

**UNITED STATES TRUSTEE
REGION 8**

**CHAPTER 11
MONTHLY OPERATING REPORT
(for Individuals and Non-Operating Entities)**

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 each month. 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 a basis for conversion or dismissal of this case.

The Monthly Operating Report is designed to give interested parties information about the debtor's financial activity in order for them to monitor the likelihood of successful reorganization. These forms are available on the website for the Nashville Office of the United States Trustee at www.usdoj.gov/ust/r08/kentucky/lexington_staff.htm in PDF, Microsoft Word and Word Perfect formats.

The following documents are part of the Monthly Operating Report:

- A. **Monthly Operating Report Cover Sheet, Checklist and Certificate of Service.**
- B. **Status of Insurance and Postpetition Payments** (Attachment 1).
All information requested must be provided.
- C. **Reconciliation of Cash and Detailed Listing of Receipts**
(Attachment 2).
- D. **Detailed Listing of Disbursements** (Attachment 3).
- E. **Schedule of Accounts Receivable** (Attachment 4).
- F. **Summary of Post Petition Liabilities** (Attachment 5).

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF KENTUCKY

In re: _____) Case No.: _____
_____)
_____) Judge: _____
_____)
Debtor(s)) Chapter 11

MONTHLY OPERATING REPORT FOR MONTH ENDING _____, _____.

_____, Debtor-In-Possession, 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:

- _____ Status of Insurance and Postpetition Payments (Attachment 1)
- _____ Reconciliation of Cash and Detailed Listing of Receipts (Attachment 2)
- _____ Detailed Listing of Disbursements (Attachment 3)
- _____ Schedule of Postpetition Liabilities (Attachment 4)
- _____ Summary of Accounts Receivable (Attachment 5)

I declare under penalty of perjury that this report and all attachments are true and correct to the best of my knowledge and belief.

Date: _____

DEBTOR(S) - IN-POSSESSION

By: _____ /S/ _____
(name of signer)

_____ /S/ _____
(name of signer)

Title: _____

Address: _____

Telephone Number: _____

Fax Number: _____

Email Address: _____

CHAPTER 11
 MONTHLY OPERATING REPORT
 STATUS OF INSURANCE AND PAYMENTS TO PROFESSIONALS

CASE NAME: _____

CASE NUMBER: _____

MONTH OF: _____

1. Insurance: Is coverage in effect for all tangible assets? ___ 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.

<u>Type</u>	<u>Name of Carrier</u>	<u>Coverage Amount</u>	<u>Policy #</u>	<u>Expiration Date</u>	<u>Premium Amounts</u>	<u>Date Pd. Thru</u>
Homeowners	_____					
Rental property	_____					
Liability	_____					
Vehicle	_____					
Other (specify):	_____					

2. 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/On</u>	<u>Amount</u>	<u>Date</u>	<u>Check #</u>	<u>Order Date</u>
Professionals (attorneys, accountants, etc.):				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Prepetition debts:				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CHAPTER 11
MONTHLY OPERATING REPORT
RECONCILIATION OF CASH AND DETAILED LISTING OF RECEIPTS

CASE NAME: _____

CASE NUMBER: _____

MONTH OF: _____

BANK NAME: _____ ACCOUNT #: _____

Beginning cash balance (as of filing date for first report, or ending balance from previous report) _____

Add: All receipts for month (must agree to total of listing provided below) _____

Deduct: All disbursements for month (must agree to total shown on Attachment 3) _____

Ending cash balance _____

Detail of Receipts:

Date	Received From	Explanation	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Receipts _____

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MONTHLY OPERATING REPORT
DETAILED LISTING OF DISBURSEMENTS

CASE NAME: _____

CASE NUMBER: _____

MONTH OF: _____

Detail of Disbursements:

Date	Check #	Paid To/In Payment Of	Amount

SCHEDULE OF POST PETITION LIABILITIES

CASE NAME: _____

ATTACHMENT 5

REV 10/2004

CASE NUMBER: _____

MONTH ENDED: _____

	DATE INCURRED	DATE DUE	TOTAL DUE	0-30 DAYS	31-60 DAYS	61-90 DAYS	OVER 90 DAYS
TAXES PAYABLE							
Federal Income Tax	_____	_____	_____	_____	_____	_____	_____
FICA	_____	_____	_____	_____	_____	_____	_____
Unemployment Tax	_____	_____	_____	_____	_____	_____	_____
Sales Tax	_____	_____	_____	_____	_____	_____	_____
Personal 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.