	d 12/08/22 Ente Pt FATES BANKRU	red 12/08/22 16:39:42 Main Document Docket #2148 Date Filed: 12/8 JPTCY COURT	/2022
EASTE	RN DISTRICT OF	MISSOURI	
In re: BILLY GOAT INDUSTRIES, INC.	. § §	Case No. <u>20-10575</u> Lead Case No. <u>20-43597</u>	
Debtor(s)	Ş	⊠ Jointly Administered	
Post-confirmation Report		Chapter 11	
Quarter Ending Date: <u>10/12/2022</u>		Petition Date: 07/20/2020	
Plan Confirmed Date: 12/18/2020		Plan Effective Date: 01/06/2021	
This Post-confirmation Report relates to: • Reorg	ganized Debtor		
$\bigcirc$ Other	Authorized Party or En	itity:	

Name of Authorized Party or Entity

/s/ Alan Halperin Signature of Responsible Party

12/08/2022

Date

Alan Halperin Printed Name of Responsible Party

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.



Debtor's Name BILLY GOAT INDUSTRIES, INC.

Case No. 20-10575

## Part 1: Summary of Post-confirmation Transfers

	Current Quarter	Total Since Effective Date
a. Total cash disbursements	\$0	\$5,501,456
b. Non-cash securities transferred	\$0	\$0
c. Other non-cash property transferred	\$0	\$0
d. Total transferred (a+b+c)	\$0	\$5,501,456

Part 2	: Preco	nfirmation Professional Fees and	d Expenses				
				Approved Current Quarter	Approved Cumulative	Paid Current Quarter	Paid Cumulative
a.	Profes	sional fees & expenses (bankruptcy)					
		ed by or on behalf of the debtor	Aggregate Total				
	Itemize	ed Breakdown by Firm					
		Firm Name	Role			1	
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	iii						
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	viii						
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Debtor's Name BILLY GOAT INDUSTRIES, INC.

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				Approved Current Quarter	Approved Cumulative	Paid Current Quarter	Paid Cumulative
b.		sional fees & expenses (nonbankrupt ed by or on behalf of the debtor	cy) Aggregate Total				
	Itemize	ed Breakdown by Firm					
		Firm Name	Role			_	
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UST Form 11-PCR (12/01/2021)

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c.	All professional fees and expenses (de	btor & 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	\$220,101	\$220,101	100%
b. Secured claims	\$0	\$0	\$0	\$0	0%
c. Priority claims	\$0	\$0	\$253,088	\$253,088	100%
d. General unsecured claims	\$0	\$0	\$5,026,061	\$427,103,947	1%
e. Equity interests	\$0	\$0	\$0		

Part 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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## **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).

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

/s/ Alan Halperin Signature of Responsible Party

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

Date

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