

UNITED STATES BANKRUPTCY COURT
SOUTHERN AND WESTERN DISTRICTS OF TEXAS

IN RE:
ABC Dentistry Old Spanish Trai

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CASE NO. 16-34222
CHAPTER 11

DEBTOR

CHAPTER 11 POST-CONFIRMATION REPORT
FOR THE QUARTER ENDING MARCH 2018

1. Quarterly or Final (check one)

2. SUMMARY OF DISBURSEMENTS*:

A. Disbursements made under the plan (itemize on page 3)	\$ <u>9,227.94</u>
B. Disbursements not under the plan	\$ <u>579,557.29</u>
Total Disbursements	\$ <u>588,785.23</u>

*ALL DISBURSEMENTS MADE BY THE REORGANIZED DEBTOR, UNDER THE PLAN OR OTHERWISE, MUST BE ACCOUNTED FOR AND REPORTED HEREIN FOR THE PURPOSE OF CALCULATING THE QUARTERLY FEES.

3. Has the order confirming plan become final? Yes No

4. Are Plan payments being made as required under the Plan? Yes No

5. If "No", what Plan payments have not been made and why?

Please explain:

6. If plan payments have not yet begun, when will the first plan payment be made? _____ (Date)

7. What date did the reorganized debtor or successor of the debtor under the plan assume the business or management of the property treated under the plan? _____ (Date)

8. Please describe any factors which may materially affect your ability to obtain a final decree at this time.

9. Complete the form for Plan Disbursements attached.

10. CONSUMMATION OF PLAN:

A. If this is a final report, has an application for Final Decree been submitted*?

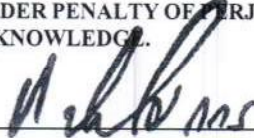
- Yes Date application was submitted _____
- No Date when application will be submitted _____

*(if required by Local Rule)

B. Estimated Date of Final Payment Under Plan _____

INITIALS _____
DATE _____
JUST USE ONLY

I CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNED: 
Iraj S. Jabbarly, DDS
(PRINT NAME)

DATE: 04/20/2018

CASH RECEIPTS AND DISBURSEMENTS	CURRENT QUARTER	CONFIRMATION TO DATE
CASH-BEGINNING OF QUARTER	30,426.43	30,426.43
RECEIPTS	571,544.81	571,544.81
DISBURSEMENTS		
NET PAYROLL	366,050.03	366,050.03
PAYROLL TAXES PAID	23,614.36	23,614.36
SECURED/RENTAL/LEASES	24,573.34	24,573.34
UTILITIES	5,590.65	5,590.65
INSURANCE	29,207.11	29,207.11
INVENTORY PURCHASES	1,324.69	1,324.69
VEHICLE EXPENSES	0.00	0.00
TRAVEL & ENTERTAINMENT	0.00	0.00
REPAIRS, MAINTENANCE & SUPPLIES	43,176.41	43,176.41
ADMINISTRATIVE & SELLING	37,802.30	37,802.30
OTHER (attach list)	48,218.40	48,218.40
PLAN PAYMENTS (page 1 and page 3)	9,227.94	9,227.94
TOTAL DISBURSEMENTS (this figure should equal Total disbursements, Item 2, Summary of Disbursements)	588,785.23	588,785.23
NET CASH FLOW	(17,240.42)	(17,240.42)
CASH-END OF QUARTER	13,186.01	13,186.01

**CASH ACCOUNT RECONCILIATION FOR ALL FUNDS
QUARTER ENDING MARCH**

	Month/Year	Month/Year	Month/Year	Total
	January/2018	February/2018	March/2018	
Bank Balance	63108.43	59,312.88	72,560.39	63,108.43
Deposit in Transit				0.00
Outstanding Checks	16,575.77	19,757.50	59,374.38	95,707.65
Adjusted Balance	46,532.66	39,555.38	13,186.01	(32,599.22)
Beginning Cash-Per Books	30,426.43	46,532.66	39,555.38	30,426.43
Receipts	197,882.19	187,123.17	186,539.45	571,544.81
Transfers Between Accounts				0.00
Checks/Other Disbursements	181,775.96	194,100.45	212,908.82	588,785.23
Ending Cash-Per Books	46,532.66	39,555.38	13,186.01	13,186.01

STATEMENT OF CASH RECEIPTS AND DISBURSEMENTS

	Month/Year	Month/Year	Month/Year	Total
	January/2018	February/2018	March/2018	
Beginning Cash	30,426.43	46,532.66	39,555.38	
Total Receipts	197,882.19	187,123.17	186,539.45	571,544.81
Total Disbursements	181,775.96	194,100.45	212,908.82	588,785.23
Ending Cash	46,532.66	39,555.38	13,186.01	

IN RE:

ABC Dentistry Old Spanish Trail, P.L.

DEBTOR

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CASE NO. 16-34222

PAYMENTS TO CREDITORS UNDER THE PLAN

			CURRENT QUARTER	CONFIRMATION TO DATE
CREDITOR	CLASS	NEXT PAYMENT DUE		
Chase Card Services #0254		7/19/18	3,124.73	3,124.73
Chase Card Services #8369		N/A	4,481.16	4,481.16
Tristar Dental Laboratory		N/A	99.00	99.00
Pasadena Printing, Inc.		N/A	227.33	227.33
Grace Medical Gas & Equipment		N/A	61.16	61.16
Glidewell Laboratories		N/A	103.00	103.00
National Pen Company		N/A	593.90	593.90
Quill		N/A	203.31	203.31
Benco Dental		N/A	334.35	334.35
TOTAL PLAN PAYMENTS: (report on page 1 and page 2)			9,227.94	9,227.94