

**UNITED STATES TRUSTEE
REGION IV**

**CHAPTER 11
MONTHLY OPERATING REPORT**

INSTRUCTIONS

This instruction page is for information only and should not be filed.

Every Chapter 11 debtor-in-possession or trustee must file a Monthly Operating Report. This report must be filed with the Court in accordance with the local rules and served on the United States Trustee. Failure to timely file and serve copies of the Monthly Operating Report is basis for conversion or dismissal of this case.

The monthly Operating Report is designed to give interested parties information about the debtor's business operations in order for them to monitor the likelihood of successful reorganization. The debtor should make copies of the attached forms in blank as additional forms cannot be provided by the United States Trustee. The following documents are part of the Monthly Operating Report.

- A. Monthly Operating Report Cover Sheet, Checklist and Certificate of Service.
- B. Monthly Report Questionnaire (Attachment 1) All information requested must be provided.
- C. Comparative Balance Sheets (Form OPR-1 & Form OPR-2) All assets and liabilities must be reported on a cumulative basis from the date of the order for relief. Pre-petition and post-petition obligations must be shown separately.
- D. Summary of Accounts Receivable (Form OPR-3)
- E. Schedule of Post-petition Liabilities (Form OPR-4)
- F. Statement of Income (Loss) (Form OPR-5)
- G. Statement of Sources and Uses of Cash (Form OPR-6)

UNITED STATES BANKRUPTCY COURT

DISTRICT OF _____

_____ DIVISION

IN RE:

CASE NO. _____

DEBTOR(S)

CHAPTER 11

MONTHLY OPERATING REPORT FOR MONTH ENDING _____, 20__

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 (Attachment 1)
- _____ Comparative Balance Sheets (Forms OPR-1 & OPR-2)
- _____ Summary of Accounts Receivable (Form OPR-3)
- _____ Schedule of Post-Petition Liabilities (Form OPR-4)
- _____ Statement of Income (Loss) (Form OPR-5)
- _____ Statement of Sources and Uses of Cash (Form OPR-6)

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 Clerk and a copy delivered to the U.S. Trustee.

Date: _____

DEBTOR

By: _____
(Signature)

Name & Title: _____
(Print or Type)

Address: _____

Telephone Number: _____

CHAPTER 11
MONTHLY OPERATING REPORT
MONTHLY REPORTING QUESTIONNAIRE

CASE NAME: _____

CASE NUMBER: _____

MONTH OF: _____

1. **Payroll** State the amount of all executive wages paid and payroll taxes withheld and paid.

| Name and Title of Executive | Wages Paid | | Taxes | |
|--------------------------------|------------|-------|-------|-------|
| | Gross | Net | Due | Paid |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| Total Executive Payroll | _____ | _____ | _____ | _____ |

2. **Insurance** Is workers' compensation and other insurance in effect? Are payments current?
Are payments current?

If any policy has lapsed, been replaced or renewed, state so in the schedule below. Attach a copy of the new policy's binder or cover page.

| Type | Name of Carrier | Coverage Amount | Expiration Date | Date Coverage Paid Thru |
|-----------------|-----------------------|--------------------|--------------------|-------------------------------|
| Casualty | _____ | _____ | _____ | _____ |
| Workers' comp. | _____ | _____ | _____ | _____ |
| General liab. | _____ | _____ | _____ | _____ |
| Automobile | _____ | _____ | _____ | _____ |
| Other (specify) | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

CHAPTER 11
MONTHLY OPERATING REPORT
MONTHLY REPORTING QUESTIONNAIRE

CASE NAME: _____

CASE NUMBER: _____

MONTH OF: _____

| 3. <u>Bank Accounts</u> | <u>Account Type</u> | | | |
|-------------------------|---------------------|------------|--------------|--------------|
| | <u>Operating</u> | <u>Tax</u> | <u>Other</u> | <u>Total</u> |
| Bank Name | _____ | _____ | _____ | _____ |
| Account # | _____ | _____ | _____ | _____ |
| Beginning book balance | _____ | _____ | _____ | _____ |
| Plus: Deposits | _____ | _____ | _____ | _____ |
| Less: Disbursements | _____ | _____ | _____ | _____ |
| Transfers | _____ | _____ | _____ | _____ |
| Other: | _____ | _____ | _____ | _____ |
| Ending book balance | _____ | _____ | _____ | _____ |

4. Postpetition Payments List any postpetition payments to professionals and payments on prepetition debts in the schedule below (attach separate sheet if necessary).

| <u>Payments To</u> | <u>Amount</u> | <u>Date</u> | <u>Check #</u> |
|--|---------------|-------------|----------------|
| Professionals (attorneys, accountants, etc.): | | | |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| Prepetition creditors: | | | |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Case Name _____

Case Number _____

These Reports are for the Month ended _____

The filing date for this case is _____

CASE NAME: _____

COMPARATIVE BALANCE SHEETS

FORM OPR-1
REV 2/90

CASE NUMBER: _____

MONTH ENDED: _____

| | FILING DATE | MONTH | MONTH | MONTH | MONTH | MONTH | MONTH |
|--|----------------|-------|-------|-------|-------|-------|-------|
| ASSETS | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| CURRENT ASSETS | | | | | | | |
| Cash | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Other negotiable instruments (i.e. CD's T-Bills) | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Accounts receivable (See OPR-3) | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Less allowance for doubtful accounts | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Inventory, at lower of cost or market | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Prepaid expenses and deposits | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Investments | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Other: _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| TOTAL CURRENT ASSETS | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| PROPERTY, PLANT AND EQUIPMENT, AT COS* | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Less accumulated depreciation | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| NET PROPERTY, PLANT AND EQUIPMENT | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| OTHER ASSETS | | | | | | | |
| _____* | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____* | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| TOTAL ASSETS | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

* Itemize if value of "Other Assets" exceeds 10% of "Total Assets".

CASE NAME: _____

SUMMARY OF ACCOUNTS RECEIVABLE

FORM OPR-3
REV 2/90

CASE NUMBER: _____

MONTH ENDED: _____

| | TOTAL | 0 - 30 DAYS | 31 - 60 DAYS | 61 - 90 DAYS | OVER 90 DAYS |
|--|-----------|----------------|-----------------|-----------------|-----------------|
| DATE OF FILING: <u>January 0, 1900</u> | _____ | _____ | _____ | _____ | _____ |
| 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: _____ | _____ | _____ | _____ | _____ | _____ |
| Allowance for doubtful accounts | (_____) | (_____) | (_____) | (_____) | (_____) |

NOTE: Total accounts receivable and total allowance for doubtful accounts shown here must agree with the same items as shown on Form OPR-1.

CASE NAME: _____

SCHEDULE OF POST PETITION LIABILITIES

FORM OPR-4

CASE NUMBER: _____

MONTH ENDED: _____

REV 2/90

| | DATE INCURRED | DATE DUE | TOTAL DUE | 0 - 30 DAYS | 31 - 60 DAYS | 61 - 90 DAYS | OVER 90 DAYS |
|--|------------------|-------------|--------------|----------------|-----------------|-----------------|-----------------|
| TAXES PAYABLE | | | | | | | |
| Federal Income Tax | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| FICA - Employer's Share | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| FICA - Employee's Share | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Unemployment Tax | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Sales Tax | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Property Tax | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| TOTAL TAXES PAYABLE | | | _____ | _____ | _____ | _____ | _____ |
| POSTPETITION SECURED DEBT | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| POSTPETITION UNSECURED DEBT | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| ACCRUED INTEREST PAYABLE | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| TRADE ACCOUNTS PAYABLE & OTHER: (list separately) | | | | | | | |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| TOTALS | | | _____ | _____ | _____ | _____ | _____ |

Attach separate page if necessary.

Note: Total postpetition liabilities shown here must agree with the same item as shown on Form OPR-2.

CASE NAME: _____

STATEMENT OF INCOME (LOSS)

FORM OPR-5

REV 2/90

CASE NUMBER: _____

MONTH ENDED: _____

| | MONTH | MONTH | MONTH | MONTH | MONTH | MONTH | FILING |
|---|-----------|-----------|-----------|-----------|-----------|-----------|---------|
| | 00-Jan-00 | 00-Jan-00 | 00-Jan-00 | 00-Jan-00 | 00-Jan-00 | 00-Jan-00 | TO DATE |
| NET 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 Exp: _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| TOTAL OPERATING EXPENSES | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| INCOME BEFORE INTEREST, DEPRECIATION TAXES OR EXTRAORDINARY EXPENSES | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| INTEREST EXPENSE | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| DEPRECIATION | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| GAIN (LOSS) ON DISPOSAL OF ASSETS | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| INCOME TAX EXPENSE (BENEFIT) | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| EXTRAORDINARY INCOME (EXPENSE) * | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| NET INCOME (LOSS) | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

* Requires Footnote

