

UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF NEW YORK

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In re:

1141 REALTY OWNER, LLC, *et al.*,

Reorganized Debtors.  
-----x

Chapter 11

Case No. 18-12341 (SMB)

(Jointly Administered)

**REORGANIZED DEBTORS' POST-CONFIRMATION OPERATING  
REPORT FOR THE PERIOD OF MAY 15, 2019 TO JUNE 30, 2019**

Comes now the above-named reorganized debtors and file their Post-Confirmation Quarterly Operating Report in accordance with the guidelines established by United States Trustee and FRBP 2015.

REORGANIZED DEBTORS' ADDRESS:

c/o CR3 Partners LLC  
450 Lexington Avenue, 4th Floor  
New York, NY 10017

REORGANIZED DEBTORS' ATTORNEY:

SilvermanAcampora LLP  
100 Jericho Quadrangle, Suite 300  
Jericho, New York 11753

The undersigned, having reviewed this Post-Confirmation Quarterly Operating Report and having necessarily relied upon various personnel of the Debtors and the Debtors' professional advisors and their efforts, statements, and representations in connection with the materials included herein, based on the foregoing verifies under the penalty of perjury that the attached documents are true and correct to the best of his knowledge.

DATED: October 16, 2019

s/James Katchadurian

\_\_\_\_\_  
James Katchadurian  
Chief Restructuring Officer

QUARTERLY OPERATING REPORT -  
POST CONFIRMATION

ATTACHMENT NO. 1

QUESTIONNAIRE		
	YES*	NO
1. Have any assets been sold or transferred outside the normal course of business, or outside the Plan of Reorganization during this reporting period? <sup>1</sup>		X
2. Are any post-confirmation sales or payroll taxes past due?		X
3. Are any amounts owed to post-confirmation creditors/vendors over 90 days delinquent?		X
4. Is the Debtor current on all post-confirmation plan payments?		X

\*If the answer to any of the above questions is "YES," provide a detailed explanation of each item on a separate sheet.

INSURANCE INFORMATION		
	YES	NO*
1. Are real and personal property, vehicle/auto, general liability, fire, theft, worker's compensation, and other necessary insurance coverages in effect? <sup>2</sup>	X	
2. Are all premium payments current?	X	

\*If the answer to any of the above questions is "NO," provide a detailed explanation of each item on a separate sheet.

Notes

CONFIRMATION OF INSURANCE			
TYPE of POLICY	and CARRIER	Period of Coverage	Payment Amount and Frequency
			Delinquency Amount

DESCRIBE PERTINENT DEVELOPMENTS, EVENTS, AND MATTERS DURING THIS REPORTING PERIOD:

Estimated Date of Filing the Application for Final Decree:

CHAPTER 11 POST-CONFIRMATION  
SCHEDULE OF RECEIPTS AND DISBURSEMENTS

<b>Case Name:</b> 1141 Realty Owner LLC, et al
<b>Case Number:</b> 18-12341 (SMB)
<b>Date of Plan:</b> May 15, 2019
<b>Confirmation:</b>

All items must be answered. Any which do not apply should be answered "none" or "N/A".

	Monthly			Post Confirmation Total		
	FlatIron Hotel	1141 Realty Owner	Total	FlatIron Hotel	1141 Realty Owner	Total
1. CASH (Beginning of Period)	\$ 563,433.60	34,269.84	597,703.44	\$ 563,433.60	34,269.84	597,703.44
2. INCOME or RECEIPTS during the Period	\$ 311,290.01	5,711.64	317,001.65	\$ 311,290.01	5,711.64	317,001.65
3. GRANTING OF RESTRICTED FUNDS	\$ 0.00	10,594,529.69	10,594,529.69	\$ 0.00	10,594,529.69	10,594,529.69
4. DISBURSEMENTS						
a. Operating Expenses (Fees/Taxes):						
(i) U.S. Trustee Quarterly Fees	\$ 0.00	0.00	0.00	\$ 0.00	0.00	0.00
(ii) Federal Taxes	0.00	0.00	0.00	0.00	0.00	0.00
(iii) State Taxes	0.00	0.00	0.00	0.00	0.00	0.00
(iv) Other Taxes	84,113.95	0.00	84,113.95	84,113.95	0.00	84,113.95
b. All Other Operating Expenses:	\$ 219,133.71	0.00	219,133.71	\$ 219,133.71	0.00	219,133.71
c. Plan Payments:*						
(i) Administrative Claims	\$ 261,408.28	0.00	261,408.28	\$ 261,408.28	0.00	261,408.28
(ii) Priority Claims	0.00	0.00	0.00	0.00	0.00	0.00
(iii) General Unsecured Claims: Arbitration/Litigation Claims	0.00	0.00	0.00	0.00	0.00	0.00
(iv) General Unsecured Claims:	0.00	0.00	0.00	0.00	0.00	0.00
(v) General Unsecured Claims: (Attach additional pages as needed)	0.00	0.00	0.00	0.00	0.00	0.00
<b>Total Disbursements (Operating &amp; Plan)</b>	\$ 564,655.94	0.00	564,655.94	\$ 564,655.94	0.00	564,655.94
1. CASH (End of Period)	\$ 310,067.67	10,634,511.17	10,944,578.84	\$ 310,067.67	10,634,511.17	10,944,578.84

\* This includes any and all disbursements made under the plan of reorganization or in the ordinary course of the reorganized debtor's post-confirmation business, whether the disbursements are made through a trust, by a third party, or by the reorganized debtor.

QUARTERLY OPERATING REPORT -  
POST CONFIRMATION

ATTACHMENT NO. 3

CHAPTER 11 POST-CONFIRMATION  
BANK ACCOUNT RECONCILIATIONS

Bank Account Information	Account #1	Account #2	Account #3	Account #4	Account #5
Name of Bank:	Signature Bank	Signature Bank	Signature Bank	Signature Bank	Signature Bank
Account Number:	1503369229	1503369245	1503369253	1503372610	1503778293
Purpose of Account (Operating/Payroll/Tax)	Operating	Payroll	Escrow	AR - Receipts	Disputed Claims Reserve
Type of Account (e.g. checking)	Checking	Checking	Checking	Checking	Checking
1. Balance per Bank Statement	278,773.86	32,065.81	1,068.75	39,981.48	10,594,529.69
2. ADD: Deposits not credited	0.00	0.00	0.00	0.00	0.00
3. SUBTRACT: Outstanding Checks	1,840.75	0.00	0.00	0.00	0.00
4. Other Reconciling Items	0.00	0.00	0.00	0.00	0.00
5. Month End Balance (Must Agree with Books)	276,933.11	32,065.81	1,068.75	39,981.48	10,594,529.69

Note: Attach copy of each bank statement and bank reconciliation.

Investment Account Information	Date of Purchase	Type of Instrument	Purchase Price	Current Value	Current Value
Bank / Account Name / Number					

Note: Attach copy of each investment account statement.





