

UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF TEXAS  
HOUSTON DIVISION

CASE NAME Hamilton Investment Group, Inc.  
CASE NUMBER 15-60072

PETITION DATE September 18, 2015

MONTHLY OPERATING REPORT SUMMARY FOR:	YEAR: 2016											
	MONTH	MONTH: April	September	October	November	December	January	February	March	April	May	June
REVENUES (MOR-6)	-	-	4,564.00	(3,961.95)	(18,769.51)	(32,958.17)	(448,567.41)	(1,194.26)	-	-	-	-
INCOME BEFORE INT. DEPREC./TAX (MOR-6)	-	-	(3,961.95)	(18,769.51)	(18,769.51)	(263,958.29)	(448,567.41)	(1,194.26)	-	-	-	-
NET INCOME (LOSS) (MOR-6)	-	-	(3,961.95)	(18,769.51)	(18,769.51)	(263,958.29)	(448,567.41)	(1,194.26)	-	-	-	(6,270.75)
PAYMENTS TO INSIDERS (MOR-9)	-	-	-	-	-	-	-	-	-	-	-	(6,270.75)
PAYMENTS TO PROFESSIONALS (MOR-9)	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL DISBURSEMENTS (MOR-7)	-	-	-	-	-	4,413.75	2,992.23	-	-	-	-	-

\*\*\*The original of this document must be filed with the United States Bankruptcy Court and a copy must be sent to the United States Trustee\*\*\*

REQUIRED INSURANCE MAINTAINED AS OF SIGNATURE DATE	EXP. DATE	Are all accounts receivable being collected within terms?	Are all post-petition liabilities, including taxes, being paid within terms?	Have any pre-petition liabilities been paid?	Per court order allowing for certain payments?	Were any assets disposed of outside the normal course of business?	Are all U.S. Trustee Quarterly Fee Payments current?	What is the status of the Plan of Reorganization?
CASUALTY	8/12/2016	Yes (x) NO ( )	Yes	Yes	Yes	Yes	Yes	The Plan of Reorganization has been filed and was approved on April 15, 2016.
LIABILITY	8/12/2016	YES (x) NO ( )	Yes	Yes	Yes	No	Yes	
VEHICLE		YES ( ) NO ( ) NA (x)						
WORKERS		YES ( ) NO ( ) NA (x)						
OTHER		YES ( ) NO ( )						

ATTORNEY NAME Hugh Ray III  
FIRM NAME McKool Smith  
ADDRESS 600 Travis Street, Suite 700  
CITY, STATE, ZIP Houston, TX, 77002  
TELEPHONE 713-285-7315

I certify under penalty of perjury that the following complete Monthly Operating Report (MOR), consisting of MOR-1 through MOR-9 plus attachments, is true and correct.

SIGNED: \_\_\_\_\_ TITLE: Chief Restructuring Officer  
Original Signature  
Loretta R. Cross Date  
Print Name of Signatory

NOTES:  
The Plan of Reorganization has been filed and was approved on April 15, 2016.





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SCHEDULE OF POST-PETITION LIABILITIES

	FILED DATE	MONTH	MONTH	MONTH	MONTH	MONTH	MONTH	MONTH	MONTH	MONTH	MONTH	MONTH
	9/18/2015	-	-	September	October	November	December	January	February	March	April	
TRADE ACCOUNTS PAYABLE					49.75	49.75	49.75	49.75	49.75	49.75	49.75	49.75
TAXES PAYABLE												
Federal Payroll Taxes												
State Payroll Taxes												
Ad Valorem taxes												
Sales Taxes												
TOTAL TAXES PAYABLE												
SECURED DEBT POST-PETITION												
ACCURED INTEREST PAYABLE												
ACCURED PROFESSIONAL FEES *												
POST PETITION PREPAID RENT												
OTHER ACCURED LIABILITIES												
TOTAL POST-PETITION LIABILITIES					49.75	49.75	49.75	49.75	49.75	49.75	49.75	49.75

Notes:

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AGING OF POST-PETITION LIABILITIES  
MONTH

DAYS	TOTAL	TRADE ACCOUNTS	FEDERAL TAXES	STATE TAXES	AD VALOREM TAXES	OTHER
0 - 30	-	-	-	-	-	-
31 - 60	-	-	-	-	-	-
61 - 90	-	-	-	-	-	-
91 +	49.75	49.75	-	-	-	-
<b>TOTAL</b>	<b>49.75</b>	<b>49.75</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>

AGING OF ACCOUNTS RECEIVABLE

DAYS	September	October	November	December	January	February	March	April
0 - 30	-	4,806.49	-	-	-	-	-	-
31 - 60	-	-	4,806.49	-	-	-	-	-
61 - 90	-	-	-	392.74	-	-	-	-
91 +	2,825.95	2,825.95	2,825.95	15,000.00	15,392.74	15,000.00	15,000.00	15,000.00
<b>TOTAL</b>	<b>2,825.95</b>	<b>7,632.44</b>	<b>7,632.44</b>	<b>15,392.74</b>	<b>15,392.74</b>	<b>15,000.00</b>	<b>15,000.00</b>	<b>15,000.00</b>

Notes:





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CASH ACCOUNT RECONCILIATION

BANK NAME	April	April	April	April	TOTAL
ACCOUNT NUMBER	2100024286				
ACCOUNT TYPE	Heartland Checking				
BANK BALANCE	\$ -				\$ -
DEPOSITS IN TRANSIT					-
OUTSTANDING CHECKS					-
OTHER ADJUSTMENTS					-
ADJUSTED BANK BALANCE	-	-	-	-	-
BEGINNING CASH - PER BOOKS	-	-	-	-	-
RECEIPTS*	-	-	-	-	-
TRANSFERS BETWEEN ACCOUNTS (WITHDRAWAL) OR CONTRIBUTION BY INDIVIDUAL DEBTOR					-
ADJUSTMENT TO REFLECT LENDER SWEEP					-
CHECKS / OTHER DISBURSEMENTS *	-	-	-	-	-
ENDING CASH - PER BOOKS	-	-	-	-	-

\* Numbers for the current month should balance (match) "Total Receipts" and "Total Disbursements" from MOR-7  
 Notes:

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**PAYMENTS TO INSIDERS AND PROFESSIONALS**

Of the total disbursements shown for the month, list the amount paid to insiders (as defined in Section 101(31)(A)-(F) of the U.S. Bankruptcy Code) and the professionals.

Also, for insiders, identify the type of compensation paid (e.g. salary, commission, bonus, etc.)

INSIDER: NAME / COMP TYPE	MONTH	MONTH	MONTH	MONTH	MONTH	MONTH	MONTH	MONTH	MONTH	MONTH	MONTH	MONTH
	September	October	November	December	January	February	March	April	May	June	July	August
1. none												
2.				\$								
3.												
4.												
5.												
6.												
<b>TOTAL INSIDERS</b>												
<b>PROFESSIONALS</b>												
1. none												
2.												
3.												
4.												
5.												
6.												
<b>TOTAL PROFESSIONAL FEES</b>												

Notes: