

UNITED STATES BANKRUPTCY COURT
 _____ EASTERN _____ DISTRICT OF NEW YORK _____

In re Caritas Health Care, Inc.Case No. 09-40901DebtorReporting Period: 3/01-3/31/2012Federal Tax I.D. # 84-1710364

CORPORATE MONTHLY OPERATING REPORT

File with the Court and submit a copy to the United States Trustee within 20 days after the end of the month and submit a copy of the report to any official committee appointed in the case.

(Reports for Rochester and Buffalo Divisions of Western District of New York are due 15 days after the end of the month, as are the reports for Southern District of New York.)

REQUIRED DOCUMENTS	Form No.	Document Attached	Explanation Attached
Schedule of Cash Receipts and Disbursements	<u>MOR-1</u>	YES	
Bank Reconciliation (or copies of debtor's bank reconciliations)	<u>MOR-1 (CON'T)</u>	YES	
Copies of bank statements		YES	
Cash disbursements journals			
Statement of Operations	<u>MOR-2</u>	YES	
Balance Sheet	<u>MOR-3</u>	YES	
Status of Post-petition Taxes	<u>MOR-4</u>	YES	
Copies of IRS Form 6123 or payment receipt			
Copies of tax returns filed during reporting period			
Summary of Unpaid Post-petition Debts	<u>MOR-4</u>	YES	
Listing of Aged Accounts Payable		YES	
Accounts Receivable Reconciliation and Aging	<u>MOR-5</u>	YES	
Taxes Reconciliation and Aging	<u>MOR-5</u>	YES	
Payments to Insiders and Professional	<u>MOR-6</u>	YES	
Post Petition Status of Secured Notes, Leases Payable	<u>MOR-6</u>	YES	
Debtor Questionnaire	<u>MOR-7</u>	YES	

I declare under penalty of perjury (28 U.S.C. Section 1746) that this report and the attached documents are true and correct to the best of my knowledge and belief.

Signature of Debtor _____

Date _____

Signature of Authorized Individual* _____

Date 4/15/12

Printed Name of Authorized Individual _____

Date _____

*Authorized individual must be an officer, director or shareholder if debtor is a corporation; a partner if debtor is a partnership; a manager or member if debtor is a limited liability company.

In re Caritas Health Care, Inc.
DebtorCase No. 09-40901
Reporting Period: 3/01-3/31/2012**SCHEDULE OF CASH RECEIPTS AND DISBURSEMENTS**

Amounts reported should be from the debtor's books and not the bank statement. The beginning cash should be the ending cash from the prior month or, if this is the first report, the amount should be the balance on the date the petition was filed. The amounts reported in the "CURRENT MONTH - ACTUAL" column must equal the sum of the four bank account columns. Attach copies of the bank statements and the cash disbursements journal.

The total disbursements listed in the disbursements journal must equal the total disbursements reported on this page. A bank reconciliation must be attached for each account. [See MOR-1 (CON'T)]

ACCOUNT NUMBER (LAST 4)	BANK ACCOUNTS				CURRENT MONTH ACTUAL (TOTAL OF ALL ACCOUNTS)
	OPER	PAYROLL	TAX	OTHER	
CASH BEGINNING OF MONTH	18,904,222				
RECEIPTS					
CASH SALES	96,304				
ACCOUNTS RECEIVABLE - PREPETITION					
ACCOUNTS RECEIVABLE - POSTPETITION					
LOANS AND ADVANCES					
SALE OF ASSETS					
OTHER (ATTACH LIST)					
TRANSFERS (FROM DIP ACCTS)					
TOTAL RECEIPTS	96,304				
DISBURSEMENTS					
PAYROLL & TAXES	3,001				
BENEFITS					
INVENTORY PURCHASES					
SECURED/ RENTAL/ LEASES					
INSURANCE					
ADMINISTRATIVE SERVICES					
OTHER - INTEREST & PENALTIES					
CONTRACT LABOR	5,786				
UTILITIES	0				
MISCELLANEOUS	12,690				
DASNY DIP REPAYMENT					
DASNY LOAN REPAYMENT					
PROFESSIONAL FEES	293,360				
U.S. TRUSTEE QUARTERLY FEES	8,438				
COURT COSTS					
TOTAL DISBURSEMENTS	323,274				
NET CASH FLOW	(226,969)				
(RECEIPTS LESS DISBURSEMENTS)					
CASH - END OF MONTH	18,677,253				

* COMPENSATION TO SOLE PROPRIETORS FOR SERVICES RENDERED TO BANKRUPTCY ESTATE

THE FOLLOWING SECTION MUST BE COMPLETED

DISBURSEMENTS FOR CALCULATING U.S. TRUSTEE QUARTERLY FEES: (FROM CURRENT MONTH ACTUAL COLUMN)

TOTAL DISBURSEMENTS	
LESS: TRANSFERS TO OTHER DEBTOR IN POSSESSION ACCOUNTS	
PLUS: ESTATE DISBURSEMENTS MADE BY OUTSIDE SOURCES (i.e. from escrow accounts)	
TOTAL DISBURSEMENTS FOR CALCULATING U.S. TRUSTEE QUARTERLY FEES	

In re Caritas Health Care, Inc.
Debtor

Case No. 09-40901
Reporting Period: 3/01-3/31/2012

BANK RECONCILIATIONS (Attached)

Continuation Sheet for MOR-1

A bank reconciliation must be included for each bank account. The debtor's bank reconciliation may be substituted for this page.
(Bank account numbers may be redacted to last four numbers.)

	Operating #	Payroll #	Tax #	Other #
BALANCE PER BOOKS				
BANK BALANCE				
(+) DEPOSITS IN TRANSIT (<i>ATTACH LIST</i>)				
(-) OUTSTANDING CHECKS (<i>ATTACH LIST</i>):				
OTHER (<i>ATTACH EXPLANATION</i>)				
ADJUSTED BANK BALANCE *				
** Adjusted Bank Balance" must equal "Balance per Books"				
DEPOSITS IN TRANSIT				
CHECKS OUTSTANDING				
OTHER				

CARITAS HEALTHCARE, INC.
CASH BALANCES - March 31, 2012

A/C	DESCRIPTION	TOTAL March 31, 2012	SJH	MIH	MSF
1000.0001	OPERATING	21,523.60	66,877,525.36	(63,977,123.05)	(2,878,878.71)
1000.0003	GOLF	15,627,798.27	22,424,505.16	(6,726,281.62)	(70,425.27)
1000.0004	ACCOUNTS PAYABLE	2,059,163.25	78,911,142.79	(76,851,979.54)	0.00
1000.0005	PAYROLL	728,128.83	113,149,765.52	(104,713,268.49)	(7,708,368.20)
1000.0015	COMMERCIAL LOCKBOX	62,035.22	62,035.22	(0.00)	0.00
1000.0016	GOVERNMENT LOCKBOX	35,598.72	(65,037,280.24)	55,140,179.22	9,932,699.74
1000.0017	UTILITY	138,257.09	138,257.09	0.00	0.00
1005-0060	PETTY CASH GENERAL	3,504.59	3,504.59	0.00	0.00
1005.0063	PETTY CASH MISC.	1,243.37	1,243.37	0.00	0.00
		\$18,677,252.94	\$216,530,698.86	(\$197,128,473.48)	(\$724,972.44)

CARITAS HEALTHCARE, INC.
Cash and Cash Equivalents
March 31, 2012

	Chase Bank Adjusted Total	corrections & o/s checks	Chase Bank Total	CARITAS G/L Balance	SJH	MIH	MSF
Operating account	21,523.60		21,523.60	21,523.60	66,877,525.36	(63,977,123.05)	(2,878,878.71)
Golf account	15,627,798.27		15,627,798.27	15,627,798.27	22,424,505.16	(6,726,281.62)	(70,425.27)
Accounts Payable account	2,059,163.25	(19,952.00)	2,079,115.25	2,059,163.25	78,911,142.79	(76,851,979.54)	0.00
Payroll account	728,128.83	617.59	727,511.24	728,128.83	113,149,765.52	(104,713,268.49)	(7,708,368.20)
Commercial Lockbox account	62,035.22		62,035.22	62,035.22		(0.00)	0.00
Government Lockbox account	35,598.72		35,598.72	35,598.72	(65,037,280.24)	55,140,179.22	9,932,699.74
Utility account	138,257.09		138,257.09	138,257.09	138,257.09	0.00	0.00
Cash - Bank Deposits	18,672,504.98	(19,334.41)	18,691,839.39	18,672,504.98	216,525,950.90	(197,128,473.48)	(724,972.44)
Petty Cash General				3,504.59	3,504.59	0.00	0.00
Petty Cash Miscellaneous				1,243.37	1,243.37	0.00	0.00
Cash and Cash Equivalents		0.00		18,677,252.94	216,530,698.86	(197,128,473.48)	(724,972.44)

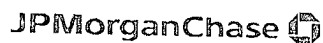
Caritas Health Care Inc.
JPMorganChase
Operating Account
Acct # 8426
MARCH 2012

Balance Per General Ledger at 3/31/12

21,523.60

Bank Balance at 3/31/12

21,523.60



JPMorgan Chase Bank, N.A.
Northeast Market
P O Box 659754
San Antonio, TX 78265-9754

March 01, 2012 through March 30, 2012
Account Number: 8426

Customer Service Information

If you have any questions about your statement, please contact your Customer Service Professional.



00059727 WBS 802 211 09112 NNNNNNNNNN 1 000000000 C2 0000

CARITAS HEALTH CARE INC
OPERATING ACCT DIP
374 STOCKHOLM ST
BROOKLYN NY 11237-4006

Commercial Checking Summary

	Number	Amount
Opening Ledger Balance		\$21,523.60
Deposits and Credits	0	\$0.00
Withdrawals and Debits	0	\$0.00
Checks Paid	0	\$0.00
Ending Ledger Balance		\$21,523.60

Your service charges, fees and earnings credit have been calculated through account analysis.

Please examine this statement of account at once. By continuing to use the account, you agree that: (1) the account is subject to the Bank's deposit account agreement, and (2) the Bank has no responsibility for any error in or improper charge to the account (including any unauthorized or altered check) unless you notify us in writing of such error or charge within sixty days of the mailing or availability of the first statement on which the error or charge appears.

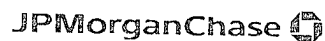
**CARITAS HEALTH CARE INC.
Golf Account
A/C #6636
MARCH 2012**

Balance Per General Ledger at 3-31-2012	15,627,798.27
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Outstanding Deposits

Outstanding Disbursements

Bank Balance at 3-31-2012	<u>15,627,798.27</u>
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JPMorgan Chase Bank, N.A.
 Northeast Market
 P O Box 659754
 San Antonio, TX 78265 -9754

March 01, 2012 through March 30, 2012

Account Number 6636



00076353 WBS 802 211 09112 NNNNNNNNNN 1 000000000 62 0000

CARITAS HEALTH CARE INC
 GOLF ACCT DIP
 374 STOCKHOLM ST
 BROOKLYN NY 11237-4006

Customer Service Information

If you have any questions about your statement, please contact your Customer Service Professional.

Liquid MMDA

Summary

	Number	Amount
Opening Ledger Balance		\$15,534,967.15
Deposits and Credits	5	\$93,848.97
Withdrawals and Debits	1	\$1,017.85
Checks Paid	0	\$0.00
Ending Ledger Balance		\$15,627,798.27

Average Ledger Balance \$15,575,857

Interest Credited This Period \$387.84 Interest Credited Year-to-Date \$1,161.57

Interest Rate(s): 03/01 to 03/30 at 0.03%

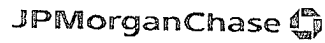
Deposits and Credits

Ledger Date	Description	Amount
03/01	Deposit 319943347	\$90.53
03/12	Deposit 285885117	61,870.60
03/15	Deposit 285885116	4,500.00
03/30	Deposit 285885115	27,000.00
03/30	Interest Payment	387.84
Total		\$93,848.97

Withdrawals and Debits

Ledger Date	Description	Amount
03/15	Account Analysis Settlement Charge	\$1,017.85

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March 01, 2012 through March 30, 2012
Account Number: 3636

Withdrawals and Debits (continued)

<i>Ledger Date</i>	<i>Description</i>	<i>Amount</i>
Total		\$1,017.85

Daily Balance

<i>Date</i>	<i>Ledger Balance</i>	<i>Date</i>	<i>Ledger Balance</i>
03/01	\$15,535,057.68	03/15	\$15,600,410.43
03/12	\$15,596,928.28	03/30	\$15,627,798.27

CARITAS HEALTH CARE INC.
Accounts Payable Account
Acct # 3993
MARCH 2012

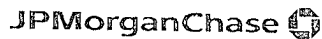
Balance Per General Ledger at 3-31-2012	2,059,707.25
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Balance Per Bank Stmt @ 3-31-2012	2,079,115.25
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Outstanding Checks Per Bank	19,952.00
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Bank Balance at 3-31-2012	<u><u>2,059,163.25</u></u>
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DUPLICATE



JPMorgan Chase Bank, N.A.
 Northeast Market
 P O Box 659754
 San Antonio, TX 78265-9754

March 01, 2012 through March 30, 2012

Account Number: 3993

Customer Service Information

If you have any questions about your statement, please contact your Customer Service Professional.



00022685 WBS 802 081 09112 NNNNNNNNNNN 1 000000000 Q0

CARITAS HEALTH CARE INC

DIP

WYCKOFF HEIGHTS MEDICAL CENTER

374 STOCKHOLM ST

BROOKLYN NY 11237-4006

Commercial Checking**Summary**

	Number	Amount
Opening Ledger Balance		\$154,323.58
Deposits and Credits	1	\$2,300,000.00
Withdrawals and Debits	0	\$0.00
List Posted Items	15	\$360,110.64
Checks Paid	2	\$15,097.69
Ending Ledger Balance		\$2,079,115.25

Deposits and Credits

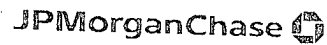
Ledger Date	Description	Amount
03/05	Book Transfer Credit B/O: Caritas Healthcare Inc Commercbrooklyn NY 11237-4006 Trn: 3369900065Jo YOUR REF: CAP OF 12/03/05	\$2,300,000.00
Total		\$2,300,000.00

Withdrawals and Debits

Ledger Date	Description	Amount
03/13	List Posted Items Quantity 6	\$25,981.17
03/14	List Posted Items Quantity 3	295,275.29
03/15	List Posted Items Quantity 4	33,068.48
03/28	List Posted Items Quantity 2	5,785.70
Total*		\$0.00

*This total excludes the List Posted Items amount set forth in the summary above.

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March 01, 2012 through March 30, 2012
 Account Number: 3993

Checks Paid

Check	Date Paid	Amount	Check	Date Paid	Amount	Check	Date Paid	Amount
20447	03/08	\$3,743.69	20451*	03/12	\$11,354.00			

Total 2 check(s)

* indicates gap in sequence

\$15,097.69

Daily Balance

Date	Ledger Balance	Date	Ledger Balance
03/05	\$2,454,323.58	03/14	\$2,117,969.43
03/08	\$2,450,579.89	03/15	\$2,084,900.95
03/12	\$2,439,225.89	03/28	\$2,079,115.25
03/13	\$2,413,244.72		

Your service charges, fees and earnings credit have been calculated through account analysis.



JPMORGAN CHASE
ACCOUNT RECONCILEMENT
BALANCE SHEET
AS OF 03/31/12

TEAM.....	641	
ACCOUNT.....	3993	
ACCOUNT NAME...	CARITAS HEALTH CARE INC	
BALANCE FORWARD FROM PREVIOUS STATEMENT DATED 02/29/12		154,323.58
ADD TOTAL OF:		
DEPOSITS ON RECONCILIATION... +	.00	
MISCELLANEOUS CREDITS POSTED. +	2,300,000.00	
ADD TOTAL CREDITS DURING THIS PERIOD..... +		2,300,000.00
DEDUCT THE TOTAL OF:		
CHECKS PAID ON RECONCILEMENT. +	375,208.33	
MISCELLANEOUS DEBITS POSTED.. +	.00	
TOTAL DEBITS THIS STATEMENT PERIOD..... -		375,208.33
DEBIT ADJUSTMENTS TO RECONCILE..... -		.00
CREDIT ADJUSTMENT TO RECONCILE..... +		.00
MISCELLANEOUS ADJUSTMENTS TO RECONCILE..... +		.00
ENDING BALANCE..... =		2,079,115.25
BANK STATEMENT ENDING BALANCE.....		2,079,115.25

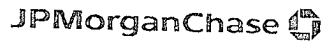
OUTSTANDING BALANCE		
PREVIOUS OUTSTANDING BALANCE.....	76,143.17	
ADJUSTMENT TO PRIOR OUTSTANDING..... +	.00	
NEW ISSUES (NET ADDED)..... +	319,017.16	
CANCELED ISSUES..... -	.00	
STOPPED ISSUES..... -	.00	
PAID CHECKS MATCHED TO ISSUES..... -	375,208.33	
CURRENT OUTSTANDING BALANCE..... =		19,952.00
TOTAL OUTSTANDING FROM RECON REPORTS..... =		19,952.00

IF YOU HAVE ANY QUESTIONS REGARDING THIS RECONCILEMENT, PLEASE CONTACT
YOUR CUSTOMER SERVICE REPRESENTATIVE.

CARITAS HEALTH CARE INC.
Chase Payroll Account
Acct # 4009
MARCH 2012

Balance per G/L @ 3-31-2012	<u>727,511.24</u>
 Balance Per Bank Stmt @ 3-31-2012	 727,511.24
Outstanding Checks Per Bank	4,766.46
Reverse Outstanding Checks Per Bank - to be corrected (see request to bank)	4,766.46
Erroneous "debit" to account - to be corrected (see attached)	617.59
 Adjusted Bank Balance @ 3-31-2012	 <u><u>728,128.83</u></u>

DUPLICATE



JPMorgan Chase Bank, N.A.
Northeast Market
P O Box 659754
San Antonio, TX 78265 - 9754

March 01, 2012 through March 30, 2012
Account Number: 4009

Customer Service Information

If you have any questions about your statement, please contact your Customer Service Professional.

00022686 WBS 802081 09112 NNNNNNNNNN 1 000000000 Q0
CARITAS HEALTH CARE INC
DIP
WYCKOFF HEIGHTS MEDICAL CENTER
374 STOCKHOLM ST
BROOKLYN NY 11237-4006

Commercial Checking Summary

	Number	Amount
Opening Ledger Balance		\$735,589.85
Deposits and Credits	2	\$3,448.91
Withdrawals and Debits	7	\$9,631.83
Checks Paid	1	\$1,895.69
Ending Ledger Balance		\$727,511.24

Deposits and Credits

Ledger Date	Description	Amount
03/01	Orig CO Name: Caritas Health C Orig ID: 1841710364 Desc Date: CO Entry Descr: Return Sec: CCD Trace#: 021000020524510 Eed: 120301 Ind ID: WY5000000727861 Ind Name: Johnson, Christeen R03 - No A/C Unable To Locate Origin# 008020008 ACH Return Blk# 061 Trn: 0610524510Tc	\$1,922.22
03/01	Orig CO Name: Caritas Health C Orig ID: 1841710364 Desc Date: CO Entry Descr: Return Sec: CCD Trace#: 021000020524507 Eed: 120301 Ind ID: WY5000000726248 Ind Name: Ferguson, Christine R03 - No A/C Unable To Locate Origin# 008020008 ACH Return Blk# 061 Trn: 0610524507Tc	1,526.69
Total		\$3,448.91

Please examine this statement of account at once. By continuing to use the account, you agree that: (1) the account is subject to the Bank's deposit account agreement, and (2) the Bank has no responsibility for any error in or improper charge to the account (including any unauthorized or altered check) unless you notify us in writing of this error or charge within sixty days of the mailing or availability of the first statement on which the error or charge appears.



March 01, 2012 through March 30, 2012
Account Number: .4009

Withdrawals and Debits

Ledger Date	Description	Amount
03/01	Orig CO Name: Caritas Health C Orig ID: 1841710364 Desc Date: CO Entry Descr: Return Sec: CCD Trace#: 021000020954753 Eed: 120301 Ind ID: WY5000000760814 Ind Name: Feliciano, Ismelda R02 - No Account Closed Origin# 008020008 ACH Return Blk# 061 Trn: 0610954753Tc	\$2,007.55
03/01	Orig CO Name: Caritas Health C Orig ID: 1841710364 Desc Date: CO Entry Descr: Return Sec: CCD Trace#: 021000020954751 Eed: 120301 Ind ID: WY5000000768629 Ind Name: Cabiness, Shanda T R03 - No A/C Unable To Locate Origin# 008020008 ACH Return Blk# 061 Trn: 0610954751Tc	617.59
03/01	Orig CO Name: Caritas Health C Orig ID: 1841710364 Desc Date: CO Entry Descr: Return Sec: CCD Trace#: 021000020954748 Eed: 120301 Ind ID: WY5000000706238 Ind Name: Quesada, Ivan R03 - No A/C Unable To Locate Origin# 008020008 ACH Return Blk# 061 Trn: 0610954748Tc	557.19
03/02	Orig CO Name: Caritas Health C Orig ID: 1841710364 Desc Date: CO Entry Descr: Return Sec: CCD Trace#: 021000021474700 Eed: 120302 Ind ID: WY5000000727861 Ind Name: Johnson, Christeen R03 - No A/C Unable To Locate Origin# 008020008 ACH Return Blk# 062 Trn: 0621474700Tc	1,922.22
03/02	Orig CO Name: Caritas Health C Orig ID: 1841710364 Desc Date: CO Entry Descr: Return Sec: CCD Trace#: 021000021474697 Eed: 120302 Ind ID: WY5000000726248 Ind Name: Ferguson, Christine R03 - No A/C Unable To Locate Origin# 008020008 ACH Return Blk# 062 Trn: 0621474697Tc	1,526.69
03/29	Book Transfer Debit A/C: Sophia McIntosh Saint Albans, NY 114122817 Trn: 0503400089Jo YOUR REF: NONREF	1,000.17
03/29	Book Transfer Debit A/C: Elisa Lopez OR Nicholas C Cordglendale, NY 113856714 Trn: 0503300089Jo YOUR REF: NONREF	2,000.42
Total		\$9,631.83

Checks Paid

Check	Date Paid	Amount	Check	Date Paid	Amount	Check	Date Paid	Amount
3669	03/27	\$1,895.69						
Total	1 check(s)							\$1,895.69

Daily Balance

Date	Ledger Balance	Date	Ledger Balance
03/01	\$735,856.43	03/27	\$730,511.83
03/02	\$732,407.52	03/29	\$727,511.24

Your service charges, fees and earnings credit have been calculated through account analysis.



JPMORGAN CHASE
ACCOUNT RECONCILEMENT
BALANCE SHEET
AS OF 03/31/12

TEAM.....	641	
ACCOUNT.....	4009	
ACCOUNT NAME...	CARITAS HEALTH CARE INC	
BALANCE FORWARD FROM PREVIOUS STATEMENT DATED 02/29/12		735,589.85
ADD TOTAL OF:		
DEPOSITS ON RECONCILIATION... +	.00	
MISCELLANEOUS CREDITS POSTED. +	3,448.91	
ADD TOTAL CREDITS DURING THIS PERIOD..... +		3,448.91
DEDUCT THE TOTAL OF:		
CHECKS PAID ON RECONCILEMENT. +	1,895.69	
MISCELLANEOUS DEBITS POSTED... +	9,631.83	
TOTAL DEBITS THIS STATEMENT PERIOD..... -		11,527.52
DEBIT ADJUSTMENTS TO RECONCILE..... -	.00	
CREDIT ADJUSTMENT TO RECONCILE..... +	.00	
MISCELLANEOUS ADJUSTMENTS TO RECONCILE..... +	.00	
ENDING BALANCE..... =		727,511.24
BANK STATEMENT ENDING BALANCE.....		727,511.24

OUTSTANDING BALANCE		
PREVIOUS OUTSTANDING BALANCE.....		30,639.34
ADJUSTMENT TO PRIOR OUTSTANDING..... +	.00	
NEW ISSUES (NET ADDED)..... +	.00	
CANCELED ISSUES..... -	.00	
STOPPED ISSUES..... -	23,977.19	
PAID CHECKS MATCHED TO ISSUES..... -	1,895.69	
CURRENT OUTSTANDING BALANCE..... =		4,766.46
TOTAL OUTSTANDING FROM RECON REPORTS..... =		4,766.46

IF YOU HAVE ANY QUESTIONS REGARDING THIS RECONCILEMENT, PLEASE CONTACT
YOUR CUSTOMER SERVICE REPRESENTATIVE.

**FAX TO:**

ARP Operations
TX 817-399-5550 or FL 813-432-3466

E-mail addresses:

Texas Site: Bedford.ARP.Operations@JPMChase.com
Tampa Site: Columbus.Commercial.ARP.Ops@JPMChase.com

DESCRIPTION CODES:

IS	Add Issue
RIS	Remove Issue
CN	Add Cancel
RCN	Remove Cancel

MISCELLANEOUS TRANSACTIONS

Account Reconciliation Service

Company Name: Caritas Health Care Inc.Account No. 4009Contact Name: Billur AkdenizTelephone No. 718-240-1838

	Description Issue Code	Serial No.	Amount	Description Cancel Code	Serial No.	Amount
1				CN	3665	3,460.64
2				CN	3667	1,305.82
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

Total Dollar Amount of Issues \$ 0.00Total Dollar Amount of Cancels \$ 4,766.46

Maintenance Entered By: _____

The current date will be used on all transactions.

The total volume of items entered will be reflected on your Analysis Statement (Code 3294).

This maintenance form is to be used for issue and cancel input only.

Deadline for maintenance received is 4:00 P.M. Bank processing time.

Maintenance received after 4:00 P.M. will be keyed the next business day Bank processing time.

Number of pages: 1

CARITAS HEALTH CARE INC.
Commercial Lockbox Account
A/C #9473
MARCH 2012

Balance Per General Ledger at 3-31-2012	62,035.22
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Bank Balance at 3-31-2012	<u>62,035.22</u>
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JPMorgan Chase Bank, N.A.
 Northeast Market
 P O Box 659754
 San Antonio, TX 78265 - 9754

March 01, 2012 through March 30, 2012
 Account Number: 3473

00059742 WBS 802 211 09112 NNNNNNNNNN 1 000000000 C1 0000
 CARITAS HEALTHCARE INC COMMERCIAL
 DIP
 374 STOCKHOLM ST
 BROOKLYN NY 11237-4006

Customer Service Information

If you have any questions about your statement, please contact your Customer Service Professional.

Commercial Checking Summary

	Number	Amount
Opening Ledger Balance		\$2,359,779.97
Deposits and Credits	7	\$2,455.50
Withdrawals and Debits	4	\$2,300,200.25
Checks Paid	0	\$0.00
Ending Ledger Balance		\$62,035.22

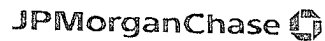
Deposits and Credits

Ledger Date	Description	Amount
03/07	Lockbox No: 30806 For 4 Items At 16:00 8 Trn: 0500504067Lb	\$593.00
03/14	Lockbox No: 30806 For 2 Items At 16:00 8 Trn: 0500586074Lb	70.00
03/15	Deposit 319943354	310.46
03/15	Deposit 319943355	103.12
03/16	Deposit 319943356	900.75
03/16	Deposit 319943357	278.20
03/29	Lockbox No: 30806 For 1 Items At 16:00 8 Trn: 0500594089Lb	199.97
Total		\$2,455.50

Withdrawals and Debits

Ledger Date	Description	Amount
03/05	Book Transfer Debit A/C: Caritas Health Care Inc Brooklyn NY 11237- Trn: 3369900065Jo YOUR REF: NONREF	\$2,300,000.00

Please examine this statement of account at once. By continuing to use the account, you agree that: (1) the account is subject to the Bank's deposit account agreement, and (2) the Bank has no responsibility for any error in or improper charge to the account (including any unauthorized or altered check) unless you notify us in writing of this error or charge within sixty days of the mailing or availability of the first statement on which the error or charge appears.



March 01, 2012 through March 30, 2012
 Account Number: 9473

Withdrawals and Debits (continued)

Ledger Date	Description	Amount
03/05	Orig CO Name:Bankcard Orig ID:Sm077S4866 Desc Date:120229 CO Entry Descr:Mtot Disc Sec:CCD Trace#:021000021932463 Eed:120305 Ind ID:422369650014861 Ind Name:Mary Immaculate Hospit Trn: 0651932463Tc	96.40
03/05	Orig CO Name:Bankcard Orig ID:Sm077S4866 Desc Date:120229 CO Entry Descr:Mtot Disc Sec:CCD Trace#:021000021932464 Eed:120305 Ind ID:422369650014862 Ind Name:St Johns Queens Hospit Trn: 0651932464Tc	95.90
03/05	Orig CO Name:American Express Orig ID:1134992250 Desc Date:120303 CO Entry Descr:Collectionsec:CCD Trace#:021000021932466 Eed:120305 Ind ID:6317818847 Ind Name:Caritas Heal6317818847 Payment Date 12063 Trn: 0651932466Tc	7.95
Total		\$2,300,200.25

Daily Balance

Date	Ledger Balance	Date	Ledger Balance
03/05	\$59,579.72	03/15	\$60,656.30
03/07	\$60,172.72	03/16	\$61,835.25
03/14	\$60,242.72	03/29	\$62,035.22

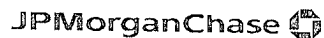
Your service charges, fees and earnings credit have been calculated through account analysis.

CARITAS HEALTH CARE INC.
Government Lockbox Account
A/C # 8434
MARCH 2012

Balance Per General Ledger at 3-31-2012	35,598.72
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Outstanding Deposits

Bank Balance at 3-31-2012	<u><u>35,598.72</u></u>
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JPMorgan Chase Bank, N.A.
 Northeast Market
 P O Box 659754
 San Antonio, TX 78265-9754

March 01, 2012 through March 30, 2012

Account Number: 8434

00059728 WBS 802 211 09112 NNNNNNNNNN 1 000000000 C1 0000

CARITAS HEALTH CARE INC
 LOCKBOX DEPOSIT ACCT DIP
 374 STOCKHOLM ST
 BROOKLYN NY 11237-4006

Customer Service Information

If you have any questions about your statement, please contact your Customer Service Professional.

Commercial Checking Summary

	Number	Amount
Opening Ledger Balance		\$35,598.72
Deposits and Credits	0	\$0.00
Withdrawals and Debits	0	\$0.00
Checks Paid	0	\$0.00
Ending Ledger Balance		\$35,598.72

Your service charges, fees and earnings credit have been calculated through account analysis.

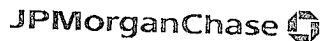
Please examine this statement of account at once. By continuing to use the account, you agree that: (1) the account is subject to the Bank's deposit account agreement, and (2) the Bank has no responsibility for any error in or improper charge to the account (including any unauthorized or altered check) unless you notify us in writing of this error or charge within sixty days of the mailing or availability of the first statement on which the error or charge appears.

CARITAS HEALTH CARE INC.
Utility Account
A/C #6689
MARCH 2012

Balance Per Bank Statement at 3-31-2012	138,257.09
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Outstanding Deposits

Bank Balance at 3-31-2012	<u>138,257.09</u>
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JPMorgan Chase Bank, N.A.
 Northeast Market
 P O Box 659754
 San Antonio, TX 78265 - 9754

March 01, 2012 through March 30, 2012
 Account Number: 3689

00083237 WBS 802 211 09112 NNNNNNNNNN 1 000000000 C2 0000

CARITAS HEALTH CARE INC
 UTILITY ACCOUNT DIP
 374 STOCKHOLM STREET
 BROOKLYN NY 11237-4006

Customer Service Information

If you have any questions about your statement, please contact your Customer Service Professional.

Commercial Checking Summary

	Number	Amount
Opening Ledger Balance		\$138,293.86
Deposits and Credits	0	\$0.00
Withdrawals and Debits	1	\$36.77
Checks Paid	0	\$0.00
Ending Ledger Balance		\$138,257.09

Withdrawals and Debits

Ledger Date	Description	Amount
03/15	Account Analysis Settlement Charge	\$36.77
Total		\$36.77

Daily Balance

Date	Ledger Balance	Date	Ledger Balance
03/15	\$138,257.09		

Your service charges, fees and earnings credit have been calculated through account analysis.

Please examine this statement of account at once. By continuing to use the account, you agree that: (1) the account is subject to the Bank's deposit account agreement, and (2) the Bank has no responsibility for any error in or improper charge to the account (including any unauthorized or altered check) unless you notify us in writing of the error or charge within sixty days of the mailing or availability of the first statement on which the error or charge appears.

In re Caritas Health Care, Inc.

Debtor

Case No. 09-40901

Reporting Period: 3/01-3/31/2012

STATEMENT OF OPERATIONS (Income Statement)

The Statement of Operations is to be prepared on an accrual basis. The accrual basis of accounting recognizes revenue when it is realized and expenses when they are incurred, regardless of when cash is actually received or paid.

REVENUES	MONTH	CUMULATIVE -FILING TO DATE
Gross Revenues	2,455	29,727,502
Less: Returns and Allowances		
Net Revenue	2,455	29,727,502
COST OF GOODS SOLD		
Beginning Inventory		
Add: Purchases		
Add: Cost of Labor		
Add: Other Costs (attach schedule)		
Less: Ending Inventory		
Cost of Goods Sold		
Gross Profit	2,455	29,727,502
OPERATING EXPENSES		
Advertising		
Auto and Truck Expense		
Bad Debts		
Contributions		
Employee Benefits Programs	1,660	8,532,278
Officer/Insider Compensation*	11,354	585,980
Insurance	17,836	2,014,003
Management Fees/Bonuses		
Office Expense		
Pension & Profit-Sharing Plans		
Repairs and Maintenance		
Rent and Lease Expense		
Salaries/Commissions/Fees/contract labor	11,501	21,162,255
Supplies	808	2,346,253
Taxes - Payroll		
Taxes - Real Estate		
Taxes - Other		
Travel and Entertainment		
Bankruptcy Preference Recovery	(63,024)	(975,316)
Other	71,840	6,004,591
Total Operating Expenses Before Depreciation	51,975	39,670,044
Depreciation/Depletion/Amortization		1,837,997
Net Profit (Loss) Before Other Income & Expenses	(49,520)	(11,780,539)
OTHER INCOME AND EXPENSES		
Other Income	479	3,608,249
Interest Expense		1,644,882
Other Expense (attach schedule)		
Net Profit (Loss) Before Reorganization Items	(49,041)	(9,817,172)

In re Caritas Health Care, Inc.

Case No. 09-40901

Debtor

Reporting Period: 3/01-3/31/2012

REORGANIZATION ITEMS		
Professional Fees	293,360	7,428,081
U. S. Trustee Quarterly Fees	275	120,275
Interest Earned on Accumulated Cash from Chapter 11 <i>(see continuation sheet)</i>		
Gain (Loss) from Sale of Equipment		2,477,766
Other Reorganization Expenses <i>(attach schedule)</i>		
Total Reorganization Expenses	293,635	5,070,590
Income Taxes		
Net Profit (Loss)	(342,676)	(14,887,762)

*"Insider" is defined in 11 U.S.C. Section 101(31).

BREAKDOWN OF "OTHER" CATEGORY

OTHER COSTS

OTHER OPERATIONAL EXPENSES		
OTHER INCOME		
OTHER EXPENSES		
OTHER REORGANIZATION EXPENSES		

Reorganization Items - Interest Earned on Accumulated Cash from Chapter 11:

Interest earned on cash accumulated during the chapter 11 case, which would not have been earned but for the bankruptcy proceeding, should be reported as a reorganization item.

In re Caritas Health Care, Inc.
DebtorCase No. 09-40901
Reporting Period: 3/01-3/31/2012**BALANCE SHEET**

The Balance Sheet is to be completed on an accrual basis only. Pre-petition liabilities must be classified separately from post-petition obligations.

ASSETS	BOOK VALUE AT END OF CURRENT REPORTING MONTH	BOOK VALUE AT END OF PRIOR REPORTING MONTH	BOOK VALUE ON PETITION DATE OR SCHEDULED
CURRENT ASSETS			
Unrestricted Cash and Equivalents	18,677,253	18,904,222	
Restricted Cash and Cash Equivalents (<i>see continuation sheet</i>)			
Accounts Receivable/due from third parties	13,548,895	13,548,895	
Notes Receivable			
Inventories			
Prepaid Expenses	344,155	361,990	
Professional Retainers			
Other Current Assets (Grants) (Escrow)			
TOTAL CURRENT ASSETS	32,570,303	32,815,107	
PROPERTY & EQUIPMENT			
Real Property and Improvements			
Machinery and Equipment			
Furniture, Fixtures and Office Equipment			
Leasehold Improvements			
Vehicles			
Less: Accumulated Depreciation			
TOTAL PROPERTY & EQUIPMENT	0	0	
OTHER ASSETS			
Amounts due from Insiders*			
Other Assets (<i>attach schedule</i>)			
TOTAL OTHER ASSETS			
TOTAL ASSETS	32,570,303	32,815,107	
LIABILITIES AND OWNER EQUITY			
	BOOK VALUE AT END OF CURRENT REPORTING MONTH	BOOK VALUE AT END OF CURRENT REPORTING MONTH	BOOK VALUE ON PETITION DATE
LIABILITIES NOT SUBJECT TO COMPROMISE (Post-petition)			
Accounts Payable			
Taxes Payable (<i>refer to FORM MOR-4</i>)			
Wages Payable			
Notes Payable			
Rent / Leases - Building/Equipment			
Secured Debt / Adequate Protection Payments			
Professional Fees			
Amounts Due to Insiders*			
Other Post-petition Liabilities (<i>attach schedule</i>)			
TOTAL POST-PETITION LIABILITIES	0	0	
LIABILITIES SUBJECT TO COMPROMISE (Pre-Petition)			
Secured Debt (DASNY)	0	0	
Priority & Administrative Claims	18,386,339	18,285,674	
Unsecured Debt	143,013,197	143,017,714	
TOTAL PRE-PETITION LIABILITIES	161,399,536	161,303,388	
TOTAL LIABILITIES	161,399,536	161,303,388	
OWNERS' EQUITY			
Capital Stock			
Additional Paid-In Capital			
Partners' Capital Account			
Owner's Equity Account			
Retained Earnings - Pre-Petition			
Retained Earnings - Post-petition			
Adjustments to Owner Equity (<i>attach schedule</i>)			
Post-petition Contributions (<i>attach schedule</i>)			
TOTAL NET ASSETS	128,829,233	128,488,281	
TOTAL LIABILITIES AND NET ASSETS	32,570,303	32,815,107	

*"Insider" is defined in 11 U.S.C. Section 101(31).

In re Caritas Health Care, Inc.
Debtor

Case No. 09-40901
Reporting Period: 3/01-3/31/2012

BALANCE SHEET - continuation section

ASSETS	BOOK VALUE AT END OF CURRENT REPORTING MONTH	BOOK VALUE ON PETITION DATE
Other Current Assets		
Other Assets		
LIABILITIES AND OWNER EQUITY	BOOK VALUE AT END OF CURRENT REPORTING MONTH	BOOK VALUE ON PETITION DATE
Other Post-petition Liabilities		
Adjustments to Owner's Equity		
Post-Petition Contributions		

Restricted Cash: Cash that is restricted for a specific use and not available to fund operations.
Typically, restricted cash is segregated into a separate account, such as an escrow account.

In re Caritas Health Care, Inc.

Debtor

Case No. 09-40901

Reporting Period: 3/01-3/31/2012

STATUS OF POST-PETITION TAXES

The beginning tax liability should be the ending liability from the prior month or, if this is the first report, the amount should be zero.

Attach photocopies of IRS Form 6123 or payment receipt to verify payment or deposit of federal payroll taxes.

Attach photocopies of any tax returns filed during the reporting period.

Federal	Beginning Tax	Amount Withheld and/or Accrued	Amount Paid	Date Paid	Check # or EFT	Ending Tax
Withholding						
FICA-Employee						
FICA-Employer						
Unemployment						
Income						
Other:						
Total Federal Taxes						
State and Local						
Withholding						
Sales						
Excise						
Unemployment						
Real Property						
Personal Property						
Other:						
Total State and Local						
Total Taxes						

SUMMARY OF UNPAID POST-PETITION DEBTS

Attach aged listing of accounts payable.

	Current	Number of Days Past Due				Total
		0-30	31-60	61-90	Over 91	
Accounts Payable						
Wages Payable						
Taxes Payable						
Rent/Leases-Building						
Rent/Leases-Equipment						
Secured Debt/Adequate Protection Payments						
Professional Fees						
Amounts Due to Insiders						
Other:						
Other:						
Total Post-petition Debts						

Explain how and when the Debtor intends to pay any past due post-petition debts.

In re Caritas Health Care, Inc.
Debtor

Case No. 09-40901
Reporting Period: 3/01-3/31/2012

PAYMENTS TO INSIDERS AND PROFESSIONALS

Of the total disbursements shown on the Cash Receipts and Disbursements Report (MOR-1) list the amount paid to insiders (as defined in Section 101(31) (A)-(F) of the U.S. Bankruptcy Code) and to professionals. For payments to insiders, identify the type of compensation paid (e.g. Salary, Bonus, Commissions, Insurance, Housing Allowance, Travel, Car Allowance, Etc.). Attach additional sheets if necessary.

INSIDERS			
NAME	TYPE OF PAYMENT	AMOUNT PAID	TOTAL PAID TO DATE
John Kastanis	salary		154,621
Jerry Castoria	fees (CFO)	11,354	431,359
TOTAL PAYMENTS TO INSIDERS		11,354	585,980

PROFESSIONALS					
NAME	DATE OF COURT ORDER AUTHORIZING PAYMENT	AMOUNT APPROVED	AMOUNT PAID	TOTAL PAID TO DATE	TOTAL INCURRED & UNPAID*
Proskauer Rose			284,024	2,998,360	744,733
CBIZ			2,814	401,697	100,376
JL Consulting				358,283	0
Montclair Partners				77,872	19,475
Alston Bird			2,634	449,187	109,321
BDO				263,556	61,862
Neubert Pepe				36,416	0
Kelley Drye				431,192	103,038
Focus				32,548	0
Littler Mendelson			1,183	368,063	88,920
Garbarini & Scher			2,705	48,170	12,225
Silverman Acampora				13,295	3,296
EPIQ				706,195	0
TOTAL PAYMENTS TO PROFESSIONALS			293,360	6,184,834	1,243,247

* INCLUDE ALL FEES INCURRED, BOTH APPROVED AND UNAPPROVED

POST-PETITION STATUS OF SECURED NOTES, LEASES PAYABLE AND ADEQUATE PROTECTION PAYMENTS

NAME OF CREDITOR	SCHEDULED MONTHLY PAYMENT DUE	AMOUNT PAID DURING MONTH	TOTAL UNPAID POST-PETITION
TOTAL PAYMENTS			

In re Caritas Health Care, Inc.Case No. 09-40901DebtorReporting Period: 3/01-3/31/2012**DEBTOR QUESTIONNAIRE**

Must be completed each month. If the answer to any of the questions is "Yes", provide a detailed explanation of each item. Attach additional sheets if necessary.		Yes	No
1	Have any assets been sold or transferred outside the normal course of business this reporting period?		X
2	Have any funds been disbursed from any account other than a debtor in possession account this reporting period?		X
3	Is the Debtor delinquent in the timely filing of any post-petition tax returns?		X
4	Are workers compensation, general liability or other necessary insurance coverages expired or cancelled, or has the debtor received notice of expiration or cancellation of such policies?		X
5	Is the Debtor delinquent in paying any insurance premium payment?		X
6	Have any payments been made on pre-petition liabilities this reporting period?		X
7	Are any post petition receivables (accounts, notes or loans) due from related parties?		X
8	Are any post petition payroll taxes past due?		X
9	Are any post petition State or Federal income taxes past due?		X
10	Are any post petition real estate taxes past due?		X
11	Are any other post petition taxes past due?		X
12	Have any pre-petition taxes been paid during this reporting period?		X
13	Are any amounts owed to post petition creditors delinquent?		X
14	Are any wage payments past due?		X
15	Have any post petition loans been received by the Debtor from any party?		X
16	Is the Debtor delinquent in paying any U.S. Trustee fees?		X
17	Is the Debtor delinquent with any court ordered payments to attorneys or other professionals?		X
18	Have the owners or shareholders received any compensation outside of the normal course of business?		X