Report Mo/Yr:

0

Debtor:

**UST-14A - STATEMENT OF CASH RECEIPTS AND DISBURSEMENTS**

**INSTRUCTIONS:** Include all bank accounts or other source of the debtor's funds and attach supporting documents as indicated on the checklist below. Use additional sheets as necessary.

Depository (Bank) Name Account Number Type of Account						TOTALS
<b>Beginning Cash Balance</b>						-
<b>Add:</b>						
Transfers in						-
Receipts deposited						-
Other (identify source)						-
Total Cash Receipts	-	-	-	-	-	-
<b>Subtract:</b>						
Transfers out						-
Disbursements by check or debit						-
Cash withdrawn						-
Other (identify source)						-
Total Cash Disbursements	-	-	-	-	-	-
<b>Ending Cash Balance</b>	-	-	-	-	-	-

Does each account identified above include the following supporting documents, as required: Indicate **YES, NO** or **NOT APPLICABLE** in the boxes below.

Monthly bank statement copy  
**(do not include bank statement copies with the report filed with the Bankruptcy Court)**

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Bank reconciliation (including outstanding checks and deposits in transit)

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A detailed list of receipts for the account (deposit log or receipts journal)

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A detailed list of disbursements for the account (check register or disbursement journal)

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Funds received and/or disbursed by another party

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Case Number:   
 Report Mo/Yr:

Debtor:

**UST-14B, ADDITIONAL DISBURSEMENT INFORMATION**

**Payments on Pre-Petition Unsecured Debt (requires court approval)**

Did the debtor, or another party on behalf of the debtor, make any payments during this reporting month on pre-petition unsecured debt? **If "yes", complete table for each payment.**

Payee's Name	Nature of Payment	Payment Date	Amount	Date of Court Approval		
					Yes	No
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

**Payments to Attorneys and Other Professionals (requires court approval)**

Did the debtor, or another party on behalf of the debtor, make any payments during this reporting month to a professional such as an attorney, accountant, realtor, appraiser, auctioneer, business consultant, or other professional person? **If "yes", complete table for each payment.**

Professional's Name	Type of Work Performed	Payment Date	Amount	Date of Court Approval		
					Yes	No
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

**Payments to an Officer, Director, Partner, or Other Insider of the Debtor**

Did the debtor, or another party on behalf of the debtor, make any payments during this reporting month to, or for the benefit of, an officer, director, partner, member, shareholder or other insider of the debtor? **If "yes", complete table for each payment.**

Payee's Name	Relationship to Debtor	Payment Date	Amount	Purpose of Payment		
					Yes	No
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

INSTRUCTIONS: Use the last column to describe the purpose of each payment, such as gross wages or salary, reimbursement for business expenses, loan repayment, advance, draw, bonus, dividend, stock distribution, or other reason for the payment.

**CERTIFICATION OF BANK ACCOUNTS:**

The undersigned certifies under penalty of perjury that every financial account used by the debtor is accounted for in UST-14A of this report and is held in a depository included on the U.S. Trustee's list of authorized depositories. The undersigned further certifies that each such depository has been notified that the account holder is a debtor in a Chapter 11 case under the jurisdiction of the Bankruptcy Court.

BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
 TITLE: \_\_\_\_\_



Case Number:   
 Report Mo/Yr:

Debtor:

**UST-15, STATEMENT OF AGED RECEIVABLES**

**INSTRUCTIONS:** Complete all portions of UST-15, STATEMENT OF AGED RECEIVABLES, unless the debtor asserts the following two statements are true for this reporting month:

- ° At the beginning of the reporting month, the debtor did not have any uncollected pre-petition or post-petition accounts receivable; and,
- ° During the reporting month, the debtor did not have any receivables activity, including the accrual of new accounts receivable, or the collection or write-off of accounts receivable from prior months.

Initial here \_\_\_\_\_ if the debtor asserts that both statements above are correct and then skip to UST-16, Statement of Post-Petition Payables.

**Accounts Receivable Aging**

	Balance at Month End	Current Portion	Past Due 31-60 days	Past Due 61-90 days	Past Due over 90 days	Uncollectible Receivables
Pre-petition						
Post-petition						
<b>TOTALS</b>	-	-	-	-	-	-

Explain what efforts the debtor has made during the reporting period to collect receivables over 60 days past due.

**Accounts Receivable Reconciliation**

	Post Petition	Pre-Petition	Totals
Opening Balance			-
Add: Sales on account			-
Less: Payments on account			-
Less: Write-offs or other adjustments			-
Closing Balance	-	-	-

**Insider Receivable Reconciliation**

Insider Name (e.g. officer, director, partner, member, shareholder) Relationship to Debtor			
Opening Balance (if first report, use the balance on date of filing)			
Add: Current month advances			
Less: Current month payments			
Closing Balance	-	-	-

Case Number:   
 Report Mo/Yr:

Debtor:

**UST-16, STATEMENT OF AGED POST-PETITION PAYABLES  
 PART A - TRADE ACCOUNTS PAYABLE**

**INSTRUCTIONS:** Complete PART A - TRADE ACCOUNTS PAYABLE unless the debtor asserts that this statement is true for this reporting month:

° Except for taxes disclosed in PART B of this report, the debtor has no other unpaid post-petition payables from the current reporting month or from any prior post-petition months.

Initial here \_\_\_\_\_ if the debtor asserts that the statement above is correct and then skip to UST-16, Part B, Taxes.

**Accounts Payable Aging**

	Balance at Month End	Current Portion	Past Due 31-60 days	Past Due 61-90 days	Past Due over 90 days
Post-petition					

1. For Accounts Payable **more than 30 days past due**, explain why payment has not been made.
2. Attach the debtor's accounts payable aging report.

**Post-Petition Trade Accounts Payable Reconciliation**

Opening Balance	
Additions:	
Less: Payments made	
Closing Balance	-

Case Number:   
 Report Mo/Yr:

Debtor:

**UST-16, BUSINESS STATEMENT OF AGED POST-PETITION PAYABLES  
 PART B - TAXES**

**CERTIFICATION:** The undersigned certifies under penalty of perjury that all post-petition taxes required to be withheld or collected have been paid to the appropriate taxing authority or that a deposit for such amounts has been made into a separate bank tax account as more fully described below.

BY: \_\_\_\_\_ DATE: \_\_\_\_\_

**Reconciliation of Unpaid Post-Petition Taxes**

	1	2	3	4
Type of Tax	Unpaid Post-petition Taxes from Prior Reporting Month	Post-petition Taxes Accrued this Month (New Obligations)	Post-petition Tax Payments Made this Reporting Month	Unpaid Post-petition Taxes at End of Reporting Month (Column 1+2-3=4)
<b>FEDERAL EMPLOYMENT TAXES</b>				
Employee Income Tax Withheld				-
FICA/Medicare-Employee				-
FICA/Medicare-Employer				-
Unemployment (FUTA)				-
<b>STATE EMPLOYMENT TAXES</b>				
Employee Income Tax Withheld				-
Unemployment (SUTA)				-
Worker's Compensation				-
<b>OTHER TAXES</b>				
Corporate Income Tax				-
Local City/County Tax				-
Sales Tax				-
Personal Property Tax				-
Real Property Tax				-
Other				-
<b>Total Unpaid Post-Petition Taxes</b>				\$ -

Is the debtor delinquent in any tax reporting? **If yes**, provide the name of the taxing authority, a description of the report that is past due, the original report due date, any payment due, and the reason for the delinquency.

Case Number:   
 Report Mo/Yr:

Debtor:

**UST-17 STATEMENT OF OPERATIONS**

INSTRUCTIONS: Answer each question fully and attach additional sheets as necessary to provide a complete response

<b>Question 1 - Sale of the Debtor's Assets</b> Did the debtor, or another party on behalf of the the debtor, sell, transfer, or otherwise dispose of any of the debtor's assets during the reporting month that are out of the ordinary course of the debtor's business <b>If yes, attach a schedule identifying each asset, date of sale notice, method of disposition, and gross and net sale proceeds received. If real property was sold, attach a copy of the closing statement.</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Yes</th> <th style="width: 50%;">No</th> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No				
<input type="checkbox"/>	<input type="checkbox"/>				

<b>Question 2 - Financing</b> During the reporting month, did the debtor receive any financing, or loans from a non-insider funding source? <b>If yes, indicate the source of the funds, date paid to debtor, dollar amount, and date of court approval.</b>					
Source of Funds	Date Paid	Amount	Date of Court Approval	Yes	No
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

<b>Question 3 - Insider loans</b> During the reporting month, did the debtor receive any funds from an officer, director, partner, member, shareholder, or other insider of the debtor? <b>If yes, indicate the source of funds, date paid to debtor, dollar amount, and date of court approval.</b>					
Source of Funds	Date Paid	Amount	Date of Court Approval	Yes	No
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

<b>Question 4 - Insurance and Bond Coverage</b> Did the debtor renew or replace any insurance policies during this reporting month? <b>If yes, attach a certificate of insurance for each renewal or change in coverage.</b>  Were any of the debtor's insurance policies canceled or otherwise terminated for any reason during the reporting month? <b>If yes, explain.</b>  Were any claims made during this reporting month against the debtor's bond? (Answer "No" if the debtor is not required to have a bond). <b>If yes, explain.</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Yes</th> <th style="width: 50%;">No</th> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No								
<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>								
<input type="checkbox"/>	<input type="checkbox"/>								

<b>Question 5 - Significant Events.</b> Provide a narrative report of any significant events that may have an effect on the financial condition of the debtor or any events out of the ordinary course of business that are not described elsewhere in this report. Attach separate sheets as necessary.
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Case Number:   
 Report Mo/Yr:

Debtor:

**UST-17, STATEMENT OF OPERATIONS (Continued)**

**Question 6 - Case Progress.** Explain what progress the debtor has made during the reporting month toward confirmation of a plan of reorganization.

	Filed ?	Estimated Date To be Filed If not Filed
Disclosure Statement:		
Plan of Reorganization:		

**WHERE TO FILE A MONTHLY OPERATING REPORT:** Local Bankruptcy Rule 2015-2 requires the debtor to file its monthly financial report with the U.S. Bankruptcy Court.

File the original....(select only one)

**For a Chapter 11 case filed in Portland, OR:**

United States Bankruptcy Court  
 1001 SW 5th Avenue, 7th floor  
 Portland, OR 97204

**For a Chapter 11 case filed in Eugene, OR:**

United States Bankruptcy Court  
 405 East 8th Avenue, Suite 2600  
 Eugene, OR 97401

**CERTIFICATION:** The undersigned certifies that copies of this report and supporting documents have been served upon each of the following persons in this case: U.S. Trustee; the chairperson of each official committee of creditors or equity security holders and the attorney(s) for each such committee; the debtor and the debtor's attorney; and the trustee and the trustee's attorney, if applicable.

BY: \_\_\_\_\_

DATE: \_\_\_\_\_

TITLE: \_\_\_\_\_

Send U.S. Trustee's copy to: (select only one)

**For a Chapter 11 case filed in Portland, OR:**

Office of the United States Trustee  
 620 SW Main Street, Suite 213  
 Portland, OR 97205

**For a Chapter 11 case filed in Eugene, OR:**

Office of the United States Trustee  
 405 E. 8th Avenue, Suite 1100  
 Eugene, OR 97401