Case 20-43597 Doc 2147 Filed 12/08/22 Entered 12/08/22 16:38:22 Main Document Docket #2147 Date Filed: 12/8/2022

UNITED STAT	ES BANKRUI	PTCY COURT
EASTERN	DISTRICT OF	MISSOURI
In re: ALLMAND BROS., INC. Debtor(s)	\$ \$ \$	Case No. 20-43598 Lead Case No. 20-43597
Post-confirmation Report		Chapter 11
Quarter Ending Date: 10/12/2022		Petition Date: <u>07/20/2020</u>
Plan Confirmed Date: 12/18/2020		Plan Effective Date: 01/06/2021
This Post-confirmation Report relates to: Reorganize	d Debtor	
Other Author	orized Party or Enti	ity:

/s/ Alan Halperin	Alan Halperin
Signature of Responsible Party	Printed Name of Responsible Party
12/08/2022	
Date	40 Wall Street, 37th Floor
	New York, New York 10005
	Address

STATEMENT: This Periodic Report is associated with an open bankruptcy case; therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.



Name of Authorized Party or Entity

Part 1: Summary of Post-confirmation Transfers

	Current Quarter	Total Since Effective Date
a. Total cash disbursements	\$0	\$4,731,392
b. Non-cash securities transferred	\$0	\$0
c. Other non-cash property transferred	\$0	\$0
d. Total transferred (a+b+c)	\$0	\$4,731,392

			Approved Current Quarter	Approved Cumulative	Paid Current Quarter	Paid Cumula
Profes incurre	sional fees & expenses (banked by or on behalf of the deb	cruptcy) tor Aggregate Total				
Itemiz	ed Breakdown by Firm					
	Firm Name	Role				ı
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Debtor's Name ALLMAND BROS., INC.

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Debtor's Name ALLMAND BROS., INC.

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					Approved	Approved	Paid Current	Paid
					Current Quarter	Cumulative	Quarter	Cumulative
b.		Professional fees & expenses (nonbankruptcy) incurred by or on behalf of the debtor Aggregate Total						
	Itemize	ed Breakdown by Firm						
	Firm Name Role							
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Debtor's Name ALLMAND BROS., INC.

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Debtor's Name ALLMAND BROS., INC.

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c.	All professional fees and expenses (debtor & committees)					

Part 3: Recoveries of the Holders of Claims and Interests under Confirmed Plan

	Total Anticipated Payments Under Plan	Paid Current Quarter	Paid Cumulative	Allowed Claims	% Paid of Allowed Claims
a. Administrative claims	\$0	\$0	\$410,388	\$410,388	100%
b. Secured claims	\$0	\$0	\$258,877	\$258,877	100%
c. Priority claims	\$0	\$0	\$123,673	\$123,673	100%
d. General unsecured claims	\$0	\$0	\$3,938,453	\$426,004,295	1%
e. Equity interests	\$0	\$0	\$0		

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Part 4:	Ouestion	naire

ture 4. Questionnaire			
a. Is this a final report?		Yes 💿	No 🔘
If yes, give date Final Decree was entered:	10/12/2022		
If no, give date when the application for Final Decree is anticipated:			
b. Are you current with quarterly U.S. Trustee fees as set forth under 28 U.S.C. § 1930?		Yes (•)	No (

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Debtor's Name ALLMAND BROS., INC.

Case No. 20-43598

Privacy Act Statement

28 U.S.C. § 589b authorizes the collection of this information and provision of this information is mandatory. The United States Trustee will use this information to calculate statutory fee assessments under 28 U.S.C. § 1930(a)(6) and to otherwise evaluate whether a reorganized chapter 11 debtor is performing as anticipated under a confirmed plan. Disclosure of this information may be to a bankruptcy trustee when the information is needed to perform the trustee's duties, or to the appropriate federal, state, local, regulatory, tribal, or foreign law enforcement agency when the information indicates a violation or potential violation of law. Other disclosures may be made for routine purposes. For a discussion of the types of routine disclosures that may be made, you may consult the Executive Office for United States Trustee's systems of records notice, UST-001, "Bankruptcy Case Files and Associated Records." See 71 Fed. Reg. 59,818 et seq. (Oct. 11, 2006). A copy of the notice may be obtained at the following link: http://www.justice.gov/ust/eo/ rules_regulations/index.htm. Failure to provide this information could result in the dismissal or conversion of your bankruptcy case, or other action by the United States Trustee. 11 U.S.C. § 1112(b)(4)(F).

I declare under penalty of perjury that the foregoing Post-confirmation Report and its attachments, if any, are true and correct and that I have been authorized to sign this report.

/s/ Alan Halperin	Alan Halperin	
Signature of Responsible Party	Printed Name of Responsible Party	
Plan Administrator	12/08/2022	
Title	Date	

