

UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF NEW YORK

In re Long Beach Medical Center  
Debtor

Case No. 814-70593-ast  
Reporting Period: 9/1/14-9/30/14

Federal Tax I.D. # 11-1635084

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>		
Bank Reconciliation (or copies of debtor's bank reconciliations)	<u>MOR-1 (CONT)</u>		
Copies of bank statements			
Cash disbursements journals			
Statement of Operations	<u>MOR-2</u>		
Balance Sheet	<u>MOR-3</u>		
Status of Post-petition Taxes	<u>MOR-4</u>		
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>		
Listing of Aged Accounts Payable			
Accounts Receivable Reconciliation and Aging	<u>MOR-5</u>		
Taxes Reconciliation and Aging	<u>MOR-5</u>		
Payments to Insiders and Professional	<u>MOR-6</u>		
Post Petition Status of Secured Notes, Leases Payable	<u>MOR-6</u>		
Debtor Questionnaire	<u>MOR-7</u>		

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 Stanley Weber

Date 10/20/14

Signature of Authorized Individual\* Stanley Weber

Date 10/20/14

Printed Name of Authorized Individual STANLEY WEBER

Date 10/20/14

\*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 Long Beach Medical Center  
DebtorCase No. 814-70593-ast  
Reporting Period: 9/1/14-9/30/14**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	FEMA	SPECIAL PURPOSE	
<b>CASH BEGINNING OF MONTH</b>	1,459,321.08	-	4,831,397.47	39,405.48	6,330,124.03
<b>RECEIPTS</b>					
CASH SALES					-
ACCOUNTS RECEIVABLE - PREPETITION					-
ACCOUNTS RECEIVABLE - POSTPETITION					-
INTEREST	126.16		306.68	3.24	436.08
SALE OF ASSETS					-
OTHER (ATTACH LIST)	175,873.29		221,070.23		396,943.52
TRANSFERS (FROM DIP ACCTS)		9,721.39			9,721.39
<b>TOTAL RECEIPTS</b>	175,999.45	9,721.39	221,376.91	3.24	407,100.99
<b>DISBURSEMENTS</b>					
NET PAYROLL	44,454.82	9,721.39			54,176.21
PAYROLL TAXES	31,554.48				31,554.48
SALES, USE, & OTHER TAXES					-
INVENTORY PURCHASES					-
SECURED/RENTAL/LEASES					-
INSURANCE					-
ADMINISTRATIVE					-
SELLING					-
OTHER (ATTACH LIST)	27,545.33		2,810,609.65		2,838,154.98
OWNER DRAW *					-
TRANSFERS (TO DIP ACCTS)	9,721.39				9,721.39
PROFESSIONAL FEES					-
U.S. TRUSTEE QUARTERLY FEES	3,250.00				3,250.00
COURT COSTS					-
<b>TOTAL DISBURSEMENTS</b>	116,526.02	9,721.39	2,810,609.65	-	2,936,857.06
<b>NET CASH FLOW (RECEIPTS LESS DISBURSEMENTS)</b>	59,473.44	-	(2,589,232.74)	3.24	
<b>CASH - END OF MONTH</b>	1,518,794.52	-	2,242,164.73	39,408.72	3,800,367.97

\* 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 Long Beach Medical Center  
Debtor

Case No. 814-70593-ast  
Reporting Period: 9/1/14-9/30/14

**BANK RECONCILIATIONS**

**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	FEMA	Special Purpose
	#	#	#	#
<b>BALANCE PER BOOKS</b>	1,518,794.52	-	2,242,164.73	39,408.72
<b>BANK BALANCE</b>	1,535,056.08	27,249.40	2,257,679.27	39,408.72
(+) DEPOSITS IN TRANSIT (ATTACH LIST)				
(-) OUTSTANDING CHECKS (ATTACH LIST):	(16,261.56)	(27,250.40)	(15,514.54)	
OTHER- Bank posting error		1.00		
<b>ADJUSTED BANK BALANCE *</b>	1,518,794.52	-	2,242,164.73	39,408.72

\*\*Adjusted Bank Balance\* must equal "Balance per Books"

DEPOSITS IN TRANSIT	Date	Amount	Date	Amount

CHECKS OUTSTANDING	Ck. #	Amount	Ck. #	Amount
86287	2,477.40	551822	0.86	563696
86354	817.78	552142	0.85	564297
86355	12,500.00	552462	0.86	564776
86356	276.92	552773	0.86	564786
86357	189.46	553013	889.45	567497
		554068	31.63	568662
		557226	88.32	569840
		557748	1,447.00	572377
		349	168.97	572822
		558090	1,480.73	575414
		558656	181.31	575845
		559848	170.03	577446
		561136	425.89	577509
		561283	493.68	578391
		561284	1,267.73	578466
		561467	335.29	578531
		562748	283.20	579592
		562749	449.06	579702
		563064	382.37	579961
		563378	355.24	580108

55.91	580652	71.09
1,046.14	581000	19.50
1,107.98	581629	741.03
54.71	582062	179.58
841.35	582789	4.03
401.05	583042	247.56
237.97	584262	1,249.72
250.83	584486	68.38
1,521.77	584632	270.88
859.10	585325	45.92
11.65	10465	189.61
850.77	20451	536.98
76.84	20859	23.80
41.57		
446.62		
13.30		
260.14		
6,740.16		
95.47		
235.66		

1065	15,514.54
------	-----------

Total Operating Account 16,261.56 TOTAL PAYROLL 27,250.40 TOTAL FEMA 15,514.54

1 re Long Beach Medical Center

Case No. 814-70593-ast

Debtor

Reporting Period: 9/1/14-9/30/14

**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	79,742.16	790,987.28
Less: Returns and Allowances		-
Net Revenue	79,742.16	790,987.28
<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	79,742.16	790,987.28
<b>OPERATING EXPENSES</b>		
Advertising		-
Auto and Truck Expense		-
Bad Debts		-
Contributions		-
Employee Benefits Programs**-prior period credit	(57,662.70)	269,952.38
Officer/Insider Compensation*	29,881.00	233,196.56
Insurance		150,000.00
Management Fees/Bonuses		
Office Expense	27,528.00	203,773.54
Pension & Profit-Sharing Plans		
Repairs and Maintenance		2,073.00
Rent and Lease Expense	12,500.00	79,821.93
Salaries/Commissions/Fees	48,776.00	880,632.24
Supplies		14,544.22
Taxes - Payroll	5,219.00	84,403.60
Taxes - Real Estate		-
Taxes - Other		-
Travel and Entertainment		25.10
Utilities	328.00	83,238.71
Other ( <i>attach schedule</i> )	-	-
Total Operating Expenses Before Depreciation	66,569.30	2,001,661.28
Depreciation/Depletion/Amortization		-
Net Profit (Loss) Before Other Income & Expenses	13,172.86	(1,210,674.00)
<b>OTHER INCOME AND EXPENSES</b>		
Other Income ( <i>attach schedule</i> )	436.00	1,502.00
Interest Expense		
Other Expense ( <i>attach schedule</i> )	-	-
Net Profit (Loss) Before Reorganization Items	13,608.86	(1,209,172.00)

1 re Long Beach Medical Center

Case No. 814-70593-ast

Debtor

Reporting Period: 9/1/14-9/30/14

REORGANIZATION ITEMS		
Professional Fees	(226,800.00)	(2,115,166.76)
U. S. Trustee Quarterly Fees		(19,500.00)
Interest Earned on Accumulated Cash from Chapter 11 <i>(see continuation sheet)</i>		
Gain (Loss) from Sale of Equipment		
Other Reorganization Expenses <i>(attach schedule)</i>		
Total Reorganization Expenses		
Income Taxes		
Net Profit (Loss)	(213,191.14)	(3,343,838.76)

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

**BREAKDOWN OF "OTHER" CATEGORY**

OTHER COSTS


OTHER OPERATIONAL EXPENSES


OTHER INCOME

Interest	436.00	1,496.00

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 Long Beach Medical Center  
DebtorCase No. 814-70593-ast  
Reporting Period: 9/1/14-9/30/14**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	1,518,794.52	1,459,321.08	847,604.00
Restricted Cash and Cash Equivalents ( <i>see continuation sheet</i> )	2,281,573.45	4,870,802.95	250,634.00
Accounts Receivable (Net)	-	-	400,000.00
Notes Receivable			
Inventories			
Prepaid Expenses	424,060.00	416,313.91	125,598.00
Professional Retainers			
Other Current Assets ( <i>attach schedule</i> )	11,987,856.27	12,208,926.50	14,631,699.00
<b>TOTAL CURRENT ASSETS</b>	<b>16,212,284.24</b>	<b>18,955,364.44</b>	<b>16,255,535.00</b>
<b>PROPERTY &amp; EQUIPMENT</b>			
Real Property and Improvements	41,895,245.00	41,895,245.00	41,895,245.00
Machinery and Equipment	18,042,967.00	18,042,967.00	18,042,967.00
Furniture, Fixtures and Office Equipment	28,213,607.00	28,213,607.00	28,213,607.00
Leaschold Improvements	277,974.00	277,974.00	277,974.00
Vehicles	431,650.00	431,650.00	431,650.00
Less: Accumulated Depreciation	(72,416,840.00)	(72,416,840.00)	(72,416,840.00)
<b>TOTAL PROPERTY &amp; EQUIPMENT</b>	<b>16,444,603.00</b>	<b>16,444,603.00</b>	<b>16,444,603.00</b>
<b>OTHER ASSETS</b>			
Amounts due from Insiders*			
Other Assets ( <i>attach schedule</i> )			
<b>TOTAL OTHER ASSETS</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>TOTAL ASSETS</b>	<b>32,656,887.24</b>	<b>35,399,967.44</b>	<b>32,700,138.00</b>
LIABILITIES AND OWNER EQUITY	BOOK VALUE AT END OF CURRENT REPORTING MONTH	BOOK VALUE AT END OF PRIOR REPORTING MONTH	BOOK VALUE ON PETITION DATE
<b>LIABILITIES NOT SUBJECT TO COMPROMISE (Postpetition)</b>			
Accounts Payable	3,216.83	33,107.79	
Taxes Payable ( <i>refer to FORM MOR-4</i> )	-	2,522.34	
Wages Payable	42,733.11	43,977.00	
Notes Payable			
Rent / Leases - Building/Equipment			
Secured Debt / Adequate Protection Payments			
Professional Fees	1,014,500.00	865,000.00	
Amounts Due to Insiders*			
Other Post-petition Liabilities ( <i>attach schedule</i> )			
<b>TOTAL POST-PETITION LIABILITIES</b>	<b>1,060,449.94</b>	<b>944,607.13</b>	
<b>LIABILITIES SUBJECT TO COMPROMISE (Pre-Petition)</b>			
Secured Debt	18,186,741.90	20,997,351.55	25,176,088.00
Priority Debt	90,674.00	90,674.00	90,674.00
Unsecured Debt	59,245,536.00	59,245,536.00	59,245,536.00
<b>TOTAL PRE-PETITION LIABILITIES</b>	<b>77,522,951.90</b>	<b>80,333,561.55</b>	<b>84,512,298.00</b>
<b>TOTAL LIABILITIES</b>	<b>78,583,401.84</b>	<b>81,278,168.68</b>	<b>84,512,298.00</b>
<b>OWNERS' EQUITY</b>			
Capital Stock			
Additional Paid-In Capital			
Partners' Capital Account			
Owner's Equity Account	(45,926,514.60)	(45,878,201.24)	(51,812,160.00)
Retained Earnings - Pre-Petition			
Retained Earnings - Post-petition			
Adjustments to Owner Equity ( <i>attach schedule</i> )			
Post-petition Contributions ( <i>attach schedule</i> )			
<b>NET OWNERS' EQUITY</b>	<b>(45,926,514.60)</b>	<b>(45,878,201.24)</b>	<b>(51,812,160.00)</b>
<b>TOTAL LIABILITIES AND OWNERS' EQUITY</b>	<b>32,656,887.24</b>	<b>35,399,967.44</b>	<b>32,700,138.00</b>

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

In re Long Beach Medical Center  
Debtor

Case No. 814-70593-ast  
Reporting Period: 9/1/14-9/30/14

**BALANCE SHEET - continuation section**

ASSETS	BOOK VALUE AT END OF CURRENT REPORTING MONTH	BOOK VALUE AT END OF PRIOR REPORTING MONTH	BOOK VALUE ON PETITION DATE
<b>Other Current Assets</b>			
Funded Program Receivable	-	-	84,804.00
Due from Komanoff	2,296,494.00	2,296,494.00	2,296,494.00
Due from FEMA	9,691,362.27	9,912,432.50	12,129,477.00
Due from Physician Billings	-	-	120,924.00
<hr/>			
<b>Other Assets</b>	<b>11,987,856.27</b>	<b>12,208,926.50</b>	<b>14,631,699.00</b>
<hr/>			
<hr/>			
<hr/>			
LIABILITIES AND OWNER EQUITY	BOOK VALUE AT END OF CURRENT REPORTING MONTH	BOOK VALUE ON PETITION DATE	
<b>Other Post-petition Liabilities</b>			
<hr/>			
<b>Adjustments to Owner's Equity</b>			
<hr/>			
<b>Post-Petition Contributions</b>			
<hr/>			

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 Long Beach Medical Center  
 Debtor

Case No. 814-70593-ast  
 Reporting Period: 9/1/14-9/30/14

**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	0.00	14,120.65	14,120.65	Various	EFT	-
FICA-Employee	0.00	4,950.59	4,950.59	Various	EFT	-
FICA-Employer	0.00	4,950.59	4,950.59	Various	EFT	-
Unemployment	-					-
Income	-					-
Other:	-					-
<b>Total Federal Taxes</b>	-	24,021.83	24,021.83	-	-	-
<b>State and Local</b>						
Withholding	2,384.39	4,741.87	7,126.26	Various	EFT	-
Sales	-					-
Excise	-					-
Unemployment	-					-
Real Property	-					-
Personal Property	-					-
Other: MTA	137.95	268.44	406.39	Various	EFT	-
<b>Total State and Local</b>	2,522.34	5,822.34	7,532.65	-	-	-
<b>Total Taxes</b>	2,522.34	29,844.17	31,554.48	-	-	-

**SUMMARY OF UNPAID POST-PETITION DEBTS**

Attach aged listing of accounts payable.

	Number of Days Past Due					Total
	Current	0-30	31-60	61-90	Over 91	
Accounts Payable	31,963.13	94.90	12,139.02	-26700.23	-14279.99	3,216.83
Wages Payable	42,733.11					42,733.11
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>	74,696.24	94.90	12,139.02	(26,700.23)		45,949.94

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

---



---



---



INCLUDES CREDITS FOR  
PRIOR PERIODS

In re Long Beach Medical Center  
Debtor

Case No. 814-70593-ast  
Reporting Period: 9/1/14-9/30/14

**ACCOUNTS RECEIVABLE RECONCILIATION AND AGING**

Accounts Receivable Reconciliation	Amount
Total Accounts Receivable at the beginning of the reporting period	-
Plus: Amounts billed during the 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 Debts (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 Long Beach Medical Center  
Debtor

Case No. 814-70593-ast  
Reporting Period: 9/1/14-9/30/14

**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
DOUGLAS MELZER	SALARY	17,572	118,610
STANLEY WEBER	SALARY	12,309	80,009
DOUGLAS MELZER	GAS REIMBURSEMENT	0.00	2,191
DOUGLAS MELZER	AUTO RENTAL	0	4,500
TOTAL PAYMENTS TO INSIDERS		29,881	205,310

PROFESSIONALS					
NAME	DATE OF COURT ORDER AUTHORIZING PAYMENT	AMOUNT APPROVED	AMOUNT PAID	TOTAL PAID TO DATE	TOTAL INCURRED & UNPAID*
Garfunkel Wild PC				841,729.60	590,000.00
Klestadt & Winters				300,393.15	125,000.00
Deloitte				179,865.35	128,000.00
Tarter Krinsky				23,949.10	19,500.00
GCG				322,119.31	127,000.00
Vernon Consulting				26,488.03	25,000.00
TOTAL PAYMENTS TO PROFESSIONALS			0.00	1,694,544.54	1,014,500.00

Estimated based on prior months invoices  
Estimated based on prior months invoices  
Estimated based on prior months invoices  
Estimated based on prior months invoices  
Estimated based on prior months invoices  
Estimated based on prior months invoices

\* INCLUDE ALL FEES INCURRED, BOTH APPROVED AND UNAPPROVED

\* All professional fees for consolidated case are being included in the LBMC report as it has been designated the main case. All allocations will be made if & when it is necessary and or appropriate

**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 Long Beach Medical Center  
 Debtor

Case No. 814-70593-ast  
 Reporting Period: 9/1/14-9/30/14

**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?		No
2	Have any funds been disbursed from any account other than a debtor in possession account this reporting period?		No
3	Is the Debtor delinquent in the timely filing of any post-petition tax returns?		No
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?		No
5	Is the Debtor delinquent in paying any insurance premium payment?		No
6	Have any payments been made on pre-petition liabilities this reporting period?		No
7	Are any post petition receivables (accounts, notes or loans) due from related parties?		No
8	Are any post petition payroll taxes past due?		No
9	Are any post petition State or Federal income taxes past due?		No
10	Are any post petition real estate taxes past due?		No
11	Are any other post petition taxes past due?		No
12	Have any pre-petition taxes been paid during this reporting period?		No
13	Are any amounts owed to post petition creditors delinquent?		No
14	Are any wage payments past due?		No
15	Have any post petition loans been received by the Debtor from any party?	Yes	
16	Is the Debtor delinquent in paying any U.S. Trustee fees?		No
17	Is the Debtor delinquent with any court ordered payments to attorneys or other professionals?		No
18	Have the owners or shareholders received any compensation outside of the normal course of business?		No

Court Approved Debtor in Possession financing

Long Beach Medical Center  
Attachment for schedules 9/2014

MOR-1

Operating Account Other Receipts:

DIP	96,257.29
Interest	126.16
Medicaid	57,379.00
Medicare	181.52
Cobra	7,063.84
Rental	1,625.00
Rebates & Refunds	6,568.00
Other	6,798.64
Total	<u>175,999.45</u>

Operating Account Other Disbursements:

DIVERSIFIED INVESTMENT ADVISOR	2,541.20
LBH249 LLC	12,500.00
NYS CHILD SUPPORT PROCESSING C	830.76
PROCTOR FINANCIAL INC	7,745.98
PSEG	3,369.89
SHERIFF OF NASSAU COUNTY	297.49
US TRUSTEE	3,250.00
BEATO	250.00
EMPLOYEE DEDUCTION	
PROPERTY RENTAL	
EMPLOYEE DEDUCTION	
INSURANCE	
UTILITIES	
EMPLOYEE DEDUCTION	
TRUSTEE FEES	
SUPPLIES	
TOTAL	30,785.32

FEMA Account Other Disbursements:

1062 DMS	301,280.38
1063 LV/NORTHSTAR RECOVERY	2,223,775.84
1064 HVAC	270,038.89
1065 DMS	15,514.54
	2,810,609.65



Long Beach Medical Center

Multi-Day Statement

Requested Dates: 09/01/2014 thru 09/30/2014  
Generated on 10/06/2014 12:26:44 PM (EDT)

Company: Long Beach Medical Center  
Account: 4280322101 - Hospital FEIMA Account

Account Summary	Amount
Opening Ledger(as of 09/01/2014)	\$4,831,397.47
Total Debits	\$2,795,095.11
Total Credits	\$221,376.91
Closing Ledger(as of 09/30/2014)	\$2,257,679.27

Credit Transactions	Amount	Availability	Bank Reference	Customer Reference	Notes
9/30/2014 Interest Credit	306.68		000000000	0	IOD INTEREST PAID
9/29/2014 ACH Credit Received	10.00		652940773	0	AC-NYS OSC -ACH AP0001623017
9/3/2014 ACH Credit Received	221,060.23		414989615	0	AC-NYS OSC -ACH AP0001592838
Item 3	221,376.91				

Debit Transactions	Amount	Availability	Bank Reference	Customer Reference	Notes
9/19/2014 Check Paid	270,038.89		558785376	1064	CHECK
9/17/2014 Check Paid	2,223,775.84		555892356	1063	CHECK
9/15/2014 Check Paid	301,280.38		503212066	1062	CHECK
Item 3	2,795,095.11				

End Of Report



Bank

Long Beach Medical Center

Multi-Day Statement

Requested Dates: 09/01/2014 thru 09/30/2014  
Generated on 10/21/2014 10:56:50 AM (EDT)

Company: Long Beach Medical Center  
Account: 7915707017 - LBMC General Account

Account Summary	Amount
Opening Ledger(as of 09/01/2014)	\$1,475,153.48
Total Debits	\$116,096.85
Total Credits	\$175,999.45
Closing Ledger(as of 09/30/2014)	\$1,535,056.08

Credit Transactions	Amount	Availability	Bank Reference	Customer Reference	Notes
9/30/2014 Incoming Money Transfer	43,479.14		700044197	0	SOUTH NASSAU COMMUNITIES HOSPI
9/30/2014 Deposit	14,991.64		739940191	0	DEPOSIT
9/30/2014 Deposit	7,063.84		710817041	0	DEPOSIT
9/26/2014 Interest Credit	2.42		906089984	0	DDA INTEREST TRANSFER 940040000007915707025
9/25/2014 Interest Credit	123.74		000000000	0	IOD INTEREST PAID
9/18/2014 Pre-authorized ACH Credit	57,379.00		773116029	0	AC-NYS DOH -HCCLAIMPMT00245487
9/11/2014 Pre-authorized ACH Credit	181.52		604072956	0	AC-NGS, INC. -HCCLAIMPMT1699805309
9/9/2014 Incoming Money Transfer	52,778.15		700004740	0	SOUTH NASSAU COMMUNITIES HOSPI
Item 8	175,999.45				
Debit Transactions	Amount	Availability	Bank Reference	Customer Reference	Notes
9/29/2014 Pre-authorized ACH Debit	1,988.57		051986334	0	AC-NEW YORK STATE - 1573803455NY14WT005594507
9/29/2014 Pre-authorized ACH Debit	118.04		052086386	0	AC-NEW YORK STATE - 1817084296NY14MT000777359



Bank

Debit Transactions Amount Availability Bank Reference Customer Reference

Debit Transactions	Amount	Availability	Bank Reference	Customer Reference
9/24/2014 Pre-authorized ACH Debit	10,146.39		319697523	0 AC-IRS -USATAXPYMT270466712548507
9/23/2014 Check Paid	276.92		510506216	86353 CHECK
9/22/2014 Check Paid	861.71		539776491	86352 CHECK
9/19/2014 Check Paid	7,745.98		537081641	86351 CHECK
9/16/2014 Check Paid	250.00		527692271	8208 CHECK
9/15/2014 Outgoing Money Transfer	21,951.08		700086953	0 Paychex of New York
9/15/2014 Miscellaneous Debit	1,645.67		000041166	0 j872 pr tsf week 38
9/15/2014 Pre-authorized ACH Debit	2,753.30		658761861	0 AC-NEW YORK STATE - 1573803455NY14WT00553805
9/15/2014 Pre-authorized ACH Debit	150.40		658861920	0 AC-NEW YORK STATE - 1817084296NY14MT000771445
9/12/2014 Check Paid	108.03		552577191	86349 CHECK
9/11/2014 Check Paid	3,369.89		522085816	86350 CHECK
9/10/2014 Pre-authorized ACH Debit	13,875.44		978961812	0 AC-IRS -USATAXPYMT270465335203495
9/9/2014 Check Paid	3,250.00		541381641	86348 CHECK
9/8/2014 Check Paid	861.71		508917321	86346 CHECK
9/8/2014 Check Paid	800.00		517759751	86345 CHECK
9/8/2014 Check Paid	276.92		548128926	86347 CHECK
9/5/2014 Check Paid	55.00		508315061	86344 CHECK
9/3/2014 Check Paid	12,500.00		731363051	86337 CHECK
9/3/2014 Pre-authorized ACH Debit	10.00		610343752	0 AC-AUTHNET GATEWAY -BILLING 35104149
9/2/2014 Outgoing Money Transfer	22,522.74		700000813	0 Paychex of New York
9/2/2014 Miscellaneous Debit	8,056.72		000050948	0 week 36 p/r tsf. cks portion
9/2/2014 Pre-authorized ACH Debit	2,384.39		695597351	0 AC-NEW YORK STATE - 1573803455NY14WT005498931
9/2/2014 Pre-authorized ACH Debit	137.95		695697422	0 AC-NEW YORK STATE - 1817084296NY14MT000763741





Debit Transactions      Amount      Availability      Bank Reference      Customer Reference

Item      25      116,096.85

End Of Report

**Report Criteria:**

Sort By:      Date  
Date Range:      >= 09/01/2014 12:00:01 AM & <= 09/30/2014 11:59:59 PM  
Accounts:      LBMC General Account -



Long Beach Medical Center

**Multi-Day Statement**

Requested Dates: 09/01/2014 thru 09/30/2014  
 Generated on 10/21/2014 11:01:02 AM (EDT)

Company: Long Beach Medical Center  
 Account: 7915707025 - LBMC Payroll Account

Account Summary	Amount
Opening Ledger(as of 09/01/2014)	\$27,225.60
Total Debits	\$9,681.01
Total Credits	\$9,704.81
Closing Ledger(as of 09/30/2014)	\$27,249.40

Credit Transactions	Amount	Availability	Bank Reference	Customer Reference	Notes
9/25/2014 Interest Credit	2.42		000000000	0	IOD INTEREST PAID
9/15/2014 Miscellaneous Credit	1,645.67		000041167	0	j872 p/r tsf week 38
9/2/2014 Miscellaneous Credit	8,056.72		000050949	0	week 36 p/r tsf- cks portion
Item 3	9,704.81				

Debit Transactions	Amount	Availability	Bank Reference	Customer Reference	Notes
9/26/2014 Interest Debit	2.42		906089985	0	DDA INTEREST TRANSFER 940040000007915707017
9/17/2014 Check Paid	998.88		716996881	20860	POD CHECK
9/17/2014 Check Paid	622.99		762495086	20861	POD CHECK
9/11/2014 Check Paid	717.82		739478961	20855	POD CHECK
9/9/2014 Check Paid	1,652.65		512191846	20856	CHECK
9/8/2014 Check Paid	1,039.17		540525791	20858	CHECK
9/4/2014 Check Paid	3,672.31		507475756	20857	CHECK
9/3/2014 Check Paid	974.77		703314546	20854	POD CHECK



Debit Transactions      Amount      Availability      Bank Reference      Customer Reference

Item      8      9,681.01

End Of Report

Report Criteria:

Sort By:      Date  
Date Range:      >= 09/01/2014 12:00:01 AM & <= 09/30/2014 11:59:59 PM  
Accounts:      LBMC Payroll Account -



Bank

Long Beach Medical Center

Multi-Day Statement

Requested Dates: 09/01/2014 thru 09/30/2014

Generated on 10/06/2014 12:48:54 PM (EDT)

Company: Long Beach Medical Center  
Account: 7915707009 - LBMC Special Purpose Fund

Account Summary  
Opening Ledger(as of 09/01/2014) \$39,405.48  
Total Debits \$0.00  
Total Credits \$3.24  
Closing Ledger(as of 09/30/2014) \$39,408.72

Credit Transactions		Amount	Availability	Bank Reference	Customer Reference	Notes
9/30/2014	Interest Credit	3.24		000000000	0	IOD INTEREST PAID
Item	1		3.24			

End Of Report

Report Criteria:

Sort By: Date  
Date Range: >= 09/01/2014 12:00:01 AM & <= 09/30/2014 11:59:59 PM  
Accounts: LBMC Special Purpose Fund -