

DEBTOR: _____

MONTHLY OPERATING REPORT

CHAPTER 11

CASE NUMBER: _____

**Form 2-A
COVER SHEET**

For Period Ending _____

Accounting Method: ☐ Accrual Basis ☐ Cash Basis

THIS REPORT IS DUE 21 DAYS AFTER THE END OF THE MONTH

Mark One Box for Each
Required Document:

Debtor must attach each of the following reports/documents unless the U. S. Trustee
has waived the requirement in writing. File the original with the Clerk of Court.
Submit a duplicate, with original signature, to the U. S. Trustee.

Report/Document Attached	Previously Waived	REQUIRED REPORTS/DOCUMENTS
<input type="checkbox"/>	<input type="checkbox"/>	1. Cash Receipts and Disbursements Statement (Form 2-B)
<input type="checkbox"/>	<input type="checkbox"/>	2. Balance Sheet (Form 2-C)
<input type="checkbox"/>	<input type="checkbox"/>	3. Profit and Loss Statement (Form 2-D)
<input type="checkbox"/>	<input type="checkbox"/>	4. Supporting Schedules (Form 2-E)
<input type="checkbox"/>	<input type="checkbox"/>	5. Quarterly Fee Summary (Form 2-F)
<input type="checkbox"/>	<input type="checkbox"/>	6. Narrative (Form 2-G)
<input type="checkbox"/>	<input type="checkbox"/>	7. Bank Statements for All Bank Accounts IMPORTANT: Redact account numbers and remove check images
<input type="checkbox"/>	<input type="checkbox"/>	8. Bank Statement Reconciliations for all Bank Accounts

***I declare under penalty of perjury that the following Monthly Operating Report, and any
attachments thereto are true, accurate and correct to the best of my knowledge and belief.***

Executed on: _____

Print Name: _____

Signature: _____

Title: _____

DEBTOR: _____

CASE NO: _____

Form 2-B
CASH RECEIPTS AND DISBURSEMENTS STATEMENT

For Period: _____ to _____

CASH FLOW SUMMARY

	Current Month	Accumulated
1. Beginning Cash Balance	\$ _____ (1)	\$ _____ (1)
2. Cash Receipts		
Operations		
Sale of Assets		
Loans/advances		
Other		
Total Cash Receipts	\$ _____	\$ _____
3. Cash Disbursements		
Operations		
Debt Service/Secured loan payment		
Professional fees/U.S. Trustee fees		
Other		
Total Cash Disbursements	\$ _____	\$ _____
4. Net Cash Flow (Total Cash Receipts less Total Cash Disbursements)	_____	_____
5 Ending Cash Balance (to Form 2-C)	\$ _____ (2)	\$ _____ (2)

CASH BALANCE SUMMARY

	Financial Institution	Book Balance
Petty Cash	_____	\$ _____
DIP Operating Account	_____	
DIP State Tax Account	_____	
DIP Payroll Account	_____	
Other Operating Account	_____	
Other Interest-bearing Account	_____	
TOTAL (must agree with Ending Cash Balance above)		\$ _____ (2)

(1) Accumulated beginning cash balance is the cash available at the commencement of the case.

Current month beginning cash balance should equal the previous month's ending balance.

(2) All cash balances should be the same.

DEBTOR: _____

CASE NO: _____

Form 2-B
CASH RECEIPTS AND DISBURSEMENTS STATEMENT

For Period: _____ to _____

CASH RECEIPTS DETAIL

(attach additional sheets as necessary)

Account No:

Date	Payer	Description	Amount
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\$

Total Cash Receipts

\$ _____ (1)

(1) Total for all accounts should agree with total cash receipts listed on Form 2-B, page 1

DEBTOR: _____

CASE NO: _____

Form 2-B
CASH RECEIPTS AND DISBURSEMENTS STATEMENT
For Period: _____ to _____

CASH DISBURSEMENTS DETAIL
(attach additional sheets as necessary)

Account No: _____

Date	Check No.	Payee	Description (Purpose)	Amount
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\$

Total Cash Disbursements \$ _____ (1)

(1) Total for all accounts should agree with total cash disbursements listed on Form 2-B, page 1

DEBTOR: _____

CASE NO: _____

Form 2-C
COMPARATIVE BALANCE SHEET
 For Period Ended: _____

	Current Month	Petition Date (1)
ASSETS		
Current Assets:		
Cash (from Form 2-B, line 5)	\$	\$
Accounts Receivable (from Form 2-E)		
Receivable from Officers, Employees, Affiliates		
Inventory		
Other Current Assets :(List) _____		
Total Current Assets	\$ _____	\$ _____
Fixed Assets:		
Land	\$	\$
Building		
Equipment, Furniture and Fixtures		
Total Fixed Assets	_____	_____
Less: Accumulated Depreciation	(_____)	(_____)
Net Fixed Assets	\$ _____	\$ _____
Other Assets (List): _____		
TOTAL ASSETS	\$ _____	\$ _____
LIABILITIES		
Post-petition Accounts Payable (from Form 2-E)	\$	\$
Post-petition Accrued Professional Fees (from Form 2-E)		
Post-petition Taxes Payable (from Form 2-E)		
Post-petition Notes Payable		
Other Post-petition Payable(List): _____		
Total Post Petition Liabilities	\$ _____	\$ _____
Pre Petition Liabilities:		
Secured Debt		
Priority Debt		
Unsecured Debt		
Total Pre Petition Liabilities	\$ _____	\$ _____
TOTAL LIABILITIES	\$ _____	\$ _____
OWNERS' EQUITY		
Owner's/Stockholder's Equity	\$	\$
Retained Earnings - Prepetition		
Retained Earnings - Post-petition		
TOTAL OWNERS' EQUITY	\$ _____	\$ _____
TOTAL LIABILITIES AND OWNERS' EQUITY	\$ _____	\$ _____

DEBTOR: _____

CASE NO: _____

Form 2-D
PROFIT AND LOSS STATEMENT
For Period _____ to _____

	Current Month	Accumulated Total (1)
Gross Operating Revenue	\$ _____	\$ _____
Less: Discounts, Returns and Allowances	(_____)	(_____)
Net Operating Revenue	\$ _____	\$ _____
Cost of Goods Sold	_____	_____
Gross Profit	\$ _____	\$ _____
Operating Expenses		
Officer Compensation	\$ _____	\$ _____
Selling, General and Administrative		
Rents and Leases		
Depreciation, Depletion and Amortization		
Other (list): _____		
	_____	_____
Total Operating Expenses	\$ _____	\$ _____
Operating Income (Loss)	\$ _____	\$ _____
Non-Operating Income and Expenses		
Other Non-Operating Expenses	\$ _____	\$ _____
Gains (Losses) on Sale of Assets		
Interest Income		
Interest Expense		
Other Non-Operating Income	_____	_____
Net Non-Operating Income or (Expenses)	\$ _____	\$ _____
Reorganization Expenses		
Legal and Professional Fees	\$ _____	\$ _____
Other Reorganization Expense	_____	_____
Total Reorganization Expenses	\$ _____	\$ _____
Net Income (Loss) Before Income Taxes	\$ _____	\$ _____
Federal and State Income Tax Expense (Benefit)	_____	_____
NET INCOME (LOSS)	\$ _____	\$ _____

(1) Accumulated Totals include all revenue and expenses since the petition date.

DEBTOR: _____

CASE NO: _____

Form 2-E
SUPPORTING SCHEDULES
For Period: _____ to _____

POST PETITION TAXES PAYABLE SCHEDULE

	<u>Beginning Balance (1)</u>	<u>Amount Accrued</u>	<u>Amount Paid</u>	<u>Date Paid</u>	<u>Check Number</u>	<u>Ending Balance</u>
Income Tax Withheld:						
Federal	\$	\$	\$			\$
State						
FICA Tax Withheld						
Employer's FICA Tax						
Unemployment Tax						
Federal						
State						
Sales, Use & Excise Taxes						
Property Taxes						
Accrued Income Tax:						
Federal						
State						
Other: _____						
TOTALS	\$	\$	\$			\$

(1) For first report, Beginning Balance will be \$0; thereafter, Beginning Balance will be Ending Balance from prior report.

INSURANCE SCHEDULE

	Carrier	Amount of Coverage	Expiration Date	Premium Paid Through
Workers' Compensation		\$	\$	
General Liability		\$	\$	
Property (Fire, Theft)		\$	\$	
Vehicle		\$	\$	
Other (list):		\$	\$	
		\$	\$	

DEBTOR: _____

CASE NO: _____

Form 2-E
SUPPORTING SCHEDULES

For Period: _____ to _____

ACCOUNTS RECEIVABLE AND POST PETITION PAYABLE AGING

<u>Due</u>	<u>Accounts Receivable</u>	<u>Post Petition Accounts Payable</u>
Under 30 days	\$ _____	\$ _____
30 to 60 days		
61 to 90 days		
91 to 120 days		
Over 120 days		
Total Post Petition	_____	
Pre Petition Amounts	_____	
Total Accounts Receivable	\$ _____	
Less: Bad Debt Reserve	_____	
Net Accounts Receivable (to Form 2-C)	<u>\$ _____</u>	
	Total Post Petition Accounts Payable	\$ <u>_____</u>

* *Attach a detail listing of accounts receivable and post-petition accounts payable***SCHEDULE OF PAYMENTS TO ATTORNEYS AND OTHER PROFESSIONALS**

	<u>Month-end Retainer Balance</u>	<u>Current Month's Accrual</u>	<u>Paid in Current Month</u>	<u>Date of Court Approval</u>	<u>Month-end Balance Due *</u>
Debtor's Counsel	\$ _____	\$ _____	\$ _____		\$ _____
Counsel for Unsecured Creditors' Committee					
Trustee's Counsel					
Accountant					
Other: _____					
Total	\$ _____	\$ _____	\$ _____		\$ _____

*Balance due to include fees and expenses incurred but not yet paid.

SCHEDULE OF PAYMENTS AND TRANSFERS TO PRINCIPALS/EXECUTIVES**

<u>Payee Name</u>	<u>Position</u>	<u>Nature of Payment</u>	<u>Amount</u>
_____	_____	_____	\$ _____
_____	_____	_____	_____
_____	_____	_____	_____

**List payments and transfers of any kind and in any form made to or for the benefit of any proprietor, owner, partner, shareholder, officer or director.

DEBTOR: _____

CASE NO: _____

Form 2-F
QUARTERLY FEE SUMMARY *
For the Month Ended: _____

<u>Month</u>	<u>Year</u>	<u>Cash Disbursements **</u>	<u>Quarterly Fee Due</u>	<u>Check No.</u>	<u>Date Paid</u>
January	_____ \$				
February	_____				
March	_____				
TOTAL 1st Quarter	\$ _____	_____ \$	_____	_____	_____
April	_____ \$				
May	_____				
June	_____				
TOTAL 2nd Quarter	\$ _____	_____ \$	_____	_____	_____
July	_____ \$				
August	_____				
September	_____				
TOTAL 3rd Quarter	\$ _____	_____ \$	_____	_____	_____
October	_____ \$				
November	_____				
December	_____				
TOTAL 4th Quarter	\$ _____	_____ \$	_____	_____	_____

FEE SCHEDULE (as of JANUARY 1, 2008)

Subject to changes that may occur to 28 U.S.C. §1930(a)(6)

<u>Quarterly Disbursements</u>	<u>Fee</u>	<u>Quarterly Disbursements</u>	<u>Fee</u>
\$0 to \$14,999.....	\$325	\$1,000,000 to \$1,999,999.....	\$6,500
\$15,000 to \$74,999.....	\$650	\$2,000,000 to \$2,999,999.....	\$9,750
\$75,000 to \$149,999.....	\$975	\$3,000,000 to \$4,999,999.....	\$10,400
\$150,000 to \$224,999.....	\$1,625	\$5,000,000 to \$14,999,999	\$13,000
\$225,000 to \$299,999.....	\$1,950	\$15,000,000 to \$29,999,999....	\$20,000
\$300,000 to \$999,999.....	\$4,875	\$30,000,000 or more	\$30,000

* This summary is to reflect the current calendar year's information cumulative to the end of the reporting period

** Should agree with line 3, Form 2-B. Disbursements are net of transfers to other debtor in possession bank accounts

Failure to pay the quarterly fee is cause for conversion or dismissal of the chapter 11 case. [11 U.S.C. Sec. 1112(b)(10)]

In addition, unpaid fees are considered a debt owed to the United States and will be assessed interest under 31 U.S.C. §3717

DEBTOR: _____

CASE NO: _____

Form 2-G
NARRATIVE

For Period Ending _____

Please provide a brief description of any significant business and legal actions taken by the debtor, its creditors, or the court during the reporting period, any unusual or non-recurring accounting transactions that are reported in the financial statements, and any significant changes in the financial condition of the debtor which have occurred subsequent to the report date.

DEBTOR: _____

CASE NUMBER: _____

INITIAL FINANCIAL REPORT

CHAPTER 11

COVER SHEET

Date of Report

THIS REPORT IS DUE 14 DAYS AFTER THE PETITION FILING DATE

Mark One Box for Each
Required Document:

Debtor must attach each of the following documents or a satisfactory explanation for failure to attach a document. **Submit original report to U.S. Trustee.** Do not file report with Clerk of Court.

Document Attached	Previously Submitted	Explanation Attached	REQUIRED DOCUMENTS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Latest Fiscal Year Financial Statements or Tax Returns
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Balance Sheet as of Month End Immediately Preceding Filing
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Profit and Loss Statement for Month and Year Immediately Preceding Filing
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Insurance & Environmental Risk Questionnaire - Proof of:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. General Liability Insurance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Property (Fire, Theft, etc.) Insurance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Workers' Compensation Insurance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. Vehicle Insurance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e. Other:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Projected Revenue, Expenses and Cash Flow for First 180 Days of Post Petition Operations (Form IR-1)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Name and Address of Financial Institution, Account Number and Sample Voided Check for Each Debtor in Possession Bank Account
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. General Account
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Tax Account (if required)

I declare under penalty of perjury that the following Initial Financial Report, and any attachments thereto, are true and correct to the best of my knowledge and belief.

Executed on: _____

Debtor(s): _____

By: _____

Position: _____

Email & Phone: _____

DEBTOR: _____

POST CONFIRMATION QUARTERLY REPORT

CH. 11 CASE NO: _____

FOR QUARTER ENDED: _____

SUMMARY OF DISBURSEMENTS MADE DURING QUARTER:

- | | | | |
|----|---|----|--------|
| 1. | CASH BALANCE, BEGINNING OF QUARTER | \$ | _____ |
| 2. | CASH RECEIPTS DURING QUARTER FROM ALL SOURCES | | _____ |
| 3. | CASH DISBURSEMENTS DURING QUARTER, INCLUDING PLAN PAYMENTS (| | _____) |
| 4. | CASH BALANCE, END OF QUARTER (OR AS OF REPORT DATE FOR FINAL REPORT | \$ | ===== |

SUMMARY OF AMOUNTS DISBURSED UNDER PLAN:

		Paid During Quarter	Total Paid to Date	Total Pyts. Projected Under Plan
1.	ADMINISTRATIVE EXPENSES			
	Plan Trustee Compensation	\$ _____	\$ _____	_____
	Plan Trustee Expense	_____	_____	_____
	Attorney Fees - Trustee	_____	_____	_____
	Attorney Fees - Debtor	_____	_____	_____
	Other Professionals	_____	_____	_____
	Other Administrative Expenses	_____	_____	_____
	TOTAL ADMINISTRATIVE EXPENSES	\$ _____	\$ _____	_____
2.	SECURED CREDITORS	\$ _____	_____	_____
3.	PRIORITY CREDITORS	\$ _____	_____	_____
4.	UNSECURED CREDITORS	\$ _____	_____	_____
5.	EQUITY SECURITY HOLDERS	\$ _____	_____	_____
6.	Attach additional sheets as necessary	\$ _____	_____	_____
	TOTAL PLAN PAYMENTS	\$ _____	\$ _____	=====
		<u>Amount</u>	<u>Date</u>	<u>Check No.</u>

QUARTERLY FEE PAID: \$ _____

PLAN STATUS:

Yes No

- | | | | |
|----|--|--------------------------|--------------------------|
| 1. | Have all payments been made as set forth in the confirmed plan? (If no, attach explanation.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Are all post-confirmation obligations current? (If no, attach explanation.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Projected date of application for final decree: _____ | | |

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING POST CONFIRMATION QUARTERLY REPORT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Attach additional sheets as necessary

Reorganized Debtor
By: _____

Title

Email & Phone: _____ Form 3

Rev. 12/10/2009