

**UNITED STATES BANKRUPTCY COURT
FOR THE WESTERN DISTRICT OF TENNESSEE
DIVISION**

CASE NAME: _____

CASE NO: _____

Monthly Operating Report for the Month Ending (month/day/year) _____

For the period beginning (month,day) _____ and ending (month,day) _____

NAICS Industry Classification Code: _____

THIS REPORT IS TO BE FILED 15 DAYS AFTER THE END OF THE MONTH -- The Debtor must attach each of the following reports/documents unless the U.S. Trustee has waived the requirement in writing.

| Report Attached | Previously Waived | REQUIRED REPORTS/DOCUMENTS |
|--|--------------------------|--|
| Mark One Box for Each Required Document: | | |
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Bank Account Balance Statement (Form 2-AB) |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Comparative Balance Sheet - Assets (Form 2-BA) |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Comparative Balance Sheet - Liabilities (Form 2-BL) |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Supporting Schedule I (Post-Petition Payables)(Form 2-BP) |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Supporting Schedules II (A/R, Payments to Prof. and Principals)(Form 2-BR) |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Profit and Loss / Income Statement (Forms 2-E1 and 2-E2) |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Cash Flow Statement (Form 2-F) |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Cash Flow Summary (Form 2-FS) |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Detailed Listing of Receipts Statement (Form 2-G) |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Detailed Listing of Disbursements Statement (Form 2-H) |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Supporting Schedules III (Property Transfers, Insurance Coverage & Quarterly Fee Summary)(Form 2-I) |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Narrative Questionnaire Statement (Form 2-J) |

Documents Provided by Mail or E-Mail

13. Bank Statements for All Bank Accounts
(to be provided by mail to USTP when required)

14. Bank Statement Reconciliations for all Bank Accounts
(to be provided by mail to USTP when required)

I declare under penalty of perjury that the following Monthly Operating Report, and any attachments hereto are true, accurate and correct to the best of my knowledge and belief. I further certify that the Monthly Operating Report has been filed with the Court.

DEBTOR IN POSSESSION

Executed on: _____
Date

By: _____ (Signature)

Its: _____ (Title)

Phone # : _____

Printed Name: _____

Form 2-A

Address: _____

CASE NAME: _____

CASE NO: _____

Form 2-BA
COMPARATIVE BALANCE SHEET STATEMENT
For Period Ending: _____

| | Current Month | Petition Date (1) |
|---|------------------|----------------------|
| ASSETS | | |
| 1. Current Assets: | | |
| Cash (from Form 2-AB, Grand Total All Accounts) | \$ _____ | \$ _____ |
| Total Accounts Receivable (from Form 2-BR) | _____ | _____ |
| Less allowance for doubtful accounts (from Form 2-BR) | (_____) | (_____) |
| Receivable from Officers, Employees, Affiliates | _____ | _____ |
| Inventory | _____ | _____ |
| Other Current Assets :(List) _____ | _____ | _____ |
| _____ | _____ | _____ |
| Negotiable Instruments _____ | _____ | _____ |
| 2. Current Assets Sub-Total | \$ _____ | \$ _____ |
| 3. Fixed Assets: | | |
| Land | \$ _____ | \$ _____ |
| Building | _____ | _____ |
| Equipment, Furniture and Fixtures | _____ | _____ |
| Vehicles | _____ | _____ |
| 4. Fixed Assets Sub-Total | _____ | _____ |
| Less: Accumulated Depreciation | (_____) | (_____) |
| 5. Net Fixed Assets | \$ _____ | \$ _____ |
| 6. Current Assets Sub-Total (from above 2. Current Assets Sub-Total) | _____ | _____ |
| 7. Other Assets (List): _____ | _____ | _____ |
| _____ | _____ | _____ |
| 8. TOTAL ASSETS | \$ _____ | \$ _____ |

(1) Petition date values are taken from the Debtor's balance sheet as of the petition date or are the values listed on the Debtor's schedules.

CASE NAME: _____

CASE NO: _____

**Form 2-BL
COMPARATIVE BALANCE SHEET STATEMENT
For Period Ending: _____**

| | Current | Petition |
|--|-----------------|-----------------|
| LIABILITIES | | |
| Post Petition Liabilities | | |
| Post-petition Accounts Payable (from Form 2-BP) | \$ _____ | \$ _____ |
| Post-petition Accrued Professional Fees (from Form 2-BR) | _____ | _____ |
| Post-petition Taxes Payable | _____ | _____ |
| Post-petition Notes Payable | _____ | _____ |
| Other Post-petition Payable(List): _____ _____ | _____ | _____ |
| Post Petition Liabilities Sub-Total | \$ _____ | \$ _____ |
| Pre Petition Liabilities: | | |
| Secured Debt (Schedule D, including amendments) | _____ | _____ |
| Priority Debt (Schedule E, including amendments) | _____ | _____ |
| Unsecured Debt (Schedule F, including amendments) | _____ | _____ |
| Pre Petition Liabilities Sub-Total | \$ _____ | \$ _____ |
| TOTAL LIABILITIES (Sum of Pre Petition and Post Petition Liabilities) | \$ _____ | \$ _____ |
| SHAREHOLDERS/OWNERS' EQUITY | | |
| Owner's/Stockholder's Equity (Preferred Stock) | \$ _____ | \$ _____ |
| Owner's/Stockholder's Equity Common Stock) | _____ | _____ |
| Paid In Capital | _____ | _____ |
| Retained Earnings - Prepetition | _____ | _____ |
| Retained Earnings - Post-petition | _____ | _____ |
| TOTAL OWNERS' EQUITY | \$ _____ | \$ _____ |
| TOTAL LIABILITIES AND OWNERS' EQUITY | \$ _____ | \$ _____ |

(1) Petition date values are taken from the Debtor's balance sheet as of the petition date or are the values listed on the Debtor's schedules.

DEBTOR: _____

CASE NO: _____

Form 2-BP
SUPPORTING SCHEDULES II
POST PETITION LIABILITIES AND PAYABLES STATEMENTS
For Period Ending: _____

| Type | Beginning Balance (1) | Amount Accrued | Date Due | 0-30 Days | 31-60 Days | Ending Balance |
|--------------------------------------|-----------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| Income Tax Withheld: | | | | | | |
| Federal | _____ | _____ | _____ | _____ | _____ | _____ |
| State | _____ | _____ | _____ | _____ | _____ | _____ |
| FICA Tax Withheld | | | | | | |
| Employee's FICA Tax | _____ | _____ | _____ | _____ | _____ | _____ |
| Employer's FICA Tax | _____ | _____ | _____ | _____ | _____ | _____ |
| Unemployment Tax | | | | | | |
| Federal | _____ | _____ | _____ | _____ | _____ | _____ |
| State | _____ | _____ | _____ | _____ | _____ | _____ |
| Sales, Use & Excise Taxes | | | | | | |
| Property Taxes | | | | | | |
| Real Estate | _____ | _____ | _____ | _____ | _____ | _____ |
| Personal Property | _____ | _____ | _____ | _____ | _____ | _____ |
| Accrued Income Tax: | | | | | | |
| Federal | _____ | _____ | _____ | _____ | _____ | _____ |
| State | _____ | _____ | _____ | _____ | _____ | _____ |
| Other: _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| TOTAL TAXES \$ | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> |

POST-PETITION DEBTS

| | | | | | | |
|--------------------------|-------|-------|-------|-------|-------|-------|
| Secured | _____ | _____ | _____ | _____ | _____ | _____ |
| Priority | _____ | _____ | _____ | _____ | _____ | _____ |
| Unsecured | _____ | _____ | _____ | _____ | _____ | _____ |
| Accrued Interest Payable | _____ | _____ | _____ | _____ | _____ | _____ |

TRADE ACCOUNTS & OTHER PAYABLES

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

DEBTOR: _____

CASE NO: _____

Form 2-BR
SUPPORTING SCHEDULES II
For Period Ending: _____

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 (to Form 2-BA) | \$ _____ | |
| Less: (Allowance for Doubtful Accounts) (to Form 2-BA) | (_____) | |
| Net Accounts Receivable | _____ | |

* 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. Including salaries, commissions, bonuses, etc.

DEBTOR: _____

CASE NO: _____

Form 2-E1
PROFIT AND LOSS STATEMENT
For Period Ending: _____

| | <u>Current Month</u> | <u>Accumulated Total (1)</u> |
|---|--------------------------|----------------------------------|
| I. GROSS OPERATING REVENUES | | |
| INCOME (LIST ALL SOURCES) | | |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| TOTAL GROSS INCOME | _____ | _____ |
| Less: Discounts, Returns, and Allowances | (_____) | (_____) |
| Net Operating Revenue | _____ | _____ |
| II. COST OF GOODS SOLD | (_____) | (_____) |
| III. GROSS PROFIT | _____ | _____ |
| (Net Operating Revenue LESS Cost of Goods Sold) | | |
| IV. GENERAL EXPENSES | | |
| Operating Expenses | | |
| Compensation and Payroll | | |
| Officer/Management Compensation | _____ | _____ |
| Payroll - Other Employees | _____ | _____ |
| Taxes | | |
| Taxes - Payroll | _____ | _____ |
| Taxes - Real Property | _____ | _____ |
| Taxes - Personal Property (Ad Valorem) | _____ | _____ |
| Taxes - Sales | _____ | _____ |
| Taxes - Other _____ | _____ | _____ |

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

DEBTOR: _____

CASE NO: _____

Form 2-E2
PROFIT AND LOSS STATEMENT (Cont'd)
For Period Ending: _____

| IV. GENERAL EXPENSES | <u>Current Month</u> | <u>Accumulated Total (1)</u> |
|--------------------------------------|--------------------------|----------------------------------|
| General | | |
| License Fees | _____ | _____ |
| Insurance | _____ | _____ |
| Depreciation / Amortization | _____ | _____ |
| Rents and Leases (Real Estate) | _____ | _____ |
| Rents and Leases (Personal Property) | _____ | _____ |
| Maintenance and Repairs | _____ | _____ |
| Supplies | _____ | _____ |
| Telephone | _____ | _____ |
| Utilities | _____ | _____ |
| Travel and Entertainment Expenses | _____ | _____ |
| Vehicle Expenses | _____ | _____ |
| Legal | _____ | _____ |
| Other | | |
| Other: _____ | _____ | _____ |
| V. TOTAL EXPENSES | _____ | _____ |
| VI. NET INCOME OR (LOSS) | _____ | _____ |
| (Gross Profit LESS Total Expenses) | | |

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

CASE NAME: _____

CASE NO: _____

Form 2-F
CASH FLOW STATEMENT
For Period Ending: _____

1. CASH FLOWS FROM OPERATING ACTIVITIES:

Accumulated

Income (Loss) From Operations

Adjustments to reconcile net income (loss) from
operations to net cash provided by (used in) operating activities

NET CASH PROVIDED BY (USED IN) OPERATING BUSINESS

=====

2. CASH FLOWS FROM INVESTING ACTIVITIES

NET CASH PROVIDED BY (USED IN) INVESTING ACTIVITIES

=====

3. CASH FLOWS FROM FINANCING ACTIVITIES

NET CASH PROVIDED BY (USED IN) FINANCING ACTIVITIES

=====

NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS

CASH AND CASH EQUIVALENTS, BEGINNING OF PERIOD

CASH AND CASH EQUIVALENTS, END OF PERIOD

CASE NAME: _____

CASE NO: _____

**Form 2-FS
CASH FLOW SUMMARY**

For Period Ending: _____

CASH FLOW SUMMARY

| | <u>Current Month</u> | <u>Accumulated</u> |
|---|--------------------------|---------------------|
| 1. Beginning Cash Balance (From Form 2-B-AB (Grand Total Beginning Balance)) | \$ _____ (2) | \$ _____ (1) |
| 2. Receipts | | |
| Operations | _____ | _____ |
| Sale of Assets | _____ | _____ |
| Other | _____ | _____ |
| Total Cash Receipts | \$ _____ | \$ _____ |
| 3. 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 (must equal Cash on Form 2-BA) (must equal Grand Total All Accounts Ending Balance, Form 2-AB) | \$ <u>_____</u> (2) | \$ <u>_____</u> (2) |

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

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

DEBTOR: _____

CASE NO: _____

Form 2-I
SUPPORTING SCHEDULES III
PROPERTY TRANSFER, INSURANCE COVERAGE & QUARTERLY FEES STATEMENT
For the Period Ending: _____

TRANSFER OF PROPERTY POST-PETITION

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

____ NO
____ YES, If yes, Complete the Following (Add Additional Sheets if Necessary)

| DESCRIPTION OF PROPERTY | To Whom Transferred | Transfer Date | Gross Value | Net Monies Received |
|-------------------------|---------------------|---------------|-------------|---------------------|
| ----- | ----- | ----- | ----- | ----- |
| ----- | ----- | ----- | ----- | ----- |
| ----- | ----- | ----- | ----- | ----- |
| ----- | ----- | ----- | ----- | ----- |
| ----- | ----- | ----- | ----- | ----- |

INSURANCE SCHEDULE

| | Carrier | Policy # | Expiration Date | Amount of Coverage | Premium Amounts | Date Coverage Paid Through |
|------------------------|---------|----------|-----------------|--------------------|-----------------|----------------------------|
| Workers' Comp | _____ | _____ | _____ | \$ _____ | \$ _____ | _____ |
| General Liability | _____ | _____ | _____ | \$ _____ | \$ _____ | _____ |
| Property (Fire, Theft) | _____ | _____ | _____ | \$ _____ | \$ _____ | _____ |
| Casualty | _____ | _____ | _____ | \$ _____ | \$ _____ | _____ |
| Vehicle | _____ | _____ | _____ | \$ _____ | \$ _____ | _____ |
| Other (list): | _____ | _____ | _____ | \$ _____ | \$ _____ | _____ |
| Home Owners: | _____ | _____ | _____ | \$ _____ | \$ _____ | _____ |

QUARTERLY FEES SUMMARY*

| <u>Month</u> | <u>Total Disbursements**</u> | <u>Quarterly Fee Due</u> | <u>Check No.</u> | <u>Date Paid</u> |
|-------------------------------|------------------------------|--------------------------|------------------|------------------|
| PRESENT QUARTER | | | | |
| _____ | \$ _____ | | | |
| _____ | \$ _____ | | | |
| _____ | \$ _____ | | | |
| TOTAL PRESENT QUARTER | \$ _____ | \$ _____ | _____ | _____ |
| PREVIOUS QUARTER | | | | |
| _____ | \$ _____ | | | |
| _____ | \$ _____ | | | |
| _____ | \$ _____ | | | |
| TOTAL PREVIOUS QUARTER | \$ _____ | \$ _____ | _____ | _____ |

* This Summary is to reflect the current and immediately previous Quarterly Fee information cumulative to the end of the reporting period.

** Should agree with Form 2-AB. Disbursements are net of transfers to other Debtor-In-Possession bank accounts.

DEBTOR: _____

CASE NO: _____

Form 2-J
NARRATIVE QUESTIONNAIRE STATEMENT
For Period Ending _____

I. Has the Debtor-In-Possession made any payments on its pre-petition unsecured debt, except for that which has been so authorized by the Bankruptcy Court?

_____ No.
_____ Yes. Explain: _____

II. Has the Debtor-In-Possession during this reporting period provided compensation or other remuneration to any Officers, Directors, Principals, or Other Insiders without appropriate authorization and disclosure?

_____ No.
_____ Yes. Explain: _____

III. State what progress was made during this reporting period toward the filing of a Disclosure Statement and Plan of Reorganization or Liquidation.

IV. Describe potential future developments which may have a significant impact on this bankruptcy case.

V. Are all Post-Petition tax obligations currently paid or deposited?

_____ Yes.
_____ No. Explain.: _____

VI. Are all United States Trustee Quarterly Fees current?

_____ Yes. Last Quarter Paid: _____ Amount Paid: \$ _____
_____ No. Explain.: _____

VII. Did you receive any income during this reporting period, which is not set forth in the operating report?

_____ No.
_____ Yes. Please set forth the amount(s) and the source(s) of the income.

