

UNITED STATES BANKRUPTCY COURT  
 EASTERN DISTRICT OF NEW YORK

In re Caritas Health Care, Inc.  
 Debtor

Case No. 09-40901

Reporting Period: 12/01-12/31/2011

Federal 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 (CONT)</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 1/16/12

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.  
 Debtor

Case No. 09-40901  
 Reporting Period: 12/01-12/31/2011

**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>	18,715,082				
<b>RECEIPTS</b>					
CASH SALES	410,809				
ACCOUNTS RECEIVABLE - PREPETITION					
ACCOUNTS RECEIVABLE - POSTPETITION					
LOANS AND ADVANCES					
SALE OF ASSETS					
OTHER (ATTACH LIST)					
TRANSFERS (FROM DIP ACCTS)					
<b>TOTAL RECEIPTS</b>	410,809				
<b>DISBURSEMENTS</b>					
PAYROLL & TAXES	(17,715)				
BENEFITS					
INVENTORY PURCHASES					
SECURED/ RENTAL/ LEASES					
INSURANCE	214,028				
ADMINISTRATIVE SERVICES					
OTHER - INTEREST & PENALTIES	0				
CONTRACT LABOR	5,399				
UTILITIES	0				
MISCELLANEOUS	10,807				
DASNY DIP REPAYMENT					
DASNY LOAN REPAYMENT					
PROFESSIONAL FEES	71,348				
U.S. TRUSTEE QUARTERLY FEES					
COURT COSTS					
<b>TOTAL DISBURSEMENTS</b>	283,867				
<b>NET CASH FLOW (RECEIPTS LESS DISBURSEMENTS)</b>	126,942				
<b>CASH - END OF MONTH</b>	18,842,024				

\* 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: 12/01-12/31/2011

**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
	#	#	#	#
<b>BALANCE PER BOOKS</b>				
<b>BANK BALANCE</b>				
(+) DEPOSITS IN TRANSIT ( <i>ATTACH LIST</i> )				
(-) OUTSTANDING CHECKS ( <i>ATTACH LIST</i> ):				
OTHER ( <i>ATTACH EXPLANATION</i> )				
<b>ADJUSTED BANK BALANCE *</b>				
**Adjusted Bank Balance" must equal "Balance per Books"				
<b>DEPOSITS IN TRANSIT</b>	Date	Amount	Date	Amount
<b>CHECKS OUTSTANDING</b>	Ck. #	Amount	Ck. #	Amount
<b>OTHER</b>				

**CARITAS HEALTHCARE, INC.**  
**CASH BALANCES - December 31, 2011**

A/C	DESCRIPTION	TOTAL			
		December 31, 2011	SJH	MIH	MSF
1000.0001	OPERATING	21,523.60	66,877,525.36	(63,977,123.05)	(2,878,878.71)
1000.0003	GOLF	12,553,967.67	19,350,674.56	(6,726,281.62)	(70,425.27)
1000.0004	ACCOUNTS PAYABLE	197,719.56	77,049,699.10	(76,851,979.54)	0.00
1000.0005	PAYROLL	733,025.11	113,154,661.80	(104,713,268.49)	(7,708,368.20)
1000.0015	COMMERCIAL LOCKBOX	2,357,089.36	147,673.12	2,209,416.24	0.00
1000.0016	GOVERNMENT LOCKBOX	2,835,598.72	(62,237,280.24)	55,140,179.22	9,932,699.74
1000.0017	UTILITY	138,351.01	138,351.01	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>\$18,842,022.99</b>	<b>\$214,486,052.67</b>	<b>(\$194,919,057.24)</b>	<b>(\$724,972.44)</b>

**CARITAS HEALTHCARE, INC.**  
**Cash and Cash Equivalents**  
**December 31, 2011**

	Chase Bank Adjusted Total	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	12,553,967.67		12,553,967.67	12,553,967.67	19,350,674.56	(6,726,281.62)	(70,425.27)
Accounts Payable account	197,719.56	(8,681.27)	206,400.83	197,719.56	77,049,699.10	(76,851,979.54)	0.00
Payroll account	733,025.11	(1,758.26)	734,783.37	733,025.11	113,154,661.80	(104,713,268.49)	(7,708,368.20)
Commercial Lockbox account	2,357,089.36		2,357,089.36	2,357,089.36	147,673.12	2,209,416.24	0.00
Government Lockbox account	2,835,598.72		2,835,598.72	2,835,598.72	(62,237,280.24)	55,140,179.22	9,932,699.74
Utility account	138,351.01		138,351.01	138,351.01		0.00	0.00
<b>Cash - Bank Deposits</b>	<b>18,837,275.03</b>	<b>(10,439.53)</b>	<b>18,847,714.56</b>	<b>18,837,275.03</b>	<b>214,481,304.71</b>	<b>(194,919,057.24)</b>	<b>(724,972.44)</b>
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
<b>Cash and Cash Equivalents</b>		<b>0.00</b>		<b>18,842,022.99</b>	<b>214,486,052.67</b>	<b>(194,919,057.24)</b>	<b>(724,972.44)</b>

**Caritas Health Care Inc.  
JPMorganChase  
Operating Account  
Acct # 8426  
DECEMBER 2011**

**Balance Per General Ledger at 12/31/11**

**21,523.60**

**Bank Balance at 12/31/11**

**21,523.60**



**CARITAS HEALTH CARE INC.  
Golf Account  
Account # 6636  
DECEMBER 2011**

**Balance Per General Ledger at 12-31-2011** **12,553,967.67**

**Outstanding Deposits**

Outstanding Disbursements

**Bank Balance at 12-31-2011** **12,553,967.67**





JPMORGAN CHASE BANK, N.A.  
 NORTHEAST MARKET  
 P O BOX 659754  
 SAN ANTONIO TX 78265-9754

December 01, 2011 -  
 December 30, 2011

**Account Number**  
 6636

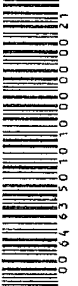
**Customer Service**

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



00064635 CEN 802 X 36511 - NNN 1 000000000 62 0000

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



**Liquid MMDA**

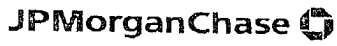
**Summary**

	<i>Number</i>	<i>Amount</i>	
Opening Ledger Balance		\$12,356,052.14	
Deposits and Credits	4	\$198,162.55	
Withdrawals and Debits	1	\$247.02	
Checks Paid	0	\$.00	
<b>Ending Ledger Balance</b>		<b>\$12,553,967.67</b>	
Average Ledger Balance		\$12,440,218.00	
Interest Credited this period	\$309.60	Interest Credited Year to Date	\$3,693.19
Interest Rate(s):	12/01 to 12/30 at 0.03%		

**Deposits and Credits**

<i>Ledger Date</i>	<i>Description</i>	<i>Amount</i>
12/01	DEPOSIT 254288407	\$4,500.00
12/15	DEPOSIT 319943337	\$93,352.95
12/22	DEPOSIT 319943336	\$100,000.00
12/30	INTEREST PAYMENT	\$309.60
<b>Total</b>		<b>\$198,162.55</b>

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.



December 01, 2011 -  
December 30, 2011

**Account Number**  
36038750 06636

CARITAS HEALTH CARE INC  
GOLF ACCT DIP

**Liquid MMDA**  
(continued)

**Withdrawals and Debits**

<i>Ledger Date</i>	<i>Description</i>	<i>Amount</i>
12/15	ACCOUNT ANALYSIS SETTLEMENT CHARGE	\$247.02
<b>Total</b>		<b>\$247.02</b>

**Daily Balance**

<i>Date</i>	<i>Ledger Balance</i>	<i>Date</i>	<i>Ledger Balance</i>
12/01	\$12,360,552.14	12/22	\$12,553,658.07
12/15	\$12,453,658.07	12/30	\$12,553,967.67

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

**JPMorganChase  
Chase Accounts Payable Account  
Acct # 3993  
DECEMBER 2011**

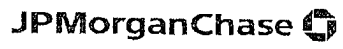
**Balance Per General Ledger at 12-31-2011** **197,719.56**

**Balance Per Bank Stmt @ 12-31-2011** **206,400.83**

Outstanding Checks Per Bank 8,681.27

**Bank Balance at 12-31-2011** **197,719.56**

DUPLICATE



JPMORGAN CHASE BANK, N.A.  
 NORTHEAST MARKET  
 P O BOX 659754  
 SAN ANTONIO TX 78265-9754

641  
 December 01, 2011 -  
 December 30, 2011

00001031 CEN 802 R 36511 - NNN 1 000000000 R0  
 CARITAS HEALTH CARE INC  
 DIP  
 WYCKOFF HEIGHTS MEDICAL CENTER  
 374 STOCKHOLM ST  
 BROOKLYN NY 11237

Account Number  
 0003993

**Customer Service**

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



**Commercial Checking**

**Summary**

	<i>Number</i>	<i>Amount</i>
Opening Ledger Balance		\$518,277.95
Deposits and Credits	0	\$.00
Withdrawals and Debits	0	\$.00
List Posted Items	10	\$273,891.97
Checks Paid	5	\$37,985.15
<b>Ending Ledger Balance</b>		<b>\$206,400.83</b>

**Withdrawals and Debits**

<i>Ledger Date</i>	<i>Description</i>		<i>Amount</i>
12/14	LIST POSTED ITEMS QUANTITY	4	\$10,523.84
12/16	LIST POSTED ITEMS QUANTITY	2	\$19,405.76
12/19	LIST POSTED ITEMS QUANTITY	4	\$243,962.37

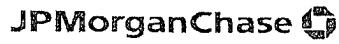
**Total\*** **\$0.00**

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

**Checks Paid**

<i>Check</i>	<i>Date Paid</i>	<i>Amount</i>	<i>Check</i>	<i>Date Paid</i>	<i>Amount</i>	<i>Check</i>	<i>Date Paid</i>	<i>Amount</i>
20408	12/20	\$279.16	20412	12/22	\$7,047.38	20422*	12/29	\$1,806.00
20411*	12/21	\$26,360.83	20416*	12/15	\$2,491.78			

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.



641  
 December 01, 2011 -  
 December 30, 2011

**Account Number**  
 3993

CARITAS HEALTH CARE INC  
 DIP

**Commercial Checking**  
 (continued)

---

**Total**      **5 check(s)**      **\$37,985.15**  
 \* indicates gap in sequence

**Daily Balance**

---

<i>Date</i>	<i>Ledger Balance</i>	<i>Date</i>	<i>Ledger Balance</i>
12/14	\$507,754.11	12/20	\$241,615.04
12/15	\$505,262.33	12/21	\$215,254.21
12/16	\$485,856.57	12/22	\$208,206.83
12/19	\$241,894.20	12/29	\$206,400.83

---

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



JPMORGAN CHASE  
 ACCOUNT RECONCILEMENT  
 BALANCE SHEET  
 AS OF 12/31/11

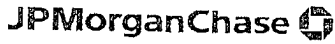
TEAM.....	641	
ACCOUNT.....	3993	
ACCOUNT NAME...	CARITAS HEALTH CARE INC	
BALANCE FORWARD FROM PREVIOUS STATEMENT DATED 11/30/11		518,277.95
ADD TOTAL OF:		
DEPOSITS ON RECONCILIATION... +	.00	
MISCELLANEOUS CREDITS POSTED. +	.00	
ADD TOTAL CREDITS DURING THIS PERIOD..... +		.00
DEDUCT THE TOTAL OF:		
CHECKS PAID ON RECONCILEMENT. +	311,877.12	
MISCELLANEOUS DEBITS POSTED.. +	.00	
TOTAL DEBITS THIS STATEMENT PERIOD..... -		311,877.12
DEBIT ADJUSTMENTS TO RECONCILE..... -		.00
CREDIT ADJUSTMENT TO RECONCILE..... +		.00
MISCELLANEOUS ADJUSTMENTS TO RECONCILE..... +		.00
ENDING BALANCE..... =		206,400.83
BANK STATEMENT ENDING BALANCE.....		206,400.83
***** OUTSTANDING BALANCE		
PREVIOUS OUTSTANDING BALANCE.....		19,408.00
ADJUSTMENT TO PRIOR OUTSTANDING..... +		.00
NEW ISSUES (NET ADDED)..... +		301,150.39
CANCELED ISSUES..... -		.00
STOPPED ISSUES..... -		.00
PAID CHECKS MATCHED TO ISSUES..... -		311,877.12
CURRENT OUTSTANDING BALANCE..... =		8,681.27
TOTAL OUTSTANDING FROM RECON REPORTS..... =		8,681.27

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

**JPMorganChase  
Chase Payroll Account  
Acct # 4009  
DECEMBER 2011**

<b>Balance per G/L @ 12-31-2011</b>	<u>733,025.11</u>
<b>Balance Per Bank Stmt @ 12-31-11</b>	734,783.37
Outstanding Checks Per Bank	1,758.26
<b>Adjusted Bank Balance @ 12-31-11</b>	<u><u>733,025.11</u></u>

DUPLICATE



JPMORGAN CHASE BANK, N.A.  
 NORTHEAST MARKET  
 P O BOX 659754  
 SAN ANTONIO TX 78265-9754

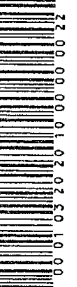
641  
 December 01, 2011 -  
 December 30, 2011

**Account Number**  
 000004009

**Customer Service**

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

00001032 CEN 802 R 36511 - NNN 1 000000000 RO  
 CARITAS HEALTH CARE INC  
 DIP  
 WYCKOFF HEIGHTS MEDICAL CENTER  
 374 STOCKHOLM ST  
 BROOKLYN NY 11237



**Commercial Checking**

**Summary**

	Number	Amount
Opening Ledger Balance		\$746,439.61
Deposits and Credits	0	\$.00
Withdrawals and Debits	0	\$.00
List Posted Items	6	\$10,224.06
Checks Paid	2	\$1,432.18
<b>Ending Ledger Balance</b>		<b>\$734,783.37</b>

**Withdrawals and Debits**

Ledger Date	Description	Number	Amount
12/05	LIST POSTED ITEMS QUANTITY	2	\$2,572.85
12/06	LIST POSTED ITEMS QUANTITY	2	\$3,277.78
12/07	LIST POSTED ITEMS QUANTITY	2	\$4,373.43
<b>Total*</b>			<b>\$ .00</b>

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

**Checks Paid**

Check	Date Paid	Amount	Check	Date Paid	Amount	Check	Date Paid	Amount
61491	12/16	\$434.65	61502*	12/21	\$997.53			

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.





641  
December 01, 2011 -  
December 30, 2011

**Account Number**  
4009

CARITAS HEALTH CARE INC  
DIP

**Commercial Checking**  
(continued)

---

**Total**      **2 check(s)**      **\$1,432.18**  
\* indicates gap in sequence

**Daily Balance**

<i>Date</i>	<i>Ledger Balance</i>	<i>Date</i>	<i>Ledger Balance</i>
12/05	\$743,866.76	12/16	\$735,780.90
12/06	\$740,588.98	12/21	\$734,783.37
12/07	\$736,215.55		

---

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



JPMORGAN CHASE  
ACCOUNT RECONCILEMENT  
BALANCE SHEET  
AS OF 12/31/11

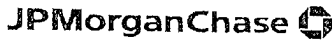
TEAM.....	641		
ACCOUNT.....	4009		
ACCOUNT NAME...	CARITAS HEALTH CARE INC		
BALANCE FORWARD FROM PREVIOUS STATEMENT DATED 11/30/11		746,439.61	
ADD TOTAL OF:			
DEPOSITS ON RECONCILIATION... +	.00		
MISCELLANEOUS CREDITS POSTED. +	.00		
ADD TOTAL CREDITS DURING THIS PERIOD..... +		.00	
DEDUCT THE TOTAL OF:			
CHECKS PAID ON RECONCILEMENT. +	11,656.24		
MISCELLANEOUS DEBITS POSTED.. +	.00		
TOTAL DEBITS THIS STATEMENT PERIOD..... -		11,656.24	
DEBIT ADJUSTMENTS TO RECONCILE..... -		.00	
CREDIT ADJUSTMENT TO RECONCILE..... +		.00	
MISCELLANEOUS ADJUSTMENTS TO RECONCILE. +		.00	
ENDING BALANCE..... =		734,783.37	
BANK STATEMENT ENDING BALANCE.....		734,783.37	
*****			
OUTSTANDING BALANCE			
PREVIOUS OUTSTANDING BALANCE.....		31,129.83	
ADJUSTMENT TO PRIOR OUTSTANDING..... +		.00	
NEW ISSUES (NET ADDED)..... +		1,758.26	
CANCELED ISSUES..... -		.00	
STOPPED ISSUES..... -		19,473.59	
PAID CHECKS MATCHED TO ISSUES..... -		11,656.24	
CURRENT OUTSTANDING BALANCE..... =		1,758.26	
TOTAL OUTSTANDING FROM RECON REPORTS..... =		1,758.26	

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

**CARITAS HEALTH Care Inc.**  
**Commercial Lockbox Account**  
**A/C# 9473**  
**DECEMBER 2011**

**Balance Per General Ledger at 12-31-11** **2,357,089.36**

**Bank Balance at 12-31-11** **2,357,089.36**



JPMORGAN CHASE BANK, N.A.  
 NORTHEAST MARKET  
 P O BOX 659754  
 SAN ANTONIO TX 78265-9754

December 01, 2011 -  
 December 30, 2011

**Account Number**  
 39473

**Customer Service**

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

00002591 CEN 802 X 36511 - NNN 1 000000000 C1 0000  
 CARITAS HEALTHCARE INC COMMERCIAL  
 DIP  
 374 STOCKHOLM ST  
 BROOKLYN NY 11237-4006



**Commercial Checking**

**Summary**

	<i>Number</i>	<i>Amount</i>
Opening Ledger Balance		\$2,207,107.25
Deposits and Credits	6	\$150,153.23
Withdrawals and Debits	3	\$171.12
Checks Paid	0	\$.00
<b>Ending Ledger Balance</b>		<b>\$2,357,089.36</b>

**Deposits and Credits**

<i>Ledger Date</i>	<i>Description</i>	<i>Amount</i>
12/09	ORIG CO NAME:UHCCP ORIG ID:9177873009 DESC DATE:Dec 07 CO ENTRY DESCR:REMITTANCESEC:CCD TRACE#:021000020033054 EED:111209 IND ID:V00629755 IND NAME:CARITAS HLTH CRE ST JO TRN: 3420033054TC	\$144,563.83
12/13	DEPOSIT 254288410	\$3,720.70
12/13	DEPOSIT 254288408	\$1,262.47
12/22	DEPOSIT 319943338	\$412.49
12/22	LOCKBOX NO: 30806 FOR 4 ITEMS AT 16:00 8 TRN: 0500526356LB	\$129.00
12/29	LOCKBOX NO: 30806 FOR 2 ITEMS AT 16:00 8 TRN: 0500514363LB	\$64.74
<b>Total</b>		<b>\$150,153.23</b>

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.



December 01, 2011 -  
December 30, 2011

**Account Number**  
22 123 19473

CARITAS HEALTHCARE INC COMMERCIAL  
DIP

**Commercial Checking**  
(continued)

**Withdrawals and Debits**

Ledger Date	Description	Amount
12/05	ORIG CO NAME:BANKCARD ORIG ID:SM077S4866 DESC DATE:111130 CO ENTRY DESCR:MTOT DISC SEC:CCD TRACE#:021000029916768 EED:111205 IND ID:422369650014861 IND NAME:MARY IMMACULATE HOSPIT TRN: 3399916768TC	\$82.27
12/05	ORIG CO NAME:BANKCARD ORIG ID:SM077S4866 DESC DATE:111130 CO ENTRY DESCR:MTOT DISC SEC:CCD TRACE#:021000029916769 EED:111205 IND ID:422369650014862 IND NAME:ST JOHNS QUEENS HOSPIT TRN: 3399916769TC	\$80.90
12/05	ORIG CO NAME:AMERICAN EXPRESS ORIG ID:1134992250 DESC DATE:111203 CO ENTRY DESCR:COLLECTIONSEC:CCD TRACE#:021000021395009 EED:111205 IND ID:6317818847 IND NAME:CARITAS HEAL6317818847 PAYMENT DATE 11337 TRN: 3361395009TC	\$7.95
<b>Total</b>		<b>\$171.12</b>

**Daily Balance**

Date	Ledger Balance	Date	Ledger Balance
12/05	\$2,206,936.13	12/22	\$2,357,024.62
12/09	\$2,351,499.96	12/29	\$2,357,089.36
12/13	\$2,356,483.13		

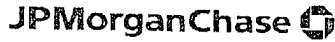
Your service charges, fees and earnings credit have been calculated through account analysis.

**CARITAS HEALTH CARE INC.  
Government Lockbox Account  
Account # 8434  
DECEMBER 2011**

**Balance Per General Ledger at 12-31-11** **2,835,598.72**

**Outstanding Deposits**

**Bank Balance at 12-31-11** **2,835,598.72**



JPMORGAN CHASE BANK, N.A.  
 NORTHEAST MARKET  
 P O BOX 659754  
 SAN ANTONIO TX 78265-9754

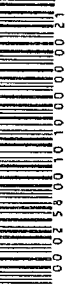
December 01, 2011 -  
 December 30, 2011

**Account Number**  
 38434

**Customer Service**

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

00002580 CEN 802 X 36511 - NNN 1 000000000 C1 0000  
 CARITAS HEALTH CARE INC  
 LOCKBOX DEPOSIT ACCT DIP  
 374 STOCKHOLM ST  
 BROOKLYN NY 11237-4006



**Commercial Checking**

**Summary**

	Number	Amount
Opening Ledger Balance		\$2,773,105.70
Deposits and Credits	1	\$62,493.02
Withdrawals and Debits	0	\$.00
Checks Paid	0	\$.00
<b>Ending Ledger Balance</b>		<b>\$2,835,598.72</b>

**Deposits and Credits**

Ledger Date	Description	Amount
12/29	ORIG CO NAME:NYS DOH ORIG ID:1141797357 DESC DATE: CO ENTRY DESCR:PAYMENTS SEC:CCD TRACE#:021000029347725 EED:111229 IND ID:02994585 IND NAME:MARY IMMACULATE HSP TRN: 3629347725TC	\$62,493.02
<b>Total</b>		<b>\$62,493.02</b>

**Daily Balance**

Date	Ledger Balance	Date	Ledger Balance
12/29	\$2,835,598.72		

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.

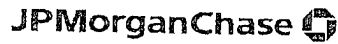
**CARITAS HEALTH CARE INC.  
Utility Account  
Account #6689  
DECEMBER 2011**

**Balance Per Bank Statement at 12-31-2011 138,351.01**

**Outstanding Deposits**

**Bank Balance at 12-31-2011 138,351.01**





JPMORGAN CHASE BANK, N.A.  
 NORTHEAST MARKET  
 P O BOX 659754  
 SAN ANTONIO TX 78265-9754

December 01, 2011 -  
 December 30, 2011

**Account Number**  
 2416689

**Customer Service**

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



00043477 CEN 802 X 36511 - NNN 1 000000000 C2 0000

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



**Commercial Checking**

**Summary**

	<i>Number</i>	<i>Amount</i>
Opening Ledger Balance		\$138,365.36
Deposits and Credits	0	\$0.00
Withdrawals and Debits	1	\$14.35
Checks Paid	0	\$0.00
<b>Ending Ledger Balance</b>		<b>\$138,351.01</b>

**Withdrawals and Debits**

<i>Ledger Date</i>	<i>Description</i>	<i>Amount</i>
12/15	ACCOUNT ANALYSIS SETTLEMENT CHARGE	\$14.35
<b>Total</b>		<b>\$14.35</b>

**Daily Balance**

<i>Date</i>	<i>Ledger Balance</i>	<i>Date</i>	<i>Ledger Balance</i>
12/15	\$138,351.01		

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.

In re Caritas Health Care, Inc.  
Debtor

Case No. 09-40901  
Reporting Period: 12/01-12/31/2011

**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	212,646	29,721,809
Less: Returns and Allowances		
Net Revenue	212,646	29,721,809
<b>COST OF GOODS SOLD</b>		
Beginning Inventory		
Add: Purchases		
Add: Cost of Labor		
Add: Other Costs ( <i>attach schedule</i> )		
Less: Ending Inventory		
Cost of Goods Sold		
Gross Profit	212,646	29,721,809
<b>OPERATING EXPENSES</b>		
Advertising		
Auto and Truck Expense		
Bad Debts		
Contributions		
Employee Benefits Programs	450	8,529,952
Officer/Insider Compensation*	5,030	574,626
Insurance	35,672	1,960,494
Management Fees/Bonuses		
Office Expense		
Pension & Profit-Sharing Plans		
Repairs and Maintenance		
Rent and Lease Expense		
Salaries/Commissions/Fees/contract labor	5,012	21,131,888
Supplies		2,342,359
Taxes - Payroll		
Taxes - Real Estate		
Taxes - Other		
Travel and Entertainment		
Bankruptcy Preference Recovery	(126,271)	(794,062)
Other	35,122	5,928,717
Total Operating Expenses Before Depreciation	(44,985)	39,673,974
Depreciation/Depletion/Amortization		1,837,997
Net Profit (Loss) Before Other Income & Expenses	257,631	(11,790,162)
<b>OTHER INCOME AND EXPENSES</b>		
Other Income	310	3,606,973
Interest Expense		1,644,882
Other Expense ( <i>attach schedule</i> )		
Net Profit (Loss) Before Reorganization Items	257,941	(9,828,071)

In re Caritas Health Care, Inc.  
 Debtor

Case No. 09-40901  
 Reporting Period: 12/01-12/31/2011

REORGANIZATION ITEMS		
Professional Fees	71,348	7,056,564
U. S. Trustee Quarterly Fees		150,000
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	71,348	4,728,798
Income Taxes		
Net Profit (Loss)	186,593	(14,556,869)

\*"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: 12/01-12/31/2011**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	18,842,024	18,715,082	
Restricted Cash and Cash Equivalents ( <i>see continuation sheet</i> )			
Accounts Receivable/due from third parties	13,548,895	13,546,377	
Notes Receivable			
Inventories			
Prepaid Expenses	397,661	219,305	
Professional Retainers			
Other Current Assets (Grants) (Escrow)			
<b>TOTAL CURRENT ASSETS</b>	<b>32,788,580</b>	<b>32,480,764</b>	
<b>PROPERTY &amp; EQUIPMENT</b>			
Real Property and Improvements	0	0	
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>32,788,580</b>	<b>32,480,764</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	0	0	
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	18,222,013	18,136,047	
Unsecured Debt	143,064,917	143,027,752	
<b>TOTAL PRE-PETITION LIABILITIES</b>	<b>161,286,930</b>	<b>161,163,799</b>	
<b>TOTAL LIABILITIES</b>	<b>161,286,930</b>	<b>161,163,799</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>128,498,350</b>	<b>128,683,035</b>	
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>32,788,580</b>	<b>32,480,764</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: 12/01-12/31/2011

**BALANCE SHEET - continuation section**

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

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: 12/01-12/31/2011

**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						
<b>State and Local</b>						
Withholding						
Sales						
Excise						
Unemployment						
Real Property						
Personal Property						
Other:						
Total State and Local						
<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:						
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. Case No. 09-40901  
 Debtor Reporting Period: 12/01-12/31/2011

**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	31-60 Days	61-90 Days	91+ Days	Total
0 - 30 days old					
31 - 60 days old					
61 - 90 days old					
91+ days old					
Total Accounts Receivable					
Less: Bad Debits (Amount considered uncollectible)					
Net Accounts Receivable					

**TAXES RECONCILIATION AND AGING**

Taxes Payable	0-30 Days	31-60 Days	61-90 Days	91+ Days	Total
0 - 30 days old					
31 - 60 days old					
61 - 90 days old					
91+ days old					
Total Taxes Payable					
Total Accounts Payable					

In re Caritas Health Care, Inc.  
Debtor

Case No. 09-40901  
Reporting Period: 12/01-12/31/2011

**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)	5,030	420,005
TOTAL PAYMENTS TO INSIDERS		5,030	574,626

PROFESSIONALS					
NAME	DATE OF COURT ORDER AUTHORIZING PAYMENT	AMOUNT APPROVED	AMOUNT PAID	TOTAL PAID TO DATE	TOTAL INCURRED & UNPAID*
Proskauer Rose				2,714,336	676,630
CBIZ			26,361	398,883	99,675
JL Consulting			6,404	354,454	0
Montclair Partners				77,872	19,475
Alston Bird			17,768	446,553	108,667
BDO				263,556	61,862
Neubert Pepe				36,416	0
Kelley Drye				431,192	103,038
Focus				32,548	0
Littler Mendelson			12,070	366,880	88,624
Garbarini & Scher			1,698	48,170	11,661
Silverman Acampora				13,295	3,296
EPIQ			7,047	699,481	0
TOTAL PAYMENTS TO PROFESSIONALS			71,348	5,883,636	1,172,928
* 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: 12/01-12/31/2011**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