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OFFICE OF THE UNITED STATES TRUSTEE

FOR THE DISTRICT OF MARYLAND - GREENBELT DIVISION POST-CONFIRMATION QUARTERLY REPORT

DEBTOR:		KH Funding Company			CH. 11 CASE NO:		160-10-37371			
FOR	QUARTE	R ENDED: June 30, 2014								
SUM	MARY O	F DISBURSEMENTS MADE DURING	QUARTER	t :						
1.	CASH BALANCE, BEGINNING OF QUARTER						\$	1,347,601.51		
2.	CASH RECEIPTS DURING QUARTER FROM ALL SOURCES						 	358,862.40		
3.	CASH DISBURSEMENTS DURING QUARTER, INCLUDING PLAN PAYMENTS				ENTS			(77,440.99)		
4.	CASH BALANCE, END OF QUARTER (OR AS OF REPORT DA			ORT DATE FOR FI	OR FINAL REPORT)			1,629,022.92		
SHIM	IMARY O	F AMOUNTS DISBURSED UNDER PL	ΔN·					•		
1.	ADMINISTRATIVE EXPENSES		Paid During <u>Quarter</u>		Total Paid <u>to Date</u>			Total Pmts. Projected <u>Under Plan ⁽¹⁾</u>		
	Plan Tr	ustee Compensation	\$	•	\$	346,943.11	\$	325,000.00		
	Plan Tr	ustee Expense		<u> </u>		•		not specified		
	Attorne	y Fees - Trustee/Creditor Committee		17,548.31		1,565,462.52		175,000.00		
	Attorne	y Fees - Debtor		-		368,779.83		200,000.00		
	Other F	Professionals		36,000.00		700,051.83	_	378,000.00		
	Other A	Administrative Expenses - Operating		23,892.68		390,701.28	_	248,900.00		
	TOTAL	ADMINISTRATIVE EXPENSES	\$	77,440.99	\$	3,371,938.57		1,326,900.00		
2.	SECUF	RED CREDITORS	\$		\$	54,823.00	-	not specified		
3.	PRIOR	ITY CREDITORS	\$		\$	56,576.08	\$	57,000.00		
4.	UNSEC	CURED CREDITORS	\$	-	\$		\$	5,800,000.00		
5.	EQUIT	Y SECURITY HOLDERS	\$	-	\$	-	\$	~		
6.	Attach	additional sheets as necessary	\$	-	\$	-		-		
TOTAL PLAN PAYMENTS		PAYMENTS	\$	77,440.99	\$	3,483,337.65	\$	7,183,900.00		
			Amount		Date			Check No.		
QUARTERLY FEE PAID:		\$ 6,500.00		4/15/14			2350			
PLAN STATUS:								Yes	No	
1.	Have a	Have all payments been made as set forth in the confirmed plan? (If no, attach explanation.)						Х		
2.	Are all	Are all post-confirmation obligations current? (If no, attach explanation.)						X		
3.	Project	Projected date of application for final decree: 12/16/2014 (2)								
		NDER PENALTY OF PERJURY THAT THE BEST OF MY KNOWLEDGE AN			ONFIRMA	TION QUARTERLY	Y REPORT	IS TRUE AND		
	Reorganized Debtory Date					Date				
Ву:	Signature		Plan Administrator Title			Signature	Signature of Co-Debtor, if applicable			
		Alfred T. Giuliano 856-767-3000 x11 Printed Name Telephone Number					Printed Na	Printed Name		

⁽¹⁾ The Plan Administrator was retained Post-Effective Date of the confirmed Plan, and thus, did not and could not represent or warrant the accuracy of these numbers, which have been taken from the Disclosure Statement. To the extent there is any discrepancy between the numbers listed in this column and the Disclosure Statement, the Disclosure Statement shall control as it is incorporated herein by reference.

⁽²⁾ While 12/16/2014 is the projected date for the entry of a final decree in this case, that date may be earlier or later depending on events beyond the control of the Plan Administrator, including, but not limited to, the timing of the sale and/or liquidation of the Debtors' assets, the resolution of pending or future litigation, or other events that are necessary and/or appropriate in the business judgment of the Plan Administrator.