

UNITED STATES BANKRUPTCY COURT
SOUTHERN AND WESTERN DISTRICTS OF TEXAS
HOUSTON DIVISION

IN RE:

ABC Dentistry Old Spanish Trai

CASE NO. 16-34222
CHAPTER 11

DEBTOR

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\$

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

1. ☐ Quarterly or ☒ Final (check one)

2. SUMMARY OF DISBURSEMENTS*:

A. Disbursements made under the plan (itemize on page 3)	\$ <u>0.00</u>
B. Disbursements not under the plan	\$ <u>450,720.51</u>
Total Disbursements	\$ <u>450,720.51</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 4/23/2018
- ☐ No Date when application will be submitted _____

*(if required by Local Rule)

B. Estimated Date of Final Payment Under Plan _____

INITIALS _____

DATE _____

UST 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. Jabbary, DDS

(PRINT NAME)

DATE: 6/25/2018

CASH RECEIPTS AND DISBURSEMENTS	CURRENT QUARTER	CONFIRMATION TO DATE
CASH-BEGINNING OF QUARTER	13,502.48	43,928.91
RECEIPTS	504,846.09	1,076,390.90
DISBURSEMENTS		
NET PAYROLL	316,004.73	682,054.76
PAYROLL TAXES PAID	14,676.29	38,290.65
SECURED/RENTAL/LEASES	14,248.61	38,821.95
UTILITIES	2,712.66	8,303.31
INSURANCE	19,986.34	49,193.45
INVENTORY PURCHASES	10,483.33	11,808.02
VEHICLE EXPENSES	0.00	0.00
TRAVEL & ENTERTAINMENT	0.00	0.00
REPAIRS, MAINTENANCE & SUPPLIES	34,828.61	78,005.02
ADMINISTRATIVE & SELLING	32,774.27	70,576.57
OTHER (attach list)	5,005.67	53,224.07
PLAN PAYMENTS (page 1 and page 3)	0.00	9,227.94
TOTAL DISBURSEMENTS (this figure should equal Total disbursements, Item 2, Summary of Disbursements)	450,720.51	1,039,505.74
NET CASH FLOW	54,125.58	36,885.16
CASH-END OF QUARTER	67,628.06	80,814.07

CASH ACCOUNT RECONCILIATION FOR ALL FUNDS
QUARTER ENDING JUNE

	Month/Year April/2018	Month/Year May/2018	Month/Year June 1-13/2018	Total
Bank Balance	33841.9	54,511.09	116,702.38	33,841.90
Deposit in Transit				0.00
Outstanding Checks	30,212.21	9,235.08	49,074.32	88,521.61
Adjusted Balance	3,629.69	45,276.01	67,628.06	(54,679.71)
Beginning Cash-Per Books	13,502.48	3,629.69	45,276.01	13,502.48
Receipts	185,744.64	216,950.17	102,151.28	504,846.09
Transfers Between Accounts				0.00
Checks/Other Disbursements	195,617.43	175,303.85	79,799.23	450,720.51
Ending Cash-Per Books	3,629.69	45,276.01	67,628.06	67,628.06

STATEMENT OF CASH RECEIPTS AND DISBURSEMENTS

	Month/Year April/2018	Month/Year May/2018	Month/Year June 1-13/2018	Total
Beginning Cash	13,502.48	3,629.69	45,276.01	
Total Receipts	185,744.64	216,950.17	102,151.28	504,846.09
Total Disbursements	195,617.43	175,303.85	79,799.23	450,720.51
Ending Cash	3,629.69	45,276.01	67,628.06	

IN RE:

ABC Dentistry Old Spanish Trail, P.L.L.C.

DEBTOR

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PAYMENTS TO CREDITORS UNDER THE PLAN

			CURRENT QUARTER	CONFIRMATION TO DATE
CREDITOR	CLASS	NEXT PAYMENT DUE		
Chase Card Services #0254		7/19/18	0.00	3,124.73
Chase Card Services #8369		N/A	0.00	4,481.16
Tristar Dental Laboratory		N/A	0.00	99.00
Pasadena Printing, Inc.		N/A	0.00	227.33
Grace Medical Gas & Equipment		N/A	0.00	61.16
Glidewell Laboratories		N/A	0.00	103.00
National Pen Company		N/A	0.00	593.90
Quill		N/A	0.00	203.31
Benco Dental		N/A	0.00	334.35
TOTAL PLAN PAYMENTS: (report on page 1 and page 2)			0.00	9,227.94