

UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF NEW YORKIn re Caritas Health Care, Inc.  
DebtorCase No. 09-40901  
Reporting 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

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.

Debtor

Case 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	
<b>CASH BEGINNING OF MONTH</b>	18,904,222				
<b>RECEIPTS</b>					
CASH SALES	96,304				
ACCOUNTS RECEIVABLE - PREPETITION					
ACCOUNTS RECEIVABLE - POSTPETITION					
LOANS AND ADVANCES					
SALE OF ASSETS					
OTHER (ATTACH LIST)					
TRANSFERS (FROM DIP ACCTS)					
<b>TOTAL RECEIPTS</b>	96,304				
<b>DISBURSEMENTS</b>					
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					
<b>TOTAL DISBURSEMENTS</b>	323,274				
NET CASH FLOW	(226,969)				
(RECEIPTS LESS DISBURSEMENTS)					
<b>CASH - END OF MONTH</b>	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)

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

**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.)

**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
		<b>\$18,677,252.94</b>	<b>\$216,530,698.86</b>	<b>(\$197,128,473.48)</b>	<b>(\$724,972.44)</b>

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

Chase Bank Adjusted Total	corrections & ots checks	Chase Bank Total	CARITAS G/L Balance	SJH	MIH	MSF
21,523.60	21,523.60	21,523.60	21,523.60	66,877,525.36	(63,977,123.05)	(2,878,878.71)
15,627,798.27	15,627,798.27	15,627,798.27	15,627,798.27	22,424,505.16	(6,726,281.62)	(70,425.27)
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
728,128.83	617.59	727,511.24	728,128.83	113,149,765.52	(104,713,268.49)	(7,708,368.20)
62,035.22		62,035.22	62,035.22	62,035.22	(0.00)	0.00
35,598.72		35,598.72	35,598.72	(65,037,280.24)	55,140,179.22	9,932,699.74
138,257.09		138,257.09	138,257.09	138,257.09	0.00	0.00
<b>18,672,504.98</b>	<b>(19,334.41)</b>	<b>18,691,839.39</b>	<b>18,672,504.98</b>	<b>216,525,950.90</b>	<b>(197,128,473.48)</b>	<b>(724,972.44)</b>
Petty Cash General		3,504.59	3,504.59	0.00	0.00	0.00
Petty Cash Miscellaneous		1,243.37	1,243.37	0.00	0.00	0.00
Cash - Bank Deposits						
18,677,252.94		<b>216,530,698.86</b>	<b>(197,128,473.48)</b>			<b>(724,972.44)</b>
						0.00
						Cash and Cash Equivalents

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



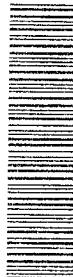
JPMorgan Chase Bank, N.A.  
Northeast Market  
P O Box 659754  
San Antonio, TX 78265-9754

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

00059727 WBS 802 211 09112 NNNNNNNNNNNN 1 000000000 C2 0000  
CARITAS HEALTH CARE INC  
OPERATING 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		\$21,523.60
Deposits and Credits	0	\$0.00
Withdrawals and Debits	0	\$0.00
Checks Paid	0	\$0.00
<b>Ending Ledger Balance</b>		<b>\$21,523.60</b>

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.

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

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

### Outstanding Deposits

### Outstanding Disbursements

### Bank Balance at 3-31-2012

**15,627,798.27**

**JPMorganChase**

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

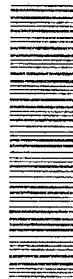
March 01, 2012 through March 30, 2012

Account Number 6636

**Customer Service Information**

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

00076353 WBS 802211 09112 NNNNNNNNNN 1 000000000 62 0000  
 CARITAS HEALTH CARE INC  
 GOLF ACCT DIP  
 374 STOCKHOLM ST  
 BROOKLYN NY 11237-4006

**Liquid MMA****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
<b>Ending Ledger Balance</b>		<b>\$15,627,798.27</b>
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
<b>Total</b>		<b>\$93,848.97</b>

**Withdrawals and Debits**

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

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JPMorganChase 

March 01, 2012 through March 30, 2012

Account Number: 3636

**Withdrawals and Debits** *(continued)*

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

**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**

**Balance Per Bank Stmt @ 3-31-2012** **2,079,115.25**

Outstanding Checks Per Bank **19,952.00**

**Bank Balance at 3-31-2012** **2,059,163.25**



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 802081 09112 NNNNNNNNNNNN 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

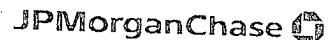
Ledger Date	Description	Amount
03/05	Book Transfer Credit B/O: Caritas Healthcare Inc Commercbrooklyn NY 11237-4006 Trn: 3369900065Jo YOUR REF: CAP OF 12/03/05	\$2,300,000.00
<b>Total</b>		<b>\$2,300,000.00</b>

### Withdrawals and Debits

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

\*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			
<b>Total</b>	<b>2 check(s)</b>							<b>\$15,097.69</b>
* indicates gap in sequence								

### 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	
ADD TOTAL OF:	154,323.58
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** 727,511.24

**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** 728,128.83

DUPLICATE

**JPMorganChase** 

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

00022686 WBS 802081 09112 NNNNNNNNNN 100000000 Q0  
 CARITAS HEALTH CARE INC  
 DIP  
 WYCKOFF HEIGHTS MEDICAL CENTER  
 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		\$735,589.85
Deposits and Credits	2	\$3,448.91
Withdrawals and Debits	7	\$9,631.83
Checks Paid	1	\$1,895.69
<b>Ending Ledger Balance</b>		<b>\$727,511.24</b>

**Deposits and Credits**

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

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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 Entry Descr:Return Sec:CCD ID:WY5000000760814 Account Closed Blk# 061 Trn: 0610954753Tc	Orig ID:1841710364 Desc Date: CO Trace#:021000020954753 Eed:120301 Ind Ind Name:Feliciano,Ismeida Origin# 008020008 ACH Return	\$2,007.55
03/01	Orig CO Name:Caritas Health C Entry Descr:Return Sec:CCD ID:WY5000000768629 A/C Unable To Locate Blk# 061 Trn: 0610954751Tc	Orig ID:1841710364 Desc Date: CO Trace#:021000020954751 Eed:120301 Ind Ind Name:Cabiness,Shanda T Origin# 008020008 ACH Return	617.59
03/01	Orig CO Name:Caritas Health C Entry Descr:Return Sec:CCD ID:WY5000000706238 A/C Unable To Locate Blk# 061 Trn: 0610954748Tc	Orig ID:1841710364 Desc Date: CO Trace#:021000020954748 Eed:120301 Ind Ind Name:Quesada,Ivan Origin# 008020008 ACH Return	557.19
03/02	Orig CO Name:Caritas Health C Entry Descr:Return Sec:CCD ID:WY5000000727861 A/C Unable To Locate Blk# 062 Trn: 0621474700Tc	Orig ID:1841710364 Desc Date: CO Trace#:021000021474700 Eed:120302 Ind Ind Name:Johnson,Christeen Origin# 008020008 ACH Return	1,922.22
03/02	Orig CO Name:Caritas Health C Entry Descr:Return Sec:CCD ID:WY5000000726248 A/C Unable To Locate Blk# 062 Trn: 0621474697Tc	Orig ID:1841710364 Desc Date: CO Trace#:021000021474697 Eed:120302 Ind Ind Name:Ferguson,Christine Origin# 008020008 ACH Return	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
<b>Total</b>		<b>\$9,631.83</b>	

## Checks Paid

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

## 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.AR.P.Operations@JPMChase.com  
 Tampa Site: Columbus.Commercial.AR.P.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.	4009
Contact Name:	Billur Akdeniz	Telephone 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 \$ 0.00 Total 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.

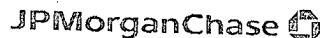
Maintenance received after 4:00 P.M. will be keyed the next business day Bank processing time.

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**

**Bank Balance at 3-31-2012** **62,035.22**



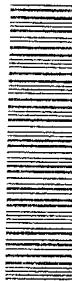
JPMorgan Chase Bank, N.A.  
Northeast Market  
P O Box 659754  
San Antonio, TX 78265 - 9754

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

00059742 WBS 802211 09112 NNNNNNNNNN 1 00000000 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
<b>Ending Ledger Balance</b>		<b>\$62,035.22</b>

### 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
<b>Total</b>		<b>\$2,455.50</b>

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

### 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

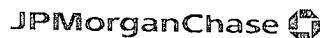
Your service charges, fees and earnings credit have been calculated through account analysis.

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

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

**Outstanding Deposits**

**Bank Balance at 3-31-2012** **35,598.72**



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 802211 09112 NNNNNNNNNNNN 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
<b>Ending Ledger Balance</b>		<b>\$35,598.72</b>

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**

**Outstanding Deposits**

Bank Balance at 3-31-2012 **138,257.09**

**JPMorganChase** 

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 802211 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
<b>Ending Ledger Balance</b>		<b>\$138,257.09</b>

**Withdrawals and Debits**

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

**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
<b>COST OF GOODS SOLD</b>		
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
<b>OPERATING EXPENSES</b>		
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)
<b>OTHER INCOME AND EXPENSES</b>		
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.**

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**Debtor**

Case No. 09-40901

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

<b>REORGANIZATION ITEMS</b>			
Professional Fees		293,360	7,428,081
U. S. Trustee Quarterly Fees		275	120,275
Interest Earned on Accumulated Cash from Chapter 11 (see continuation sheet)			
Gain (Loss) from Sale of Equipment			2,477,766
Other Reorganization Expenses (attach schedule)			
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 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.

Debtor

Case 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
<b>CURRENT ASSETS</b>			
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)			
<b>TOTAL CURRENT ASSETS</b>	<b>32,570,303</b>	<b>32,815,107</b>	
<b>PROPERTY &amp; EQUIPMENT</b>			
Real Property and Improvements			
Machinery and Equipment			
Furniture, Fixtures and Office Equipment			
Leasehold Improvements			
Vehicles			
Less: Accumulated Depreciation			
<b>TOTAL PROPERTY &amp; EQUIPMENT</b>	<b>0</b>	<b>0</b>	
<b>OTHER ASSETS</b>			
Amounts due from Insiders*			
Other Assets ( <i>attach schedule</i> )			
<b>TOTAL OTHER ASSETS</b>			
<b>TOTAL ASSETS</b>	<b>32,570,303</b>	<b>32,815,107</b>	
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
<b>LIABILITIES NOT SUBJECT TO COMPROMISE (Post-petition)</b>			
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> )			
<b>TOTAL POST-PETITION LIABILITIES</b>	<b>0</b>	<b>0</b>	
<b>LIABILITIES SUBJECT TO COMPROMISE (Pre-Petition)</b>			
Secured Debt (DASNY)	0	0	
Priority & Administrative Claims	18,386,339	18,285,674	
Unsecured Debt	143,013,197	143,017,714	
<b>TOTAL PRE-PETITION LIABILITIES</b>	<b>161,399,536</b>	<b>161,303,388</b>	
<b>TOTAL LIABILITIES</b>	<b>161,399,536</b>	<b>161,303,388</b>	
<b>OWNERS' EQUITY</b>			
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> )			
<b>TOTAL NET ASSETS</b>	<b>128,829,233</b>	<b>128,488,281</b>	
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>32,570,303</b>	<b>32,815,107</b>	

\* "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**

<b>ASSETS</b>	<b>BOOK VALUE AT END OF</b>		<b>BOOK VALUE ON</b> <b>PETITION DATE</b>
	<b>CURRENT REPORTING</b>	<b>MONTH</b>	
Other Current Assets			
Other Assets			
<b>LIABILITIES AND OWNER EQUITY</b>	<b>BOOK VALUE AT END OF</b>		<b>BOOK VALUE ON</b> <b>PETITION DATE</b>
	<b>CURRENT REPORTING</b>	<b>MONTH</b>	
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.

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

**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:						
<b>Total Post-petition Debts</b>						

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

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In re Caritas Health Care, Inc.  
Debtor

Case No. 09-40901

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

## ACCOUNTS RECEIVABLE RECONCILIATION AND AGING

Accounts Receivable Reconciliation		Amount
Total Accounts Receivable at the beginning of the reporting period		
Plus: Amounts billed/adjusted during period		
Less: Amounts collected during the period		
Total Accounts Receivable at the end of the reporting period		
Accounts Receivable Aging		
0-30 Days		61-90 Days
0 - 30 days old		
31 - 60 days old		
61 - 90 days old		
91+ days old		
Total Accounts Receivable		
Less: Bad Debts (Amount considered uncollectible)		
Net Accounts Receivable		

## TAXES RECONCILIATION AND AGING

**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.

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	2,998,360	744,733
CBIZ		2,814	401,697	401,697	100,376
JL Consulting			358,283	358,283	0
Montclaire Partners			77,872	77,872	19,475
Alston Bird		2,634	449,187	449,187	109,321
BDO			263,556	263,556	61,862
Neubert Pepe			36,416	36,416	0
Kelley Drye			431,192	431,192	103,038
Focus			32,548	32,548	0
Little Mendelson		1,183	368,063	368,063	88,920
Garbarini & Scher		2,705	48,170	48,170	12,225
Silverman Acampora			13,295	13,295	3,296
EPIQ			706,195	706,195	0
TOTAL PAYMENTS TO PROFESSIONALS			293,360	6,184,834	1,243,247
* INCLUDE ALL FEES INCURRED, BOTH APPROVED AND UNAPPROVED					

\* INCLUDE ALL FEES INCURRED, BOTH APPROVED AND UNAPPROVED

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

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

<b>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.</b>		<b>Yes</b>	<b>No</b>
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