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OFFICE OF THE UNITED STATES TRUSTEE

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

DEBT	OR: KH Funding Company		CH. 11 CASE NO:	160-10-37371	
FOR	QUARTER ENDED: September 30, 2014				
SUM	MARY OF DISBURSEMENTS MADE DURING C	QUARTER:			
CASH BALANCE, BEGINNING OF QUARTER				\$ 1,629,022.92	
2.	CASH RECEIPTS DURING QUARTER FROM ALL SOURCES			1,600,053.42	
3.	CASH DISBURSEMENTS DURING QUARTER, INCLUDING PLAN PAYMENTS			(352,704.62)	
4.	CASH BALANCE, END OF QUARTER (OR AS OF REPORT DATE FOR FINAL REPORT)			\$ 2,876,371.72	
SUM	MARY OF AMOUNTS DISBURSED UNDER PLA	AN:			
1.	ADMINISTRATIVE EXPENSES	Paid During <u>Quarter</u>	Total Paid <u>to Date</u>	Total Pmts. Projected <u>Under Plan ⁽¹⁾</u>	
	Plan Trustee Compensation	\$ 5,996.00	\$ 352,939.11	\$ 325,000.00	
	Plan Trustee Expense			not specified	
	Attorney Fees - Trustee/Creditor Committee	125,014.94	1,690,477.46	175,000.00	
	Attorney Fees - Debtor		368,779.83	200,000.00	
	Other Professionals	187,138.52	887,190.35	378,000.00	
	Other Administrative Expenses - Operating	34,555.16	425,256.44	248,900.00	
	TOTAL ADMINISTRATIVE EXPENSES	\$ 352,704.62	\$ 3,724,643.19	\$ 1,326,900.00	
2.	SECURED CREDITORS	<u> </u>	\$ 54,823.00	not specified_	~
3.	PRIORITY CREDITORS	\$ -	\$ 56,576.08	\$ 57,000.00	
4.	UNSECURED CREDITORS	\$ -	\$ -	\$ 5,800,000.00	
5.	EQUITY SECURITY HOLDERS	\$ -	\$ -	\$ -	
6.	Attach additional sheets as necessary	\$ -	\$ -	\$ -	
тота	L PLAN PAYMENTS	\$ 352,704.62	\$ 3,836,042.27	\$ 7,183,900.00	
		Amount	Date	Check No.	
QUAF	RTERLY FEE PAID:	\$ 650.00	8/5/14	2394	
PLAN STATUS:				Yes	No
1.	Have all payments been made as set forth in the	ne confirmed plan? (If no, atta	ich explanation.)	X	
2.	Are all post-confirmation obligations current? (If no, attach explanation.)		X	
3.	Projected date of application for final decree:	12/16/2014 ⁽²⁾			
	LARE UNDER PENALTY OF PERJURY THAT RECT TO THE BEST OF MY KNOWLEDGE AND		NFIRMATION QUARTERLY	REPORT IS TRUE AND	
	KH Funding Company Reorganized Device	Date Charles to the	_	Date	
Ву:	Signature	Plan Administrator Title	_	Signature of Co-Debtor, if applica	able
	Alfred T. Gidhano Printed Name	856-767-3000 x11 Telephone Number	_	Printed Name	11-05

⁽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.