

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF TENNESSEE

IN RE:)	
)	
)	Case No.
)	
(Case Name))	Chapter 11
)	
)	
Debtor(s).)	

MONTHLY OPERATING REPORT

FOR THE PERIOD ENDING _____

COMES NOW, _____, Debtor-In-Possession, and hereby submits its Monthly Operating Report for the period commencing _____ and ending _____, as shown by the report and exhibits consisting of _____ pages and containing the following, as indicated:

- ____ Monthly Reporting Questionnaire (Attachments 1, 2 and 3)
- ____ Comparative Balance Sheets (Forms OPR-1 & OPR-2)
- ____ Summary of Accounts Receivable (Form OPR-3)
- ____ Schedule of Postpetition Liabilities (Form OPR-4)
- ____ Statement of Income (Loss) (Form OPR-5)
- ____ Statement of Sources and Uses of Cash (Form OPR-6)
- ____ Certificate of Service

I declare under penalty of perjury that this report and all attachments are true and

correct to the best of my knowledge and belief. I also hereby certify that the original Monthly Operating Report was filed with the Bankruptcy Court Clerk and a copy delivered to the U. S. Trustee and such other parties as listed on the attached Certificate of Service.

Date: _____

DEBTOR-IN-POSSESSION

By: _____
(Signature)

Name & Title: _____
President

Address: _____

Telephone No. _____

NOTE: These report forms are available on the Region 8 website at:
<http://www.justice.gov/ust/r08/chattanooga/chapter11.htm>

For more information contact:

Becky Halsey
Bankruptcy Analyst
Office of U. S. Trustee
800 Market Street, Suite 114
Knoxville, TN 37902
(865) 545-4015
becky.h.halsey@usdoj.gov

CHAPTER 11
MONTHLY REPORTING QUESTIONNAIRE

CASE NAME: _____

MONTH ENDED: _____

CASE NUMBER: _____

1. Payroll: State the amount of all executive wages paid and taxes withheld and paid during the reporting period.

Name and Title of Executive	Wages and Other Amounts Paid		Taxes	
	Amount Due	Amount Paid	Amount Due	Amount Paid
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Totals	_____	_____	_____	_____

2. Insurance: List all insurance coverage in effect in the schedule below. If any policy has lapsed, been replaced or renewed, attach a copy of the new policy's binder or cover page indicating the amount of coverage and the expiration date.

Type	Carrier's Name	Coverage Amount	Expiration Date	Premium Amounts	Date Coverage Paid Through
Property	_____	_____	_____	_____	_____
Workers' comp.	_____	_____	_____	_____	_____
General liab.	_____	_____	_____	_____	_____
Vehicle	_____	_____	_____	_____	_____
Other (specify):	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

CHAPTER 11
MONTHLY REPORTING QUESTIONNAIRE

CASE NAME: _____

CASE NUMBER: _____

MONTH ENDED (OR PERIOD IF NOT CALENDAR MONTH): _____

3. Bank Accounts [1]

	Operating Acct	Payroll Acct	Other Acct	Other Acct	Other Acct	Petty Cash	Total
Name of Bank	_____	_____	_____	_____	_____	_____	_____
Account # [last 4 digits]	_____	_____	_____	_____	_____	_____	N/A
Beginning <u>book</u> balance	_____	_____	_____	_____	_____	_____	< MUST AGREE WITH OPR-1
Add: Deposits	_____	_____	_____	_____	_____	_____	
Voided checks	_____	_____	_____	_____	_____	_____	
Transfers in [2]	_____	_____	_____	_____	_____	_____	
Less: Disbursements [3]	_____	_____	_____	_____	_____	_____	
Transfers out [2]	_____	_____	_____	_____	_____	_____	
Ending <u>book</u> balance	_____	_____	_____	_____	_____	_____	< MUST AGREE WITH OPR-1

[1] ATTACH COPIES OF ALL BANK STATEMENTS.

[2] USE TRANSFER LINE ONLY FOR TRANSFERS BETWEEN DEBTORS BANK ACCOUNTS. TRANSFERS IN SHOULD EQUAL TRANSFERS OUT IN TOTAL COLUMN.

[3] FOR EACH ACCOUNT ATTACH COPY OF CASH DISBURSEMENTS JOURNAL OR OTHER RECORD SHOWING DATE, PAYEE, PURPOSE AND AMOUNT FOR ALL CASH OR CHECK DISBURSEMENTS. LIST OF DISBURSEMENTS MUST SHOW TOTAL THAT AGREES TO EACH DISBURSEMENT AMOUNT ABOVE.

4. Special Payments: List and explain any payments to professionals (attorneys, accountants, etc.) and payments on prepetition debts in the schedule below (attach separate sheet if necessary).

Professional/prepetition creditor	Amount	Date	Authority
_____	_____	_____	(Court order dated _____, e.g.)

CASE NAME:

CASE NUMBER:

Has any property of the debtor been sold or otherwise transferred other than in the ordinary course of the debtor's business?

YES _____

NO _____

If so, give a description of the property, to whom it was transferred, the date of the transfer, costs and expenses associated with the transfer (including all seller closing costs and loan payoff amounts) and the net amount received. If available, attach a copy of the settlement statement associated with the closing.

CASE NAME:

COMPARATIVE BALANCE SHEETS

FORM OPR-1

CASE NUMBER:

MONTH ENDED:

	FILING DATE	MONTH	MONTH	MONTH	MONTH	MONTH	MONTH
ASSETS							
CURRENT ASSETS							
Cash (Attachment 2)							
Accounts receivable, net (OPR-3)							
Inventory, at lower of cost or market							
Prepaid expenses and deposits							
Other:							
TOTAL CURRENT ASSETS							
PROPERTY, PLANT AND EQUIPMENT, AT COS							
Less accumulated depreciation							
NET PROPERTY, PLANT AND EQUIPMENT							
OTHER ASSETS (Itemize)							
TOTAL ASSETS							

CASE NAME:

COMPARATIVE BALANCE SHEETS

Rev. 6/2010
FORM OPR-2

CASE NUMBER:

MONTH ENDED: _____

	FILING DATE	MONTH	MONTH	MONTH	MONTH	MONTH	MONTH
LIABILITIES							
POST PETITION LIABILITIES (OPR-4)							
PRE PETITION LIABILITIES							
Secured debt (petition schedule D)							
Priority debt (petition schedule E)							
Unsecured debt (petition schedule F)							
Other:							
TOTAL PRE PETITION LIABILITIES							
TOTAL LIABILITIES							
SHAREHOLDERS' EQUITY (DEFICIT)							
PREFERRED STOCK							
COMMON STOCK							
PAID-IN CAPITAL							
RETAINED EARNINGS							
As of filing date (same amount in all blanks)							
Post filing date (changes each month)							
TOTAL SHAREHOLDERS' EQUITY							
TOTAL LIABILITIES AND							
SHAREHOLDERS' EQUITY							

SUMMARY OF ACCOUNTS RECEIVABLE

FORM OPR-3

CASE NAME:

CASE NUMBER:

MONTH ENDED: _____

DATE OF FILING:	TOTAL ACCOUNTS RECEIVABLE	0-30	31-60	61-90	OVER
		DAYS	DAYS	DAYS	90 DAYS
Allowance for doubtful accounts	(_____)	(_____)	(_____)	(_____)	(_____)
MONTH:	_____	_____	_____	_____	_____
Allowance for doubtful accounts	(_____)	(_____)	(_____)	(_____)	(_____)
MONTH:	_____	_____	_____	_____	_____
Allowance for doubtful accounts	(_____)	(_____)	(_____)	(_____)	(_____)
MONTH:	_____	_____	_____	_____	_____
Allowance for doubtful accounts	(_____)	(_____)	(_____)	(_____)	(_____)
MONTH:	_____	_____	_____	_____	_____
Allowance for doubtful accounts	(_____)	(_____)	(_____)	(_____)	(_____)
MONTH:	_____	_____	_____	_____	_____

NOTE: Total accounts receivable less allowance for doubtful accounts must agree with Accounts Receivable on OPR-1.

CASE NAME: _____

SCHEDULE OF POST PETITION LIABILITIES

FORM OPR-4

CASE NUMBER: _____

MONTH ENDED: _____

PURPOSE	DATE INCURRED	DATE DUE	TOTAL	0-30	31-60	61-90	OVER
			AMOUNT DUE	DAYS	DAYS	DAYS	90 DAYS

Taxes Payable:

Payroll tax

[Total paid during current period _____; attach copies of deposit receipts]

Sales tax

Property tax

Postpetition Loans to Debtor (requires Court order):

Secured loans

Unsecured loans

Accrued interest on above loans

Trade Accounts Payable & Other:

(Itemize):

See attached list

TOTALS

* Attach separate page if necessary.

NOTE: Total postpetition liabilities must agree with same item on OPR-2.

STATEMENT OF INCOME (LOSS)

CASE NAME: _____

CASE NUMBER: _____

MONTH ENDED: _____

	MONTH	MONTH	MONTH	MONTH	MONTH	MONTH	Filing To Date
GROSS REVENUE (INCOME)	_____	_____	_____	_____	_____	_____	_____
COST OF GOODS SOLD	_____	_____	_____	_____	_____	_____	_____
Materials	_____	_____	_____	_____	_____	_____	_____
Labor - Direct	_____	_____	_____	_____	_____	_____	_____
Manufacturing Overhead	_____	_____	_____	_____	_____	_____	_____
TOTAL COST OF GOODS SOLD	_____	_____	_____	_____	_____	_____	_____
GROSS PROFIT	_____	_____	_____	_____	_____	_____	_____
OPERATING EXPENSES	_____	_____	_____	_____	_____	_____	_____
Selling and Marketing	_____	_____	_____	_____	_____	_____	_____
General and Administrative	_____	_____	_____	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____	_____	_____	_____
TOTAL OPERATING EXPENSES	_____	_____	_____	_____	_____	_____	_____
INCOME BEFORE INTEREST, DEPRECIATION, TAXES OR EXTRAORDINARY EXPENSES	_____	_____	_____	_____	_____	_____	_____
INTEREST EXPENSE	_____	_____	_____	_____	_____	_____	_____
DEPRECIATION	_____	_____	_____	_____	_____	_____	_____
INCOME TAX EXPENSE (BENEFIT)	_____	_____	_____	_____	_____	_____	_____
EXTRAORDINARY INCOME (EXPENSE) *	_____	_____	_____	_____	_____	_____	_____
NET INCOME (LOSS) **	_____	_____	_____	_____	_____	_____	_____

* Requires Footnote

** Differences between net income "filing to date" and retained earnings "post filing date" on OPR-2 should be explained.

CERTIFICATE OF SERVICE
[to be completed by attorney for debtor]

Copies of the foregoing Monthly Operating Report have been sent by operation of the Court's electronic filing system to all parties indicated on the electronic filing receipt. All other interested parties and creditors listed below and/or on the attached mailing matrix will be served by regular U. S. mail.

Done this _____ day of _____, 20____.

(Signature)

(Printed name)

(Street address)

(City, state, zip)

(Telephone)

The Monthly Operating Reports are required to be filed electronically with the Clerk of the Court in which your petition was filed. Copies should be served on the members of the Unsecured Creditors Committee, if applicable, and the following:

Internal Revenue Service
PO Box 21126
Philadelphia, PA 19114

Greeneville Cases:
United States Attorney
James H. Quillen U.S. Courthouse
220 W. Depot Street, Ste. 423
Greeneville, Tennessee 37743

Knoxville Cases:
United States Attorney
Howard H. Baker Jr. U.S. Courthouse
800 Market Street, Suite 211
Knoxville, Tennessee 37902