UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK

ST. FRANCIS' HOSPITAL, POUGHKEEPSIE, NEW YORK, et al., NOTES TO THE MONTHLY OPERATING REPORT

- 1. The accompanying financial information is presented on a modified accrual basis and has not been prepared in accordance with Generally Accepted Accounting Principles ("GAAP").
- 2. While the Debtor and its professionals have made every reasonable effort to ensure that the Debtor's Monthly Operating Report ("MOR") is accurate and complete, based upon information available at the time of preparation, inadvertent errors or omissions may exist. The subsequent receipt of information and/or further review and analysis of the Debtor's books and records may result in changes to financial data and other information contained in the MOR. Moreover, the MOR contains unaudited information which is subject to further review and which could result in adjustments to the information presented herein.
- 3. The Saint Francis Hospital Preschool Program books and records are maintained as a department of Saint Francis Hospital, Poughkeepsie, New York and are not maintained on a standalone basis. Management has made every reasonable effort to ensure that the Monthly Operating Reports are accurate and complete based on the information that was available to them at the time of their preparation, subsequent information may result in material changes to this information, and inadvertent errors or omissions may exist. Monthly Operating Reports do not purport to represent financial statements prepared in accordance with GAAP and do not necessarily reflect the amounts that would be set forth in financial statements prepared in accordance with GAAP.
- 4. Due to the voluminous nature of the Debtors' Bank Statements for this period, copies of the Debtors' Bank Statements have not been filed with this MOR, however, hard copies of such statements have been provided by the Debtors to the Office of the United States Trustee and the Official Committee of Unsecured Creditors. The Debtors will provide copies of the Bank Statements for this period to any party upon their request.

¹ The debtors in these chapter 11 cases, along with the last four digits of each debtor's federal tax identification number include: St. Francis' Hospital, Poughkeepsie, New York (8503), Saint Francis Home Care Services Corporation (3842), SFH Ventures, Inc. (0024), Saint Francis Health Care Foundation, Inc. (5066), and Saint Francis Hospital Preschool Program (1079).

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.

Kristin Cash-Holland

Chief Financial Officer

St. Francis' Hospital, Poughkeepsie, New York Saint Francis Home Care Services Corporation SFH Ventures, Inc. Saint Francis Health Care Foundation, Inc. Saint Francis Hospital Preschool Program

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UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK

In re Saint Francis Hospital, Poughkeepsie, New York	Case No.	13-37725 (CGM)
Debtor		
	Reporting Period:	December 17, 2013 - December 31, 2013

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.)

Debtor	St. Francis' Hospital, Poughkeepsie, New York	Saint Francis Health Care Foundation, Inc.	Saint Francis Home Care Services Corporation	Saint Francis Hospital Preschool Program	SFH Ventures, Inc.
Case Number	13-37725	13-37726	13-37727	13-37728	13-37729

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

The debtors in these chapter 11 cases, along with the last four digits of each debtor's federal tax identification number include: St. Francis' Hospital, Poughkeepsie, New York (8503), Saint Francis Home Care Services Corporation (3842), SFH Ventures, Inc. (0024), Saint Francis Health Care Foundation, Inc. (5066), and Saint Francis Hospital Preschool Program (1079).

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In re Saint Francis Hospital, Poughkeepsie, New York	Case No. 13-37725 (CGM)
Debtor	Reporting Period: December 17, 2013 - December 31, 2013

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)]

	ALLOCATION OF DISBURSEMENTS [1]										
	St. Francis' Hospital, Poughkeepsie, New York		Saint Francis Home Care Services Corporation	Saint Francis Hospital Preschool Program	SFH Ventures, Inc.	TOTAL DISBURSEMENTS					
CASE NUMBER	13-37725	13-37726	13-37727	13-37728	13-37729						
DISBURSEMENTS											
Salaries and Wages	\$ 1,585,830	\$ 1,244	\$ 151,331	\$ 100,299	\$ -	\$ 1,838,704					
Benefits and Withholdings	1,723,841	1,352	104,146	109,029	-	1,938,367					
Contract Labor	8,587	-	-	-	-	8,587					
Physicians	4,167	-	-	-	-	4,167					
Professional Fees	-	-	-	-	-	-					
Insurance	224,242	-	-	-	-	224,242					
Medical Supplies	19,509	-	-	-	-	19,509					
Non-Medical Supplies	-	-	-	-	-	-					
Utilities	33,152	-	-	-	-	33,152					
Purchased Services	5,610	-	-	-	-	5,610					
Other Direct Expenses	255,972	337	3,942	49,745	4,666	314,662					
Capital Leases	-	-	-	-	-	-					
Capital Expenditures	89,564	-	-	-	-	89,564					
Total Operating Disbursements	3,950,474	2,933	259,419	259,073	4,666	4,476,565					
Bondholder Debt Service	271,839					271,839					
Critical Vendor Payments	-	-	-	-	-	-					
Utility Deposits	-	-	-	-	-	-					
Restructuring Fees	-	-	-	-	-	-					
DIP Loan Related Expenses	355,333	-	-	-	-	355,333					
DIP Interest	-	-	-	-	-	-					
Total Restructuring Disbursements	355,333	-	-	-	-	355,333					
TOTAL DISBURSEMENTS FOR CALCULATING U.S. TRUSTEE QUARTERLY FEES	\$ 4,577,646	\$ 2,933	\$ 259,419	\$ 259,073	\$ 4,666	\$ 5,103,736					

^[1] The Debtors maintain a centralized cash management system and vendor payable system. The cash disbursements from MOR-1 have been allocated to the Debtor entities.

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In re Saint Francis Hospital, Poughkeepsie, New York

Case No. 13-37725 (CGM)

Debtor

Reporting Period: December 17, 2013 - December 31, 2013

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 α_i ; 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 (CONT)]

			BANK A	CCOUNTS		
	St. Francis' Hospital, Poughkeepsie, New York	Saint Francis Health Care Foundation, Inc.	Saint Francis Home Care Services Corporation	Saint Francis Hospital Preschool Program	SFH Ventures, Inc.	CURRENT MONTH ACTUAL (TOTAL OF ALL ACCOUNTS)
CASE NUMBER	13-37725	13-37726	13-37727	13-37728	13-37729	
CASH BEGINNING OF MONTH	\$ 2,928,818	\$ 568,088	\$ 53,952	\$ -	\$ 153,059	\$ 3,703,917
RECEIPTS						
Patient Receipts	4,512,016	=	140,000	-	39,910	4,691,926
Non-Patient Receipts	1,902,333	22,848	-	-	-	1,925,181
Other	1	20,363	=	=-	=-	20,364
Return of Funds from DIP over-sweep	7,188,600	-	-	-	-	7,188,600
DIP Loan Draw	2,540,000	-	-	-	-	2,540,000
TOTAL RECEIPTS	16,142,949	43,212	140,000		39,910	16,366,071
DISBURSEMENTS						
Salaries and Wages	1,811,609	-	27,095	-	-	1,838,704
Benefits and Withholdings	1,938,367	-	-	-	-	1,938,367
Contract Labor	8,587	-	-	-	-	8,587
Physicians	4,167	-	-	-	-	4,167
Professional Fees	-	-	-	-	-	-
Insurance	224,242	-	-	-	-	224,242
Medical Supplies	19,509	-	-			19,509
Non-Medical Supplies	-	-	-	-	-	-
Utilities	33,152	-	-	-	-	33,152
Purchased Services	5,610	-	-	-	-	5,610
Other Direct Expenses	312,964	25	418	-	1,255	314,662
Capital Leases	-	-	-	-	-	-
Capital Expenditures	89,564	-	-			89,564
Total Operating Disbursements	4,447,772	25	27,513	-	1,255	4,476,565
Bondholder Debt Service	271,839	-	-	-	-	271,839
Critical Vendor Payments	_	_	_	_	_	_
Utility Deposit	_	_	_	_	_	_
Restructuring Fees	-	-	_	_	_	_
DIP Loan Related Expenses	355,333	_	_	_	_	355,333
DIP Interest	-	-	-	-	-	-
DIP Financing Sweep	7,803,104	_	155,975	_	_	7,959,078
Total Restructuring Disbursements	8,158,436		155,975	-	-	8,314,411
TOTAL DISBURSEMENTS	12,878,047	25	183,488		1,255	13,062,815
Intercompany Transfer Receipts	1,879,074	-	31,407	-	-	1,910,482
Intercompany Transfer Disbursements	1,903,171	-	7,311	-	-	1,910,482
NET CASH FLOW (RECEIPTS LESS DISBURSEMENTS)	3,240,806	43,187	(19,392)	-	38,655	3,303,256
CASH – END OF MONTH	\$ 6,169,624	\$ 611,275	\$ 34,561	\$ -	\$ 191,714	\$ 7,007,173

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In re Saint Francis Hospital, Poughkeepsie, New York	Case No. 13-37725 (CGM)
Debtor	Reporting Period: December 17, 2013 - December 31, 2013

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'TI)]

Debtor: St. Francis' Hospital, Poughkeepsie, New York
Case Number 13-37725

	BANK ACCOUNTS											
	Rhinebeck	Rhinebeck Sister M	Rhinebeck	Rhinebeck SFH	Chase Med Staff	Chase Med Staff	M & T Bank	SFH Disbursements	SFH Commercial	M&T Benefit	M & T Bank	M & T Bank SFH
	Worker's Comp	Ann Eliz EAF	Certificate of	Employee Rec	RESTRICTED	Certificate of	General	/ DIP Funding	Receipts	Account	Patient Refund	Payroll
	Account	RESTRICTED	Deposit	Committee		Deposit						
			RESTRICTED [1]	RESTRICTED		RESTRICTED						
ACCOUNT NUMBER	# 7700000982	# 7700001253	# 8700003463	# 7700001261	# 6800190957	# 100071389056	# 9856798682	# 9861633411	# 9861633429	# 961001492	# 9856798674	# 9851897125
CASH BEGINNING OF MONTH	\$ 10,471	\$ 20,977	\$ 10,317	\$ 5,133	\$ 146,770	\$ 94,741	\$ 2,553,052	\$ -	\$ -	\$ 27,220	\$ 60,131	\$ -
RECEIPTS												
Patient Receipts: Hospital							4,512,016					
Non-Patient Receipts: Hospital							1,902,333					
Other	1											
Return of Funds from DIP over-sweep								7,188,600				
DIP Loan Draw								2,540,000				
TOTAL RECEIPTS	1	-	-	-	-	-	6,414,348	9,728,600	-	-	-	-
DISBURSEMENTS												
Salaries and Wages	-						-	68,948		-	-	1,742,661
Benefits and Withholdings	-						179,811	1,727,625		30,932	-	-
Contract Labor	-						-	8,587		-	-	-
Physicians	-						-	4,167		-	-	-
Professional Fees	-						-	-		-	-	-
Insurance	-						-	224,242		-	-	-
Medical Supplies	-						-	19,509		-	-	-
Non-Medical Supplies	-						-	-		-	-	-
Utilities	-						33,152	-		-	-	-
Purchased Services	-						-	5,610		-	-	-
Other Direct Expenses	5						1,313	311,445		-	96	105
Capital Leases	-						-	-		-	-	-
Capital Expenditures	-						-	89,564		-	-	-
Total Operating Disbursements	5	-	-	-	-	-	214,276	2,459,697	-	30,932	96	1,742,766
Bondholder Debt Service	-							271,839		-	_	-
		1		Ī	Ī	Ī			ī			
Critical Vendor Payments	-						-	-		-	-	-
Utility Deposit	-											
Restructuring Fees	-						-	-		-	-	-
DIP Loan Related Expenses	-						-	355,333		-	-	-
DIP Interest	-						-	-		-	-	-
DIP Financing Sweep	-						7,803,104			-	-	-
Total Restructuring Disbursements	-	-	-	-	-	-	7,803,104	355,333	-	-	-	-
TOTAL DISBURSEMENTS	5	-	_	-	-	-	8,017,379	3,086,869	-	30,932	96	1,742,766
Intercompany Transfer Receipts								105,709	-	7,384		1,765,982
Intercompany Transfer Disbursements							1,573	1,803,200	-	3,672		94,726
A TOTAL OLD AND AND AND AND AND AND AND AND AND AN												
NET CASH FLOW (RECEIPTS LESS DISBURSEMENTS)	(4)	-	-				(1,604,604)	4,944,240		(27,220)	(96)	(71,510)
CASH – END OF MONTH	\$ 10,467	\$ 20,977	\$ 10,317	\$ 5,133	\$ 146,770	\$ 94,741	\$ 948,448	\$ 4,944,240	\$ -	-	\$ 60,035	\$ (71,510)

^[1] Bank statement is produced on a quarterly basis. No bank statement is available for the month of December.

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ln re	Saint Francis	Hospital,	Poughkeepsie,	New York	
	Dobton				

Case No.	13-37725 (CGM)
Reporting Period:	December 17, 2013 - December 31, 2013

SCHEDULE OF CASH RECEIPTS AND DISBURSEMENTS (CONTINUED)

Debtor: St. Francis' Hospital, Poughkeepsie, New York

				INVESTMEN	T ACCOUNTS				
	M&T Civic Facility Revenue Money Market	M&T Civic Facility Revenue Money Market	M&T Civic Facility Revenue Bonds Money Market	M&T Civic Facility Revenue Treasury Bills	M&T Civic Facility Revenue Treasury Bills	M&T Civic Facility Revenue Bonds Treasury Bills	MorganStanley - Board Designated Funds	MorganStanley - Board Designated Funds	CURRENT MONTH ACTUAL (TOTAL OF ALL ACCOUNTS)
ACCOUNT NUMBER	# 1004310	# 1004313	# 1011482	# 1004311	# 1004314	# 1011483	# 355-107893-024	# 355-106617-024	
CASH BEGINNING OF MONTH	S -	s -	\$ -	\$ -		\$ -	\$ 1	\$ 5	\$ 2,928,818
RECEIPTS	,	,		,				,	, , , , , ,
Patient Receipts: Hospital									4,512,016
Non-Patient Receipts: Hospital									1,902,333
Other									1
Return of Funds from DIP over-sweep									7,188,600
DIP Loan Draw									2,540,000
TOTAL RECEIPTS	-	-	-	-	-		-	-	16,142,949
DISBURSEMENTS									
Salaries and Wages									1,811,609
Benefits and Withholdings									1,938,367
Contract Labor	Î								8,587
Physicians									4,167
Professional Fees									
Insurance									224,242
Medical Supplies									19,509
Non-Medical Supplies									-
Utilities									33,152
Purchased Services									5,610
Other Direct Expenses									312,964
Capital Leases									
Capital Expenditures									89,564
Total Operating Disbursements		-		-				-	4,447,772
7							•	•	, ,
Bondholder Debt Service									271,839
							•		,
Critical Vendor Payments									
Utility Deposit									
Restructuring Fees									
DIP Loan Related Expenses									355,333
DIP Interest									-
DIP Financing Sweep									7,803,104
Total Restructuring Disbursements		-		-	-	•		-	8,158,436
	Î	-		-			•	-	.,,
TOTAL DISBURSEMENTS	-	-	-	-	-	-	-	-	12,878,047
							•		,,
Intercompany Transfer Receipts									1.879.074
Intercompany Transfer Disbursements									1,903,171
									-,,,,,,,,
NET CASH FLOW (RECEIPTS LESS DISBURSEMENTS)	-	-	-	-	-	-	-	-	3,240,806
CASH – END OF MONTH	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1	\$ 5	\$ 6,169,624

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In re	Saint Francis Hospital, Poughkeepsie, New York

Case No. 13-37725 (CGM)

Reporting Period: December 17, 2013 - December 31, 2013

Debtor

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.)

Debtor:					St.	Francis' Hospital, Poughl	keepsie, New York					
Case Number						13-37725						
	Rhinebeck Worker's			Rhinebeck SFH	Chase Med Staff	Chase Med Staff	M & T Bank	SFH Disbursements	SFH Commercial	M&T Benefit		M & T Bank SFH
	Comp Account	Ann Eliz EAF	Certificate of	Employee Rec	RESTRICTED	Certificate of Deposit	General	/ DIP Funding	Receipts [1]	Account	Patient Refund	Payroll [2]
		RESTRICTED	Deposit	Committee		RESTRICTED						
	# 7700000982	# 7700001253	RESTRICTED [1] # 8700003463	RESTRICTED # 7700001261	# 6800190957	# 100071389056	# 9856798682	# 9861633411	# 9861633429	# 961001492	# 9856798674	# 9851897125
BALANCE PER	\$ 10,467	\$ 20,977	\$ 10,317	\$ 5,133	\$ 146,770	\$ 94,741	\$ 948,448	\$ 4,944,240	\$ -	\$ -	\$ 60,035	
BOOKS	,	,	,	, , , , , ,	,	,		, , , ,	·		,	, ,,,,,,
BANK BALANCE	10,467	20,977	10,317	5,133	146,770	94,741	934,032	5,536,445	-	-	60,035	-
(+) DEPOSITS IN							14,417					
TRANSIT (ATTACH												
LIST)												
(-) OUTSTANDING								592,205				70,020
CHECKS (ATTACH												
LIST):												
OTHER (ATTACH												(1,490)
EXPLANATION)												
ADJUSTED BANK	\$ 10,467	\$ 20,977	\$ 10,317	\$ 5,133	\$ 146,770	\$ 94,741	\$ 948,448	\$ 4,944,240	\$ -	\$ -	\$ 60,035	\$ (71,510)

^{*&}quot;Adjusted Bank Balance" must equal "Balance per Books"

DEPOSITS IN	DEPOSITS IN	DEPOSITS IN	DEPOSITS IN	DEPOSITS IN	DEPOSITS IN						
TRANSIT,	TRANSIT,	TRANSIT,	TRANSIT,	TRANSIT,	TRANSIT,						
OUTSTANDING	OUTSTANDING	OUTSTANDING	OUTSTANDING	OUTSTANDING	OUTSTANDING						
CHECKS,	CHECKS,	CHECKS,	CHECKS,	CHECKS,	CHECKS,						
AND OTHER	AND OTHER	AND OTHER	AND OTHER	AND OTHER	AND OTHER						
NONE	NONE	NONE	NONE	NONE	NONE	See attached bank	See attached bank	NONE	NONE	NONE	See attached bank
						statement and	statement and				statement and
						account	account				account
						reconciliation	reconciliation				reconciliation

Equity portion of Investment Account

Investment Account Information	Type of	Current
Bank / Account Name / Number	Instrument	Value
M&T Civic Facility Revenue Money Market # 1004310		\$ 1

- [1] There was no activity from 12/17/13 through 12/31/13 for this account. Bank statement not available.
- All checks written pre-petition that were outstanding were as of the petition date were voided at the petition date.

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In re Saint Francis Hospital, Poughkeepsie, New York

Debtor

Case No. 13-37725 (CGM)

Reporting Period: December 17, 2013 - December 31, 2013

CASH DISBURSEMENTS

Rhinebeck Worker's Comp Account 0982

	Check Date	Check Number	Payee	Amount
	12/31/2013	3 Auto-debit	Rhinebeck Bank	\$ 5
Total Cash Dish	oursements			\$ 5

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In re Saint Francis Hospital, Poughkeepsie, New York

Debtor

Case No. <u>13-37725 (CGM)</u>

Reporting Period: December 17, 2013 - December 31, 2013

CASH DISBURSEMENTS

M&T Bank General Account 8682

	Check Date	Check Number	Payee	A	Amount
	12/20/2013	Auto-debit	M&T	\$	70
	12/23/2013	WIRE	NYS INCOME TAX		152,480
	12/23/2013	Auto-debit	FBS		23,184
	12/24/2013	Auto-debit	BANCORPSV		4,146
	12/23/2013	Auto-debit	DEPOSIT CORRECTION		503
	12/23/2013	Auto-debit	WEX INC		670
	12/26/2013	Auto-debit	Hess		33,152
	12/27/2013	Auto-debit	M&T		70
Total Cash Disbursements		<u> </u>		\$	214,276

INTERCOMPANY DISBURSEMENTS

			, , , , , , , ,		
D	ate	Type	Payee	Aı	mount
	12/20/2013	Transfer	M & T Bank SFH Payroll	\$	70
			Acct 7125		
	12/23/2013	Transfer	M & T Bank SFH Payroll		1,503
			Acct 7125		
Total Intercompany Disbursements				\$	1,573

DIP FINANCING SWEEP

	Date	Type	Payee		Amount
	12/26/2013	Auto-debit	MidCap Financial	(\$ 6,292,788
	12/27/2013	Auto-debit	MidCap Financial		596,321
	12/30/2013	Auto-debit	MidCap Financial		154,991
	12/31/2013	Auto-debit	MidCap Financial		759,004
al DIP Financing Sweep			•		\$ 7,803,104

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In re Saint Francis Hospital, Poughkeepsie, New York

 Case No.
 13-37725 (CGM)

 Reporting Period:
 December 17, 2013 - December 31, 2013
 Debtor

SFH Disbursements/DIP Funding Account 3411

CASH DISBURSEMENTS

Cash Flow Category	Check Date	Check Number	Payee	Amount
DIP Loan Related Expenses	12/20/2013		MidCap Financial	\$ 355,333
Salaries and Wages	12/26/2013	WIRE	ADP	42,801
Benefits and Withholdings	12/26/2013	WIRE	ADP	28,795
Benefits and Withholdings	12/26/2013	000001	SAINT FRANCIS HOSPITAL	248
Benefits and Withholdings	12/26/2013	000002	CHERYL L. CATTAU	1,498
Benefits and Withholdings	12/26/2013	000003	COMMISSIONER OF TAXATION AND	375
B 6. 19911 11	10/05/0010	000007	FINANC	200
Benefits and Withholdings	12/26/2013		INTERNAL REVENUE SERVICE	200
Benefits and Withholdings	12/26/2013		INTERNAL REVENUE SERVICE	105
Benefits and Withholdings	12/26/2013		NEW JERSEY	350
Benefits and Withholdings	12/26/2013 12/26/2013		NYS CHILD SUPPORT	5,696
Benefits and Withholdings			NYS HIGHER EDUCATION SERV CO	550 2,299
Benefits and Withholdings	12/26/2013		SHERIFF DUTCHESS COUNTY	,
Benefits and Withholdings	12/26/2013		ST FRANCIS HEALTHCARE	5 35
Benefits and Withholdings Benefits and Withholdings	12/26/2013 12/26/2013		UNITED STATES TREASURY - IRS UNITED STATES TREASURY -IRS	150
Benefits and Withholdings	12/26/2013		US DEPT OF EDUCATION	184
Benefits and Withholdings	12/26/2013		CHLIC - BLOOMFIELD EASC	4,063
Benefits and Withholdings	12/26/2013		GUARDIAN	10,456
Other Direct Expenses	12/26/2013		CHERYL HARMELING	2,205
Benefits and Withholdings	12/26/2013		LINCOLN LIFE & ANNUITY COMPANY	6.500
Benefits and Withholdings	12/26/2013		MOHAWK VALLEY PLAN	466,974
Benefits and Withholdings	12/26/2013		SUN LIFE INSURANCE & ANNUITY	54,133
Contract Labor	12/26/2013		MEDICAL SOLUTIONS, LLC	8,587
Capital Expenditures	12/26/2013		KEY INTERIOR ACOUSTICAL, LLC	89,564
Insurance	12/27/2013		MEDICAL LIABILITY MUTUAL	84,445
			INSURANCE	,
Insurance	12/27/2013	000028	MEDICAL LIABILITY MUTUAL	97,985
			INSURANCE	
Benefits and Withholdings	12/26/2013	000004	ILLINOIS STUDENT ASSISTANCE	70
Other Direct Expenses	12/26/2013	000020	MEDICAL STAFF	325
Other Direct Expenses	12/26/2013	000021	MEDICAL STAFF	300
Other Direct Expenses	12/26/2013	000024	CATHERINE WOOD	5
Medical Supplies	12/27/2013	WIRE	OWENS & MINOR	19,509
Benefits and Withholdings	12/30/2013	000064	SUN LIFE INSURANCE & ANNUITY	54,689
Bondholder Debt Service	12/30/2013		MANUFACTURERS AND TRADERS	271,839
Insurance	12/30/2013		UTICA NATIONAL INSURANCE GROUP	2,721
Insurance	12/30/2013		GEORGE T WHALEN INSURANCE	39,091
Other Direct Expenses	12/30/2013		191 DELAFIELD, LLC	10,097
Other Direct Expenses	12/30/2013		191 DELAFIELD, LLC	20,863
Other Direct Expenses	12/30/2013		1625 BOARDWALK, LLC	6,383
Other Direct Expenses	12/30/2013		1625 BOARDWALK, LLC	13,188
Other Direct Expenses	12/30/2013		DR ANTHONY BASCIANO	2,600
Other Direct Expenses	12/30/2013		DR ANTHONY BASCIANO	1,258
Other Direct Expenses	12/30/2013		COLUMBIA SFH, LLC	95,895
Other Direct Expenses	12/30/2013		MARTHA B. DALLIS	<u>242</u>
Other Direct Expenses Other Direct Expenses	12/30/2013		DR ROBERT HOLLAND	1,249
Other Direct Expenses Other Direct Expenses	12/30/2013		DR ROBERT HOLLAND DR ROBERT HOLLAND	2,581
Other Direct Expenses Other Direct Expenses	12/30/2013		FAMILY PARTNERSHIP CENTER	3,953
Other Direct Expenses	12/30/2013		FAMILY PARTNERSHIP CENTER	8,167
Other Direct Expenses	12/30/2013		DR J KEITH FESTA	1,331
Other Direct Expenses	12/30/2013		DR J KEITH FESTA	2,750
Other Direct Expenses	12/30/2013		FROSTED APPLE, LLC	4,598
Other Direct Expenses	12/30/2013		FROSTED APPLE, LLC	9,500
Other Direct Expenses	12/30/2013		GLENHAM PROFESSIONAL PLAZA LLC	1,196
Other Direct Expenses	12/30/2013		GLENHAM PROFESSIONAL PLAZA LLC	2,471
Other Direct Expenses	12/30/2013		HELEN SINOVCIC FOR MARTIN	576
Other Direct Expenses	12/30/2013		HELEN SINOVCIC FOR MARTIN	1,190
Other Direct Expenses	12/30/2013		HTA - POUGHKEEPSIE, LLC	46,291
Other Direct Expenses	12/30/2013		JOHN MAUTONE	963

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In re Saint Francis Hospital, Poughkeepsie, New York

Debtor

 Case No.
 13-37725 (CGM)

 Reporting Period:
 December 17, 2013 - December 31, 2013

SFH Disbursements/DIP Funding Account 3411

Cash Flow Category	Check Date	Check Number	Payee	Amou	nt
Other Direct Expenses	12/30/2013	000054	JOHN MAUTONE		1,990
Other Direct Expenses	12/30/2013	000056	MTC COMMONS LLC		1,026
Other Direct Expenses	12/30/2013	000057	MTC COMMONS LLC		2,120
Other Direct Expenses	12/30/2013	000058	NORTH ROAD MEDICAL ARTS BLD		1,328
Other Direct Expenses	12/30/2013	000059	NORTH ROAD MEDICAL ARTS BLD		2,744
Other Direct Expenses	12/30/2013	000061	SFH VENTURES INC		6,708
Other Direct Expenses	12/30/2013	000062	SPACKENKILL UNION FREE		11,335
Other Direct Expenses	12/30/2013	000063	SPACKENKILL UNION FREE		23,419
Other Direct Expenses	12/30/2013	000065	TACONIC REALTY ASSOCIATE		16,265
Other Direct Expenses	12/30/2013	000052	BARBARA MAGES		11
Other Direct Expenses	12/30/2013	000038	CARMEN DIAZ		72
Other Direct Expenses	12/30/2013	000067	SHARON WARMAN		189
Physicians	12/30/2013	000055	MEDICAL DIAGNOSTIC IMAGING LLC		4,167
Purchased Services	12/30/2013	000060	ROBISON AND SMITH INC		5,610
Other Direct Expenses	12/30/2013	WIRE	Public Goods Pool		3,560
Salaries and Wages	12/31/2013	WIRE	ADP		26,146
Benefits and Withholdings	12/31/2013	WIRE	ADP		15,251
Benefits and Withholdings	12/31/2013	WIRE	INTERNAL REVENUE SERVICE	1	1,075,000
I Total Cash Disbursements				\$ 3	3,086,869

INTERCOMPANY DISBURSEMENTS

Date	Type	Payee	Amount
12/26/2013	Transfer	M & T Bank SFH Payroll Acct 7125	\$ 1,727,344
12/30/2013	Transfer	M & T Bank HC Payroll Acct 8716	24,096
12/31/2013	Transfer	M & T Bank HC Payroll Acct 8716	7,311
12/31/2013	Transfer	M & T Bank SFH Payroll Acct 7125	37,065
12/31/2013	Transfer	M&T Benefit Account Acct 1429	7,384
			\$ 1.803.200

CASH DISBURSEMENTS

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In re Saint Francis Hospital, Poughkeepsie, New York

Case No. 13-37725 (CGM)

Debtor

Reporting Period: December 17, 2013 - December 31, 2013

CASH DISBURSEMENTS

M&T Benefit Account Account 1492

	Check Date	Check Number	Payee	Amount
_	12/24/2013	Auto-debit	CIGNA & CHLIC - BLOOMFIELD EASC	\$ 23,548
	12/31/2013	Auto-debit	CIGNA & CHLIC - BLOOMFIELD EASC	7,384
Total Cash Disbu	rsements			\$ 30,932

INTERCOMPANY DISBURSEMENTS

		11 (12 22 0 0 1 12 12 1	1 2102 0110211121110		
Date		Type	Payee	A	mount
	12/30/2013	Transfer	SFH Disbursements / DIP Funding Acct	\$	3,672
			3411		
Total Intercompany Disbursements				\$	3,672

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In re Saint Francis Hospital, Poughkeepsie, New York

Case No. 13-37725 (CGM)

Debtor

Reporting Period: December 17, 2013 - December 31, 2013

CASH DISBURSEMENTS

M&T Bank Patient Refund Account 8674

	Check Date	Check Number	Payee	A	mount
	12/20/2013	Auto-debit	M&T Bank	\$	35
	12/30/2013	Auto-debit	M&T Bank		61
Total Cash Disbu	irsements			\$	96

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In re Saint Francis Hospital, Poughkeepsie, New York

Case No. 13-37725 (CGM)

Debtor

Reporting Period: December 17, 2013 - December 31, 2013

CASH DISBURSEMENTS

SFH Payroll Account 7125

	Check Date	Check Number	Payee	Amount
	12/20/2013	Auto-debit	M&T	\$ 70
	12/26/2013	Direct deposit/checks	Payroll - individual employees	1,742,661
	12/26/2013	Auto-debit	M&T	35
Total Cash Disbursements				\$ 1,742,766

NOTE - Due to concerns over the confidential nature of the data, this report lists the total payroll funded for each payroll period and does not provide employee level detail. The Debtor has retained and can make employee level information available in appropriate circumstances and to appropriate parties subject to the assurance of confidentiality.

INTERCOMPANY DISBURSEMENTS

	INTERCONT ANY DISDERSEMENTS					
	Date Type		Payee	A	Amount	
	12/30/2013	Transfer	SFH Disbursements / DIP	\$	94,726	
			Funding Acct 3411			
Total Intercompany	Disbursements			\$	94,726	

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In re Saint Francis Hospital, Poughkeepsie, New York	Case No. 13-37725 (CGM)
Debtor	Reporting Period: December 17, 2013 - December 31, 2013

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'TI)]

Debtor:	Saint Francis Health Care Foundation, Inc.
Case Number	13-37726

		BANK A	CCOUNTS		PETTY CASH
	SF Healthcare Foundation Operating Account	Sr. M. Ann Elizabeth Employee Assistance Fund RESTRICTED	M&T Foundation UNRESTRICTED/ RESTRICTED	Medical Staff Restricted Fund RESTRICTED	Foundation Petty Cash
ACCOUNT NUMBER	# 9861633445	# 9861633437	# 9856798807	# 9861633452	N/A
CASH BEGINNING OF MONTH	\$ -	\$ -	\$ 406,394	\$ -	\$ 72
RECEIPTS					
Patient Receipts					
Non-Patient Receipts			22,848		
Other					
Return of Funds from DIP over-sweep					
DIP Loan Draw					
TOTAL RECEIPTS	-	-	22,848	-	-
DISBURSEMENTS					
Salaries and Wages					
Benefits and Withholdings					
Contract Labor					
Physicians					
Professional Fees					
Insurance					
Medical Supplies					
Non-Medical Supplies					
Utilities					
Purchased Services					
Other Direct Expenses			25		
Capital Leases					
Capital Expenditures					
Total Operating Disbursements	-	-	25	-	-
Bondholder Debt Service					
Critical Vendor Payments					
Utility Deposit					
Restructuring Fees					
DIP Loan Related Expenses					
DIP Interest					
DIP Financing Sweep					
Total Restructuring Disbursements	-	-	-	-	-
				-	
TOTAL DISBURSEMENTS	-	-	25	-	-
Intercompany Transfer Receipts	-		-		
Intercompany Transfer Disbursements	· '		-		ĺ
			<u> </u>		
NET CASH FLOW	<u> </u>	-	22,823	-	-
(RECEIPTS LESS DISBURSEMENTS)					
CASH – END OF MONTH	\$ -	\$ -	\$ 429,217	\$ -	\$ 72

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In re Saint Francis Hospital, Poughkeepsie, New York

Debtor

Case No.	13-37725 (CGN
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Reporting Period: December 17, 2013 - December 31, 2013

SCHEDULE OF CASH RECEIPTS AND DISBURSEMENTS (CONTINUED)

 Debtor:
 Saint Francis Health Care Foundation, Inc.

 Case Number
 13-37726

							INNVESTMEN	T ACCOUNTS							1
	M & T	Morgan Stanley	Morgan Stanley	Morgan Stanley	Morgan Stanley	Morgan Stanley	Morgan Stanley	Morgan Stanley	Morgan Stanley	Morgan Stanley	Stifel	Stifel [1]	Foundation and	Stifel Solutions	CURRENT MONTH
	Operating	Healthcare	Conklin Fund	Zorzoli (Bond	Zorzoli (Stock	Panichi Family	Whalen Fund	Dobo	Scholarship Trust	Lynch	Foundation Bond		Mary Ritz Nursing	Management	ACTUAL (TOTAL OF
	Reserve Fund	Foundation	RESTRICTED	Account)	Account)	RESTRICTED	RESTRICTED	RESTRICTED	RESTRICTED	RESTRICTED	Account		RESTRICTED	Account	ALL ACCOUNTS)
				RESTRICTED	RESTRICTED						RESTRICTED			RESTRICTED	
ACCOUNT NUMBER	# 1004316	# 355-106615-024	# 355-107895-024	# 355-106619-024		# 355-108458-024	# 355-107894-024	# 355-107891-024	# 355-107693-024	# 355-108465-024		#XCP4 3485-2282		# 451-1197-6699	
CASH BEGINNING OF MONTH	\$ -	\$ -	\$ 46,653	\$ 4,037	\$ 4,112	\$ 2,903	\$ 2,801	\$ 1,574	\$ 1,349	\$ 1,665	\$ 5,697	\$ -	\$ 51,887	\$ 38,944	\$ 568,088
RECEIPTS															
Patient Receipts															-
Non-Patient Receipts															22,848
Other			2,259	939	661	307	410	191	82	31	6,999			8,485	20,363
Return of Funds from DIP over-sweep															-
DIP Loan Draw															-
TOTAL RECEIPTS	-	-	2,259	939	661	307	410	191	82	31	6,999	-		8,485	43,212
DISBURSEMENTS															
Salaries and Wages															-
Benefits and Withholdings															-
Contract Labor															-
Physicians															-
Professional Fees															-
Insurance															-
Medical Supplies															-
Non-Medical Supplies															-
Utilities															-
Purchased Services															-
Other Direct Expenses															25
Capital Leases															-
Capital Expenditures															-
Total Operating Disbursements	-	-	-	-	-	-	-	-	-	-	-	-		-	25
Bondholder Debt Service															-
Critical Vendor Payments															-
Utility Deposit															
Restructuring Fees															-
DIP Loan Related Expenses															-
DIP Interest															-
DIP Financing Sweep															-
Total Restructuring Disbursements	-	-	-	-	-	-	-	-	-	-	-	-	Į.	-	
TOTAL DISBURSEMENTS	_		I				I	-	-	ı	1		1	1	25
TOTAL DISBURSEMENTS			-	-	-		-					-			23
Intercompany Transfer Receipts															-
Intercompany Transfer Disbursements															-
			<u> </u>												
NET CASH FLOW (RECEIPTS LESS DISBURSEMENTS)	- 1		2,259	939	661	307	410	191	82	31	6,999	-		8,485	43,187
CASH - END OF MONTH	\$ -	\$ -	\$ 48,912	\$ 4,977	\$ 4,772	\$ 3,210	\$ 3,211	\$ 1,766	\$ 1,432	\$ 1,697	\$ 12,696	\$ -	\$ 51,887	\$ 47,428	\$ 611,275

^[1] Account was closed during the month of December 2013.

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In re	Saint Francis Hospital, Poughkeepsie, New York	

Debtor

Case No. <u>13-37725 (CGM)</u>

Reporting Period: December 17, 2013 - December 31, 2013

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. $(Bank\ account\ numbers\ may\ be\ reducted\ to\ last\ four\ numbers.)$

Debtor:	Saint Francis Health Care Foundation, Inc.
Case Number	13-37726

	SF Healthcare Foundation	Sr. M. Ann Elizabeth	M&T Foundation	Medical Staff Restricted
	Operating Account	Employee Assistance Fund	UNRESTRICTED/	Fund
		RESTRICTED	RESTRICTED	RESTRICTED
	" 00 c1 c22 1 4 5	W 00 61 622 125	# 005 (T0000T	# 00 c1 c22 452
	# 9861633445	# 9861633437	# 9856798807	# 9861633452
BALANCE PER BOOKS	\$ -	\$ -	\$ 429,217	\$ -
BANK BALANCE	-	-	406,369	-
(+) DEPOSITS IN			22,848	
TRANSIT (ATTACH				
LIST)				
(-) OUTSTANDING			-	
CHECKS (ATTACH				
LIST):				
OTHER (ATTACH				
EXPLANATION)				
ADJUSTED BANK	\$ -	\$ -	\$ 429,217	\$ -
BALANCE *				

^{*&}quot;Adjusted Bank Balance" must equal "Balance per Books"

DEPOSITS IN	DEPOSITS IN	DEPOSITS IN	DEPOSITS IN
TRANSIT,	TRANSIT,	TRANSIT,	TRANSIT,
OUTSTANDING	OUTSTANDING	OUTSTANDING	OUTSTANDING
CHECKS,	CHECKS,	CHECKS,	CHECKS,
AND OTHER	AND OTHER	AND OTHER	AND OTHER
NONE	NONE	See attached bank statement and account reconciliation	NONE

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In r	e	Saint	Francis	Hospital,	Poughkeepsie,	New York

Debtor

Case No. <u>13-37725 (CGM)</u>

Reporting Period: December 17, 2013 - December 31, 2013

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. $(Bank\ account\ numbers\ may\ be\ reducted\ to\ last\ four\ numbers.)$

Debtor:	Saint Francis Health Care Foundation, Inc.
Case Number	13-37726

Equity portion of Investment Account						
Investment Account	Type of	Current				
Information	Type of	Current				
Bank / Account Name /	T	\$7-1				
Number	Instrument	Value				
M & T Operating Reserve		\$ -				
Fund						
# 1004316						
Morgan Stanley Healthcare		-				
Foundation						
# 355-106615-024						
Morgan Stanley Conklin	ETFs & CEFs, and Mutual	519,176				
Fund	Funds					
RESTRICTED						
# 355-107895-024						
Morgan Stanley Zorzoli	ETFs & CEFs, and Mutual	449,344				
(Bond Account)	Funds					
RESTRICTED						
# 355-106619-024						
Morgan Stanley Zorzoli	ETFs & CEFs, and Mutual	197,242				
(Stock Account)	Funds					
RESTRICTED						
# 355-107890-024						
Morgan Stanley Panichi	ETFs & CEFs, and Mutual	147,840				
Family	Funds					
RESTRICTED						
# 355-108458-024						
Morgan Stanley Whalen	ETFs & CEFs, and Mutual	122,226				
Fund	Funds					
RESTRICTED						
# 355-107894-024						
Morgan Stanley Dobo	ETFs & CEFs, and Mutual	57,247				
RESTRICTED	Funds					
# 355-107891-024						
Morgan Stanley	ETFs & CEFs, and Mutual	42,157				
Scholarship Trust	Funds					
RESTRICTED						
# 355-107693-024						
Morgan Stanley Lynch	ETFs & CEFs, and Mutual	18,175				
RESTRICTED	Funds					
# 355-108465-024	a la P	1 222 522				
Stifel Foundation Bond	Corp/Gov Bonds	1,333,202				
Account						
RESTRICTED						
# 451-3691-8927						
Stifel		-				
#XCP4 3485-2282						
Foundation and Mary Ritz		-				
Nursing						
RESTRICTED						
# 355-015898-024	Eidi	1.070.417				
Stifel Solutions	Equities	1,970,417				
Management Account						
RESTRICTED						
# 451-1197-6699						

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In re Saint Francis Hospital, Poughkeepsie, New York

Case No. 13-37725 (CGM)

Debtor

Reporting Period: December 17, 2013 - December 31, 2013

CASH DISBURSEMENTS

M&T Foundation Account 8807

	Check Date	Check Number	Payee	Amo	unt	
•	10/25/2013	7	Patient Refund	\$	25	*
Total Cash Disbursements				\$	25	

*Check was written on behalf of Saint Francis Physician Services, a non-debtor entity of Hastings Health Systems, Inc. Saint Francis Physician Services reimbursed Saint Francis Healthcare Foundation for this amount.

In re Saint Francis Hospital, Poughkeepsie, New York

Debtor

Case No. 13-37725 (CGM) **Reporting Period:** December 17, 2013 - December 31, 2013

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)]

Debtor:	Saint Francis Home Care Services Corporation
Case Number	13-37727

	BANK ACCOUNTS				
	M & T Bank HC General	M & T Bank HC Payroll	CURRENT MONTH		
			ACTUAL (TOTAL OF ALL		
	# 00 T T 00 T 00		ACCOUNTS)		
ACCOUNT NUMBER	# 9856798708	# 9856798716	*		
CASH BEGINNING OF MONTH	\$ 50,953	\$ 2,999	\$ 53,952		
RECEIPTS Designat Propriets	140.000		140.000		
Patient Receipts Non-Patient Receipts	140,000		140,000		
•			-		
Other			-		
Return of Funds from DIP over-sweep			-		
DIP Loan Draw TOTAL RECEIPTS	140,000	_	140,000		
DISBURSEMENTS	140,000	-	140,000		
Salaries and Wages		27,095	27,095		
Benefits and Withholdings	_	27,093	27,093		
Contract Labor	_	-	-		
Physicians	<u> </u>	<u> </u>	-		
, and the second	-	-	-		
Professional Fees Insurance	<u> </u>	<u>-</u>	-		
Medical Supplies	-	<u>-</u>	-		
Non-Medical Supplies	-	-	-		
Utilities Utilities	-	-			
Purchased Services		-	-		
Other Direct Expenses	418	<u>-</u>	418		
Capital Leases	418	<u>-</u>	418		
Capital Expenditures	-	-	-		
Total Operating Disbursements	418	27,095	27,513		
Total Operating Disbursements	418	27,095	27,515		
Bondholder Debt Service	_	_	-		
Critical Vendor Payments	-	-	-		
Utility Deposit	-	-	-		
Restructuring Fees	-	-	-		
DIP Loan Related Expenses	-	-	-		
DIP Interest	-	-	-		
DIP Financing Sweep	155,975	-	155,975		
Total Restructuring Disbursements	155,975	-	155,975		
TOTAL DISDLINGEMENTS	156 202	27.005	102 400		
TOTAL DISBURSEMENTS	156,393	27,095	183,488		
Intercompany Transfer Receipts		31,407	31,407		
Intercompany Transfer Disbursements		7,311	7,311		
NET CASH FLOW	(16,393)	(2,999)	(19,392)		
(RECEIPTS LESS DISBURSEMENTS)		· ,			
CASH – END OF MONTH	\$ 34,561	\$ (0)	\$ 34,561		

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In re Saint Francis Hospital, Poughkeepsie, New York	Case No. 13-37725 (CGM)
Debtor	Reporting Period: December 17, 2013 - December 31, 2013

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.)

Debtor:	Saint Francis Home Care Services Corporation
Case Number	13-37727

	M & T Bank HC General	M & T Bank HC Payroll
	# 9856798708	# 9856798716
BALANCE PER BOOKS	\$ 34,561	\$ (0)
BANK BALANCE	34,561	=
(+) DEPOSITS IN		
TRANSIT (ATTACH		
LIST)		
(-) OUTSTANDING		
CHECKS (ATTACH LIST):		
OTHER (ATTACH		
EXPLANATION)		
ADJUSTED BANK	\$ 34,561	\$ -
BALANCE *		

^{*&}quot;Adjusted Bank Balance" must equal "Balance per Books"

DEPOSITS IN	DEPOSITS IN
TRANSIT,	TRANSIT,
OUTSTANDING	OUTSTANDING
CHECKS,	CHECKS,
AND OTHER	AND OTHER
NONE	NONE

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In re Saint Francis Hospital, Poughkeepsie, New York

Case No. <u>13-37725 (CGM)</u>

Debtor

Reporting Period: December 17, 2013 - December 31, 2013

CASH DISBURSEMENTS

M & T Bank HC General Account 8708

	Check Date	Check Number	Payee	A	mount
	12/20/2013	Auto-debit	M&T	\$	35
	12/23/2013	Auto-debit	ADP		383
Total Cash Disbu	ırsements			\$	418

DIP FINANCING SWEEP

<u></u>	DII FINANCING SWEET				
	Date	Type	Payee	A	mount
		•			
	12/26/2013	Auto-debit	MidCap Financial	\$	111,664
	12/27/2013	Auto-debit	MidCap Financial		8,011
	12/30/2013	Auto-debit	MidCap Financial		24,825
	12/31/2013	Auto-debit	MidCap Financial		11,475
Total DIP Financing Sweep			_	\$	155,975

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In re Saint Francis Hospital, Poughkeepsie, New York

Case No. 13-37725 (CGM)

Debtor

Reporting Period: December 17, 2013 - December 31, 2013

CASH DISBURSEMENTS

Home Care Payroll Disbursements Account 8716

	Check Date	Check Number	Payee	Amount	
_	12/20/2013	Auto-debit	ADP	\$ 27,095	[1]
Total Cash Disbu	rsements			\$ 27,095	

INTERCOMPANY DISBURSEMENTS

	INTERCOM MINT DISDERSEMENTS				
Date		Type	Payee		Amount
	12/31/2013	Transfer	SFH Disbursements / DIP	\$	7,311
			Funding Acct 3411		
Total Intercompany Disbursements		_		\$	7,311

[1] **NOTE** - Due to concerns over the confidential nature of the data, this report lists the total payroll funded for each payroll period and does not provide employee level detail. The Debtor has retained and can make employee level information available in appropriate circumstances and to appropriate parties subject to the assurance of confidentiality.

In re Saint Francis Hospital, Poughkeepsie, New York

Debtor

Case No. <u>13-37725 (CGM)</u>

Reporting Period: December 17, 2013 - December 31, 2013

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)]

Debtor:	Saint Francis Hospital Preschool Program
Case Number	13-37728

ACCOUNT NUMBER		BANK ACCOUNTS			
ACCOUNT NUMBER		M & T Bank Preschool CURRENT MONTH ACT			
CASH BEGINNING OF MONTH S S S			(TOTAL OF ALL ACCOUNTS)		
CASH BEGINNING OF MONTH S S S	A COOLINE NUMBER	# 005 CT00T0 A			
Patient Receipts			Φ.		
Patient Receipts		-	\$ -		
Non-Patient Receipts					
Other Return of Funds from DIP over-sweep			-		
Return of Funds from DIP over-sweep DIP Loan Draw TOTAL RECEIPTS DISBURSEMENTS Salaries and Wages Benefits and Withholdings Contract Labor Physicians Professional Fees Insurance Medical Supplies Insurance I					
DIP Loan Draw			-		
TOTAL RECEIPTS					
DISBURSEMENTS Salaries and Wages					
Salaries and Wages		-	-		
Benefits and Withholdings					
Contract Labor					
Physicians					
Professional Fees					
Insurance					
Medical Supplies			-		
Non-Medical Supplies			-		
Utilities			-		
Purchased Services			-		
Other Direct Expenses	Utilities		-		
Capital Expenditures - Total Operating Disbursements - Bondholder Debt Service - Critical Vendor Payments - Utility Deposit - Restructuring Fees - DIP Loan Related Expenses - DIP Interest - DIP Financing Sweep - Total Restructuring Disbursements - TOTAL DISBURSEMENTS - Intercompany Transfer Receipts - Intercompany Transfer Disbursements - NET CASH FLOW - (RECEIPTS LESS DISBURSEMENTS)			-		
Capital Expenditures - Total Operating Disbursements			-		
Total Operating Disbursements Bondholder Debt Service Critical Vendor Payments Utility Deposit Restructuring Fees DIP Loan Related Expenses DIP Interest DIP Financing Sweep Total Restructuring Disbursements TOTAL DISBURSEMENTS Intercompany Transfer Receipts Intercompany Transfer Disbursements - NET CASH FLOW (RECEIPTS LESS DISBURSEMENTS)			-		
Bondholder Debt Service - Critical Vendor Payments - Utility Deposit - Restructuring Fees - DIP Loan Related Expenses - DIP Interest - DIP Financing Sweep - Total Restructuring Disbursements - TOTAL DISBURSEMENTS - Intercompany Transfer Receipts - Intercompany Transfer Disbursements - NET CASH FLOW (RECEIPTS LESS DISBURSEMENTS)			-		
Critical Vendor Payments	Total Operating Disbursements	-	-		
Critical Vendor Payments					
Utility Deposit - Restructuring Fees - DIP Loan Related Expenses - DIP Interest - DIP Financing Sweep - Total Restructuring Disbursements - TOTAL DISBURSEMENTS - Intercompany Transfer Receipts - Intercompany Transfer Disbursements - NET CASH FLOW (RECEIPTS LESS DISBURSEMENTS)	Bondholder Debt Service		-		
Utility Deposit - Restructuring Fees - DIP Loan Related Expenses - DIP Interest - DIP Financing Sweep - Total Restructuring Disbursements - TOTAL DISBURSEMENTS - Intercompany Transfer Receipts - Intercompany Transfer Disbursements - NET CASH FLOW (RECEIPTS LESS DISBURSEMENTS)					
Restructuring Fees	Critical Vendor Payments		-		
DIP Loan Related Expenses	Utility Deposit		-		
DIP Interest	Restructuring Fees		-		
DIP Interest	DIP Loan Related Expenses		-		
Total Restructuring Disbursements TOTAL DISBURSEMENTS - Intercompany Transfer Receipts - Intercompany Transfer Disbursements - NET CASH FLOW (RECEIPTS LESS DISBURSEMENTS)	DIP Interest		-		
Total Restructuring Disbursements TOTAL DISBURSEMENTS - Intercompany Transfer Receipts - Intercompany Transfer Disbursements - NET CASH FLOW (RECEIPTS LESS DISBURSEMENTS)	DIP Financing Sweep		-		
TOTAL DISBURSEMENTS - Intercompany Transfer Receipts - Intercompany Transfer Disbursements - NET CASH FLOW (RECEIPTS LESS DISBURSEMENTS)	Total Restructuring Disbursements	-	_		
Intercompany Transfer Receipts Intercompany Transfer Disbursements	Ü		•		
Intercompany Transfer Receipts Intercompany Transfer Disbursements	TOTAL DISBURSEMENTS	-	_		
Intercompany Transfer Disbursements NET CASH FLOW (RECEIPTS LESS DISBURSEMENTS)					
Intercompany Transfer Disbursements NET CASH FLOW (RECEIPTS LESS DISBURSEMENTS)	Intercompany Transfer Receipts	-	_		
NET CASH FLOW (RECEIPTS LESS DISBURSEMENTS)		-	_		
(RECEIPTS LESS DISBURSEMENTS)					
(RECEIPTS LESS DISBURSEMENTS)	NET CASH FLOW	-	_		
	(RECEIPTS LESS DISBURSEMENTS)				
CASH – END OF MONTH \$ - \$					
	CASH – END OF MONTH	\$ -	-		

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In re Saint Francis Hospital, Poughkeepsie, New York

Case No. 13-37725 (CGM) Debtor **Reporting Period:** December 17, 2013 - December 31, 2013

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.)

Debtor:	Saint Francis Hospital Preschool Program
Case Number	13-37728

	M & T Bank Preschool # 9856798724
BALANCE PER BOOKS	\$ -
BANK BALANCE	-
(+) DEPOSITS IN TRANSIT (ATTACH LIST)	
(-) OUTSTANDING CHECKS (ATTACH LIST):	
OTHER (ATTACH EXPLANATION)	
ADJUSTED BANK BALANCE *	\$ -

^{*&}quot;Adjusted Bank Balance" must equal "Balance per Books"

DEPOSITS IN TRANSIT, OUTSTANDING CHECKS,
AND OTHER
NONE

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In re Saint Francis Hospital, Poughkeepsie, New York	Case No. 13-37725 (CGM)
Debtor	Reporting Period: December 17, 2013 - December 31, 2013

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)]

Debtor: SFH Ventures, Inc.
Case Number 13-37729

	BANK AG	CCOUNTS	PETTY CASH	
	M&T Hearing Works	M&T Ventures	HW Imprest Petty	CURRENT MONTH
	Operating Account	Holding Account	Cash	ACTUAL (TOTAL OF ALL ACCOUNTS)
ACCOUNT NUMBER	# 993002088	# 9856798690	N/A	,
CASH BEGINNING OF MONTH	\$ 152,359	\$ 650	\$ 50	\$ 153,059
RECEIPTS				
Patient Receipts	39,910			39,910
Non-Patient Receipts				-
Other				-
Return of Funds from DIP over-sweep				-
DIP Loan Draw				-
TOTAL RECEIPTS	39,910	-		39,910
DISBURSEMENTS	,			,
Salaries and Wages	-			-
Benefits and Withholdings	-			-
Contract Labor	-			-
Physicians	-			-
Professional Fees	-			-
Insurance	-			-
Medical Supplies	-			-
Non-Medical Supplies	-			-
Utilities	-			-
Purchased Services	-			-
Other Direct Expenses	1,255			1,255
Capital Leases	-			_
Capital Expenditures	-			_
Total Operating Disbursements	1,255	-		1,255
			=	
Bondholder Debt Service				-
Critical Vendor Payments	-			-
Utility Deposit				-
Restructuring Fees	-			-
DIP Loan Related Expenses	-			-
DIP Interest	-			-
DIP Financing Sweep	-			-
Total Restructuring Disbursements	-	-	-	-
TOTAL DISBURSEMENTS	1,255	-		1,255
Intercompany Transfer Receipts	-	-		-
Intercompany Transfer Disbursements	-	-		-
_				
			1	
NET CASH FLOW	38,655	-		38,655
(RECEIPTS LESS DISBURSEMENTS)				
CACH END OF MONTH	¢ 101.011	¢ 550	¢ 70	d 101.711
CASH – END OF MONTH	\$ 191,014	\$ 650	\$ 50	\$ 191,714

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In re Saint Francis Hospital, Poughkeepsie, New York Case No. 13-37725 (CGM

DebtorReporting Period:December 17, 2013 - December 31, 2013

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.)

Debtor:	SFH Ventures, Inc.
Case Number	13-37729

	M&T Hearing Works Operating Account # 993002088	M&T Ventures Holding Account # 9856798690
BALANCE PER BOOKS	\$ 191,014	\$ 650
BANK BALANCE	188,417	650
(+) DEPOSITS IN TRANSIT	2,597	
(ATTACH LIST)		
(-) OUTSTANDING		
CHECKS (ATTACH LIST):		
OTHER (ATTACH		
EXPLANATION)		
ADJUSTED BANK	\$ 191,014	\$ 650
BALANCE *		

^{*&}quot;Adjusted Bank Balance" must equal "Balance per Books"

DEPOSITS IN	DEPOSITS IN
TRANSIT,	TRANSIT,
OUTSTANDING	OUTSTANDING
CHECKS,	CHECKS,
AND OTHER	AND OTHER
See attached bank statement and account reconciliation	NONE

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In re Saint Francis Hospital, Poughkeepsie, New York Case No. 13-37725 (CGM)

DebtorReporting Period:December 17, 2013 - December 31, 2013

CASH DISBURSEMENTS

M&T Hearing Works Operating Account Account 2088

	Check Date	Check Number	Payee	Amount
_	12/20/2013	Auto-debit	M&T	\$ 35
	12/31/2013	Auto-debit	PATIENT REFUND	1,220
Total Cash Disburseme	ents			\$ 1,255

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In re Saint Francis Hospital, Poughkeepsie, New York

Debtor

 Case No.
 13-37725 (CGM)

 Reporting Period:
 December 17, 2013

 December 31, 2013
 December 31, 2013

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.

Debtor	St. Francis' Hospital, Poughkeepsie, New York	Saint Francis Health Care Foundation, Inc.	Saint Francis Home Care Services Corporation	Saint Francis Hospital Preschool Program	SFH Ventures, Inc.
Case Number	13-37725	13-37726	13-37727	13-37728	13-37729
REVENUES	For the period 12/17/13-12/31/13	For the period 12/17/13-12/31/13	For the period 12/17/13-12/31/13	For the period 12/17/13-12/31/13	For the period 12/17/13-12/31/13
Net patient service revenue	4,274,159	-	1,408,643	=	141,794
Provision for bad debts, net	(45,764)	1,440	1,416	-	-
Other revenue	721,347	476,784	43,403	197,223	77,981
Net assets released from restrictions for operations	55,912	10,590	-	-	-
Total revenues and other support	5,005,654	488,814	1,453,462	197,223	219,775
OPERATING EXPENSES				-	
Salaries	2,700,604	190,705	1,097,808	168,284	76,032
Fringe benefits	584,611	41,076	125,684	86,153	18,654
Supplies	697,151	4,416	4,702	1,711	1,811
Purchased services	496,138	50,862	46,043	3,893	19,346
Professional fees	523,244	10,348	10,367	1,741	5,395
Utilities	59,873	-	1,437	907	-
Insurance	113,780	-	60,726	-	-
Interest	285,518	-	-	-	5,785
Rent and other	106,391	126,726	44,026	103,508	69,128
Depreciation and amortization	331,960	10,299	1,481	13,977	13,613
Bad debt expense - non-patient related	(5,842)	-	-	-	-
Total expenses	5,893,429	434,432	1,392,274	380,173	209,764
Income (loss) from operations	(887,775)	54,382	61,188	(182,950)	10,011
Nonoperating gains (losses), net	(776,725)	(19,026)	452	-	(807)
		35,356	61,640	-	9,204
Excess (deficiency) of revenues over expenses before Reorganization Expenses	(1,664,500)	35,356	61,640	(182,950)	9,204
Reorganization Expenses	424,143				
(Deficiency) excess of revenues over expenses	(2,088,643)	35,356	61,640	(182,950)	9,204
Other changes in unrestricted net assets:					
Changes in net unrealized gains (losses) on other-than-trading securities	-	(12,623)	-	-	-
Net assets transferred	1,230,731		-		-
Increase (decrease) in unrestricted net assets	(857,911)	22,733	61,640	(182,950)	9,204

^{*&}quot;Insider" is defined in 11 U.S.C. Section 101(31).

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In re	Saint Francis Hospital, Poughkeepsie, New York
	Debtor

 Case No.
 13-37725 (CGM)

 Reporting Period:
 December 17, 2013 - December 31, 2013

BALANCE SHEET

Debtor: St. Francis' Hospital, Poughkeepsie, New York Case Number: 13-37725			Saint Francis Health Care Foundation, Inc. 13-37726		Saint Francis Home Care Services Corporation 13-37727	
ASSETS	BOOK VALUE AT END OF CURRENT REPORTING MONTH	BOOK VALUE ON PETITION DATE	BOOK VALUE AT END OF CURRENT REPORTING MONTH	BOOK VALUE ON PETITION DATE	BOOK VALUE AT END OF CURRENT REPORTING MONTH	BOOK VALUE ON PETITION DATE
CURRENT ASSETS						
Cash and cash equivalents	5,922,980	2,787,766	429,290	406,465	34,561	53,952
Investments	-	-	-	-	-	-
Patient accounts receivable, net	17,809,235	19,371,215	-	-	427,370	424,871
Estimated third-party payor receivables	1,089,722	1,137,702	-	-	-	-
Due from affiliates, net	606,431	608,826	-	-	-	-
Other receivables	2,517,478	2,517,477	22,910	22,910	14,639	10,889
Inventory	2,669,341	2,644,121	-	-	-	-
Prepaid expenses and other assets	4,438,774	4,656,173	22,820	22,820	77,743	77,743
Assets held for sale, net	-	-	-	-	-	-
Assets limited or restricted as to use, current portion	243,511	243,511	619,983	619,983	-	-
Total current assets	35,297,472	33,966,791	1,095,003	1,072,178	554,313	567,455
Property, plant, and equipment, net	86,094,987	86,737,897	207,534	207,534	15,060	15,060
Assets limited or restricted as to use, net of current portion	-	-	6,146,249	6,115,630	-	-
Investments, net of current portion	=	-				
Other assets, net of current portion	4,207,957	4,220,478	63,586	63,586	-	-
Due from affiliates, net of current portion	10,101,458	9,918,508				
Estimated third-party payor receivables, net of current portion	247,000	144,000	-	-	-	-
Interest in net assets of Foundation	7,037,438	8,241,382	_	_	_	-
Total assets	142,986,312	143,229,056	7,512,372	7,458,928	569,373	582,515

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In re	Saint Francis Hospital, Poughkeepsie, New York
	Debtor

 Case No.
 13-37725 (CGM)

 Reporting Period:
 December 17, 2013 - December 31, 2013

BALANCE SHEET

Debtor:	St. Francis' Hospital, Poughkeepsie, New York		Saint Francis Health Care Foundation, Inc.		Saint Francis H	Iome Care Services Corporation
Case Number:	13-37	13-37725 13-37726		37726	13-37727	
LIABILITIES AND NET ASSETS	BOOK VALUE AT END OF CURRENT REPORTING MONTH	BOOK VALUE ON PETITION DATE	BOOK VALUE AT END OF CURRENT REPORTING MONTH	BOOK VALUE ON PETITION DATE	BOOK VALUE AT END OF CURRENT REPORTING MONTH	BOOK VALUE ON PETITION DATE
LIABILITIES NOT SUBJECT TO COMPROMISE (Pos	t petition)		morvin		MOIVIII	
Debtor in possession financing obligations	1,769,521	-	-	-	-	-
Accounts payable and accrued expenses	1,221,228				1,788	
Accrued salaries and related withholdings	2,561,822				116,945	
Due to affiliates	-	-	30,711		24,906	
Liabilities held for sale	-	-				
Estimated third-party payor liabilities	6,996,962	6,857,333				
Total liabilities not subject to compromise	12,549,533	6,857,333	30,711	-	143,639	-
Liabilities subject to compromise						
Accounts payable and accrued expenses	28,385,147	30,701,327			25,238	25,238
Accrued salaries and related withholdings	5,218,260	8,177,669			20,200	49,580
Due to affiliates	-	0,277,007	289,518	289,518		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Long-term debt and capital lease obligations	77.617.737	77,632,099	-	-	_	-
Other liabilities	6,355,340	6,308,560	154,705	154,705	43,028	43,028
Accrued postretirement benefits	2,574,699	2,564,699	-	=	-	-
Total liabilities subject to compromise	120,151,183	125,384,354	444,223	444,223	68,266	117,846
Net assets:						
ret assets:						
Unrestricted	4,259,567	5,069,800	1,011,409	988,676	357,468	464,669
Non-controlling interest	- 1	-	-	-	-	-
Total unrestricted net assets	4,259,567	5,069,800	1,011,409	988,676	357,468	464,669
Temporarily restricted	4,868,435	4,759,975	4,868,435	4,868,435	-	-
Permanently restricted	1,157,594	1,157,594	1,157,594	1,157,594	-	-
Total net assets	10,285,596	10,987,369	7,037,438	7,014,705	357,468	464,669
Total liabilities and net assets	142,986,312	143,229,056	7,512,372	7,458,928	569,373	582,515

^{*&}quot;Insider" is defined in 11 U.S.C. Section 101(31).

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In re Saint Francis Hospital, Poughkeepsie, New York	Case No.	13-37725 (CGM)
Debtor	Reporting Period:	December 17, 2013 - December 31, 2013

BALANCE SHEET

Debtor:	Saint Francis Hospit	al Preschool Program	SFH	Ventures, Inc.
Case Number:	13-37728		13-37729	
ASSETS	BOOK VALUE AT END OF CURRENT REPORTING MONTH	BOOK VALUE ON PETITION DATE	BOOK VALUE AT END OF CURRENT REPORTING MONTH	BOOK VALUE ON PETITION DATE
CURRENT ASSETS				
Cash and cash equivalents		-	191,714	153,059
Investments			-	-
Patient accounts receivable, net			27,630	30,273
Estimated third-party payor receivables			-	-
Due from affiliates, net			25,179	25,179
Other receivables	1,801,486	1,835,187	125,526	119,010
Inventory			-	1
Prepaid expenses and other assets			5,719	5,719
Assets held for sale, net			-	1
Assets limited or restricted as to use, current portion			-	-
Total current assets	1,801,486	1,835,187	375,768	333,240
Property, plant, and equipment, net	1,818,262	1,832,239	676,197	676,197
Assets limited or restricted as to use, net of current portion			-	-
Investments, net of current portion				
Other assets, net of current portion			-	-
Due from affiliates, net of current portion				
Estimated third-party payor receivables, net of current			-	
portion				
Interest in net assets of Foundation			-	-
Total assets	3,619,748	3,667,426	1,051,965	1,009,437

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In re Saint Francis Hospital, Poughkeepsie, New York	Case No.	13-37725 (CGM
Debtor	Reporting Period:	December 17, 2013 - December 31, 2013

BALANCE SHEET

Debtor:		al Preschool Program	SFH	Ventures, Inc.
Case Number:	13-	37728		13-37729
LIABILITIES AND NET ASSETS	BOOK VALUE AT END OF CURRENT REPORTING MONTH	BOOK VALUE ON PETITION DATE	BOOK VALUE AT END OF CURRENT REPORTING MONTH	BOOK VALUE ON PETITION DATE
LIABILITIES NOT SUBJECT TO COMPROMISE (Post	t petition)			
Debtor in possession financing obligations				
Accounts payable and accrued expenses			10,601	
Accrued salaries and related withholdings				
Due to affiliates		-	14,347	
Liabilities held for sale				
Estimated third-party payor liabilities				
Total liabilities not subject to compromise	•	-	24,948	-
Liabilities subject to compromise				
Accounts payable and accrued expenses			77,380	77,380
Accrued salaries and related withholdings				
Due to affiliates	3,619,748	3,667,426	110,678	125,025
Long-term debt and capital lease obligations			276,698	276,698
Other liabilities	6,481,710	6,251,082	-	-
Accrued postretirement benefits			-	-
Total liabilities subject to compromise	10,101,458	9,918,508	464,756	456,380
Net assets:				
Unrestricted	(6,481,710)	(6,251,082)	562,261	553,057
Non-controlling interest	(3) 3 7. 37	(1) 1 / 1 / 1	-	-
Total unrestricted net assets	(6,481,710)	(6,251,082)	562,261	553,057
Temporarily restricted			-	-
Permanently restricted			-	-
Total net assets	(6,481,710)	(6,251,082)	562,261	553,057
Total liabilities and net assets	3,619,748	3,667,426	1,051,965	1,009,437

^{*&}quot;Insider" is defined in 11 U.S.C. Section 101(31).

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In re Saint Francis Hospital, Poughkeepsie, New York	Case No. 13-37725 (CGM)
Debtor	Reporting Period: December 17, 2013 - December 31, 2013

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.

Debtor:			St. Franc	cis' Ho	ospital, Poughk	eepsie, New Y	ork			Saint Fra		Care Found	ation, Inc.			Sa	aint Fr	ancis Hon	ne Care Services	Corporatio	n	
Case Number:					13-37725				l L		13-	37726							13-37727			
	ginn Tax	U	unt Withheld l/or Accrued		mount Paid	Date Paid	Check EF	 Ending Tax	Beginning Tax	Amount Withheld and/or Accrued	Amount Paid	Date Paid	Check # or EFT	Ending Tax		Beginning Tax	Wi	nount thheld nd/or crued	Amount Paid		Check # or EFT	Ending Tax
Federal payroll	\$	-	\$ 1,075,000	\$	1,075,000	12/31/2013	3 EFT	\$ -	N/A						FICA/SUI	\$ -	\$	42,819	\$ 42,819	Varies	EFT	\$ -
State payroll		-	152,480		152,480	12/23/2013	3 EFT	=														
Withholdings		-	1,215		1,215	Varies	EFT	=														
Unemployment		-						=														
Cafeteria Sales Tax		-	4,127		-			4,127														
Real Property		-						=														
Other:		-						-														
Total Taxes	\$		\$ 1,232,822	\$	1,228,695			\$ 4,127							Total Taxes	\$ -	\$	42,819	\$ 42,819			\$ -

SUMMARY OF UNPAID POST-PETITION DEBTS

Debtor:		St. Franc	is' Hospital, Poughl		ork			Saint Fra	ncis Health		lation, Inc.			Saint Francis Ho		s Corporatio	n	
Case Number:			13-37725						13-	37726					13-37727			
			Number of Days Pa	st Due				1	Number of I	Days Past Di	ue				Number of Days	Past Due		
	Current	0-30	31-60	61-90	Over 91	Total	Current	0-30	31-60	61-90	Over 91	Total	Current	0-30	31-60	61-90	Over 91	Total
ccounts Payable	\$ -	230,258	-	-	-	230,258	N/A						N/A					
Vages Payable	-	=	-	-	-	-												
axes Payable	-	=	-	-	-	-												
ent/Leases-Building [1]	-	=	-	-	-	-												
ent/Leases-Equipment [1]	-	=	-	=	-	=												
secured Debt/Adequate Protection	-	37,500	=	-	-	37,500												
ayments																		<u> </u>
rofessional Fees	-	424,143	-	=	-	424,143												
amounts Due to Insiders	-	-	-	=	-	=												
Other:	-	-	-	=	-	=												
otal Post-petition Debts	\$ -	691,901				691,901												

^[1] Amounts are recorded in Accounts Payable and reflect in the above amounts.

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Debtor: St. Francis' Hospital, Poughkeepsie, New	York		
Case Number: 13-37725			
MOR-4: Accounts Payable Listing			
Vendor	Invoice Number	Type	Balance
ACCELERO HEALTH PARTNERS A09325	12998	INV	3,542.00
BARBARA MAGES A08773	12/16/13POST	INV	30.51
CARDINAL HEALTH A05228	7024891313	INV	2,451.61
CARDINAL HEALTH A05228	7024891314	INV	1,866.23
CARDINAL HEALTH A05228	7024891317	INV	116.24
CARDINAL HEALTH NC A03549	382387-0	CRM	(6.76)
CARDINAL HEALTH INC A03549	382477-0	CRM	(17.64)
CARDINAL HEALTH INC A03549	382795-0	CRM	(1,988.20)
CARDINAL HEALTH INC A03549	5612219	INV	71,538.13
CARDINAL HEALTH INC A03549	5612082	INV	71,338.13
CHERYL CULLEN A13215	12/10/13POST	INV	131.36
DR KISHOR ZINZUVADIA A07105	PR/262013	INV	800.00
DR MAHBOOBUR RAHMAN A09091	DEC/2013	INV	3,895.16
DR YOUNG SHIN A01845	PR/262013	INV	400.00
DR ZUBAIR ZOHA A07652	122313	INV	1,260.28
DUTCHESS CARDIOLOGY, PC A13883	DEC/2013	INV	2,709.68
ELIZABETH HANSELL A00435	12/2/13POST	INV	49.16
JEAN WINNE A12652	10/28/13	INV	36.16
JONATHAN LONDIN A00317	122313	INV	2,118.74
KATHLEEN NEUMANN A01642			·
	122713	INV	285.00
MALIUQKA BURTON A11780	122713	INV	225.00
MARY E THOMPSON A09083	PP-103113	INV	137.86
MARY SANFORD A09038	12/2/13POST	INV	44.07
MEDICAL LIABILITY MUTUAL INSURANCE A01052	INV1968017	INV	97,985.00
METROPOLITAN TELECOMMUNICATION A13726	0100502507-864-2	INV	4,903.81
OWENS & MINOR A00478	3885699	INV	233.58
REGINALD BOENIG A00332	12/18/13POST	INV	39.34
RUTH SEGALI A08675	12/16/13POST	INV	303.12
SISTERS OF ST FRANCIS A00415	JAN/14	INV	13,286.42
SISTERS OF ST FRANCIS A00415	JAN2014	INV	6,815.06
U S FOODSERVICE INC A10913	1208549	INV	7,026.57
U S FOODSERVICE INC A10913	0919151	INV	9,665.42
VIVIEN GIBSON A00530	122713	INV	297.00
			\$ 230,257.93

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							Reporti	ng Period:	Dec	ember 17, 20	013 - Decemb	per 31, 20
			s	TATUS OF	POST-PET	ITION TAX	KES					
Charles and the University of the Charles	de e e de e terrete	. f d		:- d C	4.4							
The beginning tax liability should be amount should be zero.	the ending hability	ironi me prior	monui oi, ii uns	is the first repor	i, iiie							
Attach photocopies of IRS Form 612:	or payment recei	nt to verify payn	nent or deposit of	of federal payroll	I taxes.							
Attach photocopies of any tax returns												
Debtor:		Saint Fra		l Preschool	Program		l			tures, Inc.		
Case Number:			13-3	37728					13-	37729		
	Beginning Tax	Amount Withheld and/or Accrued	Amount Paid	Date Paid	Check # or EFT	Ending Tax	Beginning Tax	Amount Withheld and/or Accrued	Amount Paid	Date Paid	Check # or EFT	Endi Ta:
ederal payroll	N/A	11001000	2 4114	Dute I uiu	22.1	2444	N/A	11001000	1 414	Dute I uiu	27.1	- 14
state payroll	14/11						10/11					
Vithholdings							11					
Jnemployment					i T		11					
							1					
							1					
Sales												
ales Real Property					i i							
ales eal Property Other:			SUMM	ARY OF UN	NPAID POST	Γ-PETITIO	ON DEBTS					
Sales Real Property Other: Fotal Taxes Attach aged listing of accoun	is payable.	Saint Fra			NPAID POST	r-PETITIO	ON DEBTS		SFH Ven	tures. Inc.		
Sales Real Property Other: Fotal Taxes	is payable.	Saint Frai	ncis Hospita	ARY OF UN		r-petitio	N DEBTS			tures, Inc.		
Attach aged listing of accoun	is payable.	Saint Fra	ncis Hospita	al Preschool		r-PETITIO	ON DEBTS					
Attach aged listing of accoun		N	ncis Hospita 13- Number of L	al Preschool 37728 Days Past Du	Program				13- Jumber of I	37729 Days Past Du		
ales leal Property lther: Cotal Taxes Attach aged listing of account Debtor: Case Number:	Current		ncis Hospita 13-	al Preschool 37728	Program	Total	Current	N 0-30	13-	37729	le Over 91	Tot
ales teal Property Other: Cotal Taxes Attach aged listing of account Debtor: Case Number:		N	ncis Hospita 13- Number of L	al Preschool 37728 Days Past Du	Program				13- Jumber of I	37729 Days Past Du		Tot
Attach aged listing of accounts Payable Vages Payable Real Property Other: Cotal Taxes Attach aged listing of accounts Payable Vages Payable	Current	N	ncis Hospita 13- Number of L	al Preschool 37728 Days Past Du	Program		Current		13- Jumber of I	37729 Days Past Du		Tot
Accounts Payable Vages Payable Case Namber:	Current	N	ncis Hospita 13- Number of L	al Preschool 37728 Days Past Du	Program		Current		13- Jumber of I	37729 Days Past Du		Tot
Accounts Payable Wages Payable Caxes Payable Rent/Leases-Building	Current	N	ncis Hospita 13- Number of L	al Preschool 37728 Days Past Du	Program		Current		13- Jumber of I	37729 Days Past Du		Tot
Real Property Other: Cotal Taxes Attach aged listing of accoun Debtor: Case Number: Accounts Payable Vages Payable Taxes Payable Case Number: Accounts Payable Case Payable	Current	N	ncis Hospita 13- Number of L	al Preschool 37728 Days Past Du	Program		Current		13- Jumber of I	37729 Days Past Du		Tot
Accounts Payable Vages Payable Cant/Leases-Building Rent/Leases-Equipment Recurred Debt/Adequate	Current	N	ncis Hospita 13- Number of L	al Preschool 37728 Days Past Du	Program		Current		13- Jumber of I	37729 Days Past Du		Tot
Accounts Payable Wages Payable Fant/Leases-Equipment Secured Debt/Adequate Protection Payments	Current	N	ncis Hospita 13- Number of L	al Preschool 37728 Days Past Du	Program		Current		13- Jumber of I	37729 Days Past Du		Tot
Accounts Payable Wages Payable Rent/Leases-Building Rent/Leases-Equipment Secured Debt/Adequate Protection Payments Professional Fees	Current	N	ncis Hospita 13- Number of L	al Preschool 37728 Days Past Du	Program		Current		13- Jumber of I	37729 Days Past Du		Tot
Accounts Payable Wages Payable Rent/Leases-Building Rent/Leases-Building Rent/Leases-Equipment Secured Debt/Adequate Protection Payments Professional Fees	Current	N	ncis Hospita 13- Number of L	al Preschool 37728 Days Past Du	Program		Current		13- Jumber of I	37729 Days Past Du		Tot
Accounts Payable Wages Payable Rent/Leases-Equipment Secured Debt/Adequate Protection Payments Professional Fees Amounts Due to Insiders	Current	N	ncis Hospita 13- Number of L	al Preschool 37728 Days Past Du	Program		Current		13- Jumber of I	37729 Days Past Du		T

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In re Saint Francis Hospital, Poughkeepsie, New York

Debtor

 Case No.
 13-37725 (CGM)

 Reporting Period:
 December 17, 2013 - December 31, 2013

ACCOUNTS RECEIVABLE RECONCILIATION AND AGING

		St. Francis' Hospital, Poughkeepsie, New York 13-37725		_					_					_						
Debtor:	St. Fra	ancis' Hos			New York	Saint Fr	ancis Hon	ne Care Se		rporation	Saint	t Francis H		eschool Pro	ogram		SFI	I Venture:		
Case Number:			13-377	25				13-3772	7				13-3772	8				13-3772	9	
Accounts Receivable Reconciliation			Amoui	nt				Amount					Amount					Amount		
Total Accounts Receivable at the beginning of the																				
reporting period	\$				19,371,215															
Plus: Amounts billed during the period	\$				16,189,161															
Less: Amounts collected during the period	\$				(4,443,485)	NOTE:	Informati	on is not av	ailable for	a partial	NOTE	: Informati	on is not a	vailable for	a partial	NOTE:	Informati	on is not a	vailable for	a partial
Less: Allowances	\$				(10,468,399)			month					month					month		
Less: Change in Estimated Allowances	\$				(2,839,257)															
Total Accounts Receivable at the end of the reporting																				
period	\$				17,809,235															
		0.20 21.00 (1.00 01.																		
	Total		0-30	31-60	61-90	91+		0-30	31-60	61-90	91+		0-30	31-60	61-90	91+	m . 1			
Accounts Receivable Aging	Days	Davs	Days	Davs	Total	Days	Days	Days	Days	Total	Days	Days	Davs	Days	Total	Days	Days	Days	Days	Total
																	-			
		NOTE:	See attac	hed schedu	le		NOTE:	See attache	d schedule	,		NOTE:	See attache	ed schedule			NOTE:	See attach	ed schedule	
Total Accounts Receivable										430,612					1,801,486	I				29,951
Zona Precounts receivable										.50,012					1,501,700					27,751
Less: Bad Debts (Amount considered uncollectible)			The state of the s																	
Ecss. Bad Bebts (Amount considered unconcentric)		NOTE:	See attac	hed schedu	le					3,242										2,321
										3,272							1			2,321
Net Accounts Receivable					17,809,235					427,370					1,801,486					27,630
ivet Accounts Receivable					17,009,233	L		I	I	421,370					1,001,480			I	I	27,030

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Factor at a d

SAINT FRANCIS HOSPITAL, POUGHKEEPSIE, NY AGED ACCOUNTS RECEIVABLE BY FINANCIAL CLASS FOR THE MONTH ENDED DECEMBER 31, 2013

										Estimated		
										Additional	Estimated	Estimated
	UNDER	OVER	DECEMBER 2013	Contractual	Bad Debt	Net Realizable						
	30 DAYS	30 DAYS	60 DAYS	90 DAYS	120 DAYS	150 DAYS	6 MONTHS	1 YEAR	<u>TOTAL</u>	Allowances 1	Reserve 2	<u>Value</u>
SELF PAY	1,464,577	661,082	647,931	728,537	436,024	317,378	592,588	795,984	5,644,100	(1,731,563)	(3,616,188)	296,349
BLUE CROSS	1,836,319	594,691	250,028	99,665	22,282	91,536	159,777	383,647	3,437,944	(971,765)	(490,238)	1,975,942
MEDICAID	4,087,811	275,233	168,434	165,680	185,409	75,243	445,472	1,149,800	6,553,081	(3,406,813)	(1,273,230)	1,873,038
HMO-MEDICAID	1,836,548	467,592	343,613	64,449	189,917	142,307	397,135	792,497	4,234,057	(1,895,714)	(833,482)	1,504,861
PENDING MEDICAID	0	171,368	38,084	84,763	78,922	0	0	0	373,137	(215,054)	(57,283)	100,800
COMPENSATION	2,366,655	336,312	567,156	317,144	211,192	172,884	1,106,378	193,433	5,271,155	(2,874,740)	(872,136)	1,524,278
OTHER INSURANCE	1,893,828	862,675	533,828	306,663	326,495	189,269	771,289	1,329,775	6,213,823	(1,971,753)	(1,482,938)	2,759,132
H.M.O.	2,183,826	370,473	169,392	201,050	112,330	174,250	165,296	685,103	4,061,721	(1,452,885)	(794,458)	1,814,377
MEDICARE	10,456,018	2,332,679	615,419	263,353	42,389	100,649	368,278	207,181	14,385,967	(8,745,413)	(598,907)	5,041,647
HMO-MEDICARE	2,160,725	409,538	272,990	115,985	75,157	57,148	501,861	627,837	4,221,241	(1,916,043)	(729,213)	1,575,985
RELIGIOUS/EMPLOYEE	4,371	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4,371	(4,236)	(4)	130
INSTITIONAL BILL	86,541	92,159	67,223	99,271	30,700	37,409	212,180	819,255	1,444,739	(337,062)	(825,987)	281,690
TOTAL SFH HOSPITAL A/R 3	28,377,218	6,573,803	3,674,098	2,446,560	1,710,817	1,358,073	4,720,253	6,984,512	55,845,335	(25,523,042)	(11,574,064)	18,748,229
SUSPENSE												(1,476,471)
ADDITIONAL DESCRIVADI ES												
ADDITIONAL RECEIVABLES	040 400	400.000	70.400		40.705		40.040	40.000	570.404		(50.000)	=10.010
CERTIFIED HOMECARE RECEIVABLE, NET	213,463	162,936	78,196	22,225	16,785	18,641	40,242	19,696	572,184		(59,938)	512,246
CLIENT A/R	25,231								25,231	-		25,231
TOTAL ACTIVE A/R											:	\$17,809,235

¹ This column includes estimated contractual allowances of \$12.7M on \$17.1M in Unbilled receivables, and \$10.6M in additional estimated contractual allowances on \$32.1M in final billed receivables. A detailed analysis of final billed patient accounts was performed, and accounts not currently carried at the net amount were additionally reserved for.

² The enire legacy system accounts receivable balance of \$6.7M, although currently being worked by contracted staff are fully reserved as uncollectable. Additional reserves of \$5.0M are estimated on the Meditech system receivables.

³ Not reflected in this schedule are approximately \$8.0M in SFH patient accounts currently placed with bad debt collection agencies. Those accounts are also valued at \$0 for reporting purposes.

Payor Summary (Invoices aged as of 12/31/2013) Per Payor Summary Total Due Current 30-80 Days 60-80 Days 90-120 Days 120-150 Days 150-150 Day	A/R Payer Summary (Invoices aged as of 12/31/2011 A	3)						15:36:33	÷
Yer Name A 5,2058 ST Current 30,60 Days 66,90 Days R04,120 Days 150,150 Days 150,050 Days <	yer Name Total Due Current 30 Interpretation 43,055.81 9,040.92 30,040.92 S: CARE NEW YORK 764.00 520.00 320.00 IIS CARE NEW YORK 764.00 520.00 320.00 IIS CARE NEW YORK 764.00 520.00 320.00 IID ELIS CARE NEW YORK 764.00 520.00 320.00 IN ATE 10% DISCOUNT 82.30 .00 43,999.94 ATE 10% DISCOUNT 57,229.98 43,999.94 46,268.15 AINE-IN ATE PAY 59,498.19 74,203.62 340 INE-IN ATE AGING (EISEP) 6,376.64 3,981.28 DEFICE OF THE AGING (EISEP) 6,376.64 3,981.28 OFFICE OF THE AGING (EISEP) 6,376.64 3,981.28								
Payer Total Due Current Total Due	Payer Total Due Current 30								13-3
HHA HHA 43,065 81 9,040,022 6,988 22 8,580,322 7,711,76 6,083 47 4,581,12 7,112 6,083 47 4,581,12 7,112 6,083 47 4,581,12 7,112 6,083 47 4,581,12 7,112 6,083 47 4,581,12 7,112 6,083 47 4,581,12 7,112 6,083 47 4,581,12 7,112 6,083 47 4,581,12 7,112 6,083 47 4,581,12 7,112 6,083 47 7,711,76 6,083 47 4,581,12 7,112 6,083 47 7,711,76 6,083 47 4,581,12 7,112 6,083 47 7,711,76 6,083 47 7,711,77 7,89 7,89 7,89 7,89 7,89 7,89 7,89 7	A 43,055.81 9,040.92 SI CARE NEW YORK LIS CARE NEW YORK LIS CARE NEW YORK TIS CARE NEW YORK TO GARE AT GETSHKILL LONGTERM NATE 10% DISCOUNT TO GETSHKILL LONGTERM NATE	-60 Days	60-90 Days	90-120 Days	120-150 Days	150-180 Days	180-365 Days	365+ Days	77
HHA HHA 43,056.81 SCARE NEW YORK SCARE NEW YORK TO SCARE NEW YORK	HHA SCARE NEW YORK LIS CARE NEW YORK LIS CARE NEW YORK TIS CARE NEW YORK TO STATE TOWN TO STATE TO STA								25-
K 766.68 9,040.92 6,968.22 8,560.22 7,711.76 6,069.47 4,691.12 1,000	K 764.00 520.00 KORK 764.00 520.00 TORK 764.00 520.00 TORK 764.00 520.00 S2.30 .00 82.30 .00 82.30 .00 118,748.91 74,203.62 TH8,748.91 74,203.62 SEP) (EISEP 6,376.64 3,981.28 G.(EISE 6,376.64 3,981.28 G.(EISE 6,376.64 3,981.28 G.(EISE 6,376.64 3,981.28								-cg
The color of the	K 764.00 520.00 FORK 764.00 520.00 TERM 82.30 .00 82.30 .00 82.30 .00 2,268.21 57,229.98 43,999.94 59,498.19 46,268.15 118,748.91 74,203.62 SEP) (EISEP 6,376.64 3,981.28 43,981.28 46 (EISE 6,376.64 3,981.28	6,968.22	8,580.32	7,711.76	6,063.47	4,691.12	00.	00.	ım
TITERM 82.30	TGERM 82.30 520.00 TTERM 82.30 .00 2,268.21 2,268.21 57,229.98 43,999.94 59,498.19 46,268.15 118,748.91 74,203.62 SEP) (EISEP 6,376.64 3,981.28 4G (EISE 6,376.64 3,981.28	6,968.22	8,580.32	7,711.76	6,063.47	4,691.12	00.	00.	I
CHARLIA CHAR	SCARE NEW YORK 764.00 520.00 52								Dο
SHKILL LONGTERM 22.30	SCARE NEW YORK 764.00 520.00 SHKILL LONGTERM 82.30 .00 SARE 82.30 .00 SARE 82.30 .00 SARE 82.30 .00 SARE 82.30 .00 IN 72.268.21 2.268.21 AY 57,229.98 43,999.94 59,498.19 46,268.15 IN 8,748.91 74,203.62 SHE AGING (EISEP) 6,376.64 3,981.28 SOF THE AGING (EISE 6,376.64 3,981.28 151.64 .00	244.00	00.	00.	00.	00	00.	00.	c 4
STATIL LONGTERM RE230 00	SARE 82.30 CARE 82.30 0.00	244.00	00:	00.	00.	00	00	100	126
RE TORKULL LONGTERM R2.30 .00	® FISHKILL LONGTERM 82.30 .00 MME CARE 82.30 .00 TE 10% DISCOUNT 2,268.21 2,268.21 TE PAY 57,229.98 43,999.94 G-IN 59,498.19 46,268.15 ID 118,748.91 74,203.62 AND LIC 118,748.91 74,203.62 CEDICAID 6,376.64 3,981.28 FFICE OF THE AGING (EISEP) 6,376.64 3,981.28 FFICE OF THE AGING (EISE 6,376.64 3,981.28						!		6
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ILLIVE-IN 59,498.19 46,268.15 9,322.48 3,907.56 0.00 0.00 0.00 0.00 ILLIVE-IN ILLIB, ILLIB	LIVE-IN	9,322.48	3,907.56	00.	00.	00.	00.	00:	4/1
Interpretation Inte	118,748.91	9,322.48	3,907.56	00.	00.	00:	00:	00.	
Interpleciable Inte	EDICAID LIC 118,748.91 74,203.62 118,748.91 74,203.								
MEDICAID 118,748.91 74,203.62 30,851.44 12,994.57 6699.28 00	IN MEDICAID 118,748.91 74,203.62 ICE OF THE AGING (EISEP) FICE FOR THE AGING (EISEP 6,376.64 3,981.28 IN OFFICE OF THE AGING (EISE 151.64 3,981.28 151.64 3,981.28	30,851.44	12,994.57	699.28	00:	00.	00.	00.	Ent ∙0 d
ICE OF THE AGING (EISEP) ISTICE FOR	ICE OF THE AGING (EISEP) FICE FOR THE AGING (EISE 6,376.64 3,981.28 II OFFICE OF THE AGING (EISE 6,376.64 3,981.28	30,851.44	12,994.57	699.28	00.	00:	00.	00.	
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E 98,007.54 57,757.80 20,423.52 9,131.51 5,083.43 1,903.07 466.50 1,046 AY 2,556.76 1,262.45 350.06 434.25 510.00 .00 .00 .00 NN-MED 2,556.76 1,262.45 350.06 434.25 510.00 .00 .00 .00 NCIS HOSPITAL 101,369.94 16,093.00 17,308.62 19,742.52 15,159.34 20,785.24 12,281.22 NG 101,369.94 16,093.00 17,308.62 19,742.52 15,159.34 20,785.24 12,281.22	97,893.40 57,643.66	20,423.52	9,131.51	5,083.43	1,903.07	466.50	1,046.20	2.195.51	2
ED AY 2,556.76 1,262.45 350.06 434.25 510.00 .00 .00 .00 .00 .00 .00 .00 .00 .0	98,007.54 57,757.80	20,423.52	9,131.51	5,083.43	1,903.07	466.50	1.046.20	2.195.51	M
AY 2,556.76 1,262.45 350.06 434.25 510.00 .00 .00 .00 .00 NI-MED 2,556.76 1,262.45 350.06 434.25 350.06 434.25 19,742.52							-		air
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NCIS HOSPITAL 101,369.94 16,093.00 17,308.62 19,742.52 15,159.34 20,785.24 12,281.22 NG 101,369.94 16,093.00 17,308.62 19,742.52 15,159.34 20,785.24 12,281.22 NG 130,611.73 20,175.24 12,281.22	2,556.76	350.06	434.25	510.00	00.	00	00	00	ос
NCIS HOSPITAL 101,369.94 16,093.00 17,308.62 19,742.52 15,159.34 20,785.24 12,281.22 NG 101,369.94 16,093.00 17,308.62 19,742.52 15,159.34 20,785.24 12,281.22 NG 101,369.94 16,093.00 17,308.62 19,742.52 15,159.34 20,785.24 12,281.22									um
NG 101,369.94 16,093.00 17,308.62 19,742.52 15,159.34 20,785.24 12,281.22	S HOSPITAL 101,369.94 16,093.00	17,308.62	19,742.52	15,159.34	20,785.24	12,281.22	00.	00.	nen
/30 K11 73	101,369.94 16,093.00	17,308.62	19,742.52	15,159.34	20,785.24	12,281.22	00.	00.	t
430,011.73 209,127.22 87,803.70 54,790.73 29,163.81 28,751.78 17,672.78	otal licensed 430,611.73 209,127.22 87	87,863.70	54,790.73	29,163.81	28,751.78	17,672.78	1,046.20	2,195.51	

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-		Po	ı 41 of 47	

Aged A/R Payer Summary		(Invoices aged as of 12/31/2013)	(2013)						15:36:33
ort: Payer Name Payer	Total Due	Current	30-60 Days	60-90 Days	90-120 Days	120-150 Days	150-180 Days	180-365 Days	365+ Days
ensed									
ayer Totals for licensed									
СННА	43,207.45	9,040.92	6,968.22	8,580.32	7,711.76	6,063.47	4,842.76	00.	00
ELANT @ FISHKILL LONGTERM	82.30	00.	00.	00	00.	00.	82.30	00	00
FIDELIS CARE NEW YORK	764.00	520.00	244.00	00.	00.	00.	00:	00.	0.
MEDICAID LIC	118,748.91	74,203.62	30,851.44	12,994.57	699.28	90.	00.	00	00
OFFICE FOR THE AGING (EISEP	6,376.64	3,981.28	2,395.36	00.	00.	00	00.	00.	00.
PRIVATE 10% DISCOUNT	2,382.35	2,382.35	00.	00.	00.	00.	00.	00.	00.
PRIVATE PAY	157,680.14	102,906.05	30,096.06	13,473.32	5,593.43	1,903.07	466.50	1,046.20	2,195.51
SAINT FRANCIS HOSPITAL	101,369.94	16,093.00	17,308.62	19,742.52	15,159.34	20,785.24	12,281.22	00.	00.
	430,611.73	209,127.22	87,863.70	54,790.73	29,163.81	28,751.78	17,672.78	1,046.20	2,195.51

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it Francis Home re

The Current column shows all data from As Of Invoice date back to the Aged value of Bucket 1.

AgePayer.rep

r of	13-377	25-cgm	Doc 426	Filed 03/04/14 Entered 03/04/14 17:19:12 Pg 42 of 47	Main Document	
07 any 2014 15:36:33	365+ Davs	2,195.51		*	sal.	AgePayer.rep
0	180-365 Davs	1,046.20				
	150-180 Days	17,672.78		*		
	120-150 Days	28,751.78		ээ е		of Bucket 1.
	90-120 Days	29,163.81				k to the Aged value
	60-90 Days	.70 54,790.73 End of Report				of Invoice date bac
/2013)	30-60 Days	87,863.70 End o				all data from As C
(Invoices aged as of 12/31/2013)	Current	209,127.22				The Current column shows all data from As Of Invoice date back to the Aged value of Bucket 1.
	Total Due	430,611.73				The Cur
St Francis Homrere Aged A/R Payer Summary	sort: Payer Name Payer	rand Total:				age 3 of 3

Debtor: Saint Francis Hospital Preschool Program

Case Number: 13-37728

MOR-5: Accounts Receivable Detail

Month Billed	Month of Service	Billed to	Description		Original Amount Billed	Balance Due
Aug-13	Jul-12	Orange County		9200	275.00	275.00
Aug-13	Aug-12	Orange County		9200	220.00	220.00
Aug-13	Sep-12	Orange County		9165	1,766.36	1,766.36
Aug-13	Oct-12	Orange County		9165	1,766.36	1,766.36
Aug-13	Nov-12	Orange County		9165	1,766.36	1,766.36
Aug-13	Dec-12	Orange County		9165	1,766.36	1,766.36
Aug-13	Jan-13	Orange County		9165	1,766.36	0.04
Apr-13	Jan-13	Dutchess County	CPSE EVAL BILLING		24,190.00	1,207.00
Aug-13	Feb-13	Orange County		9165	1,766.36	0.04
May-13	Feb-13	Dutchess County	CPSE EVAL BILLING		19,988.00	224.00
Aug-13	Mar-13	Orange County		9101	3,733.04	3,733.04
Aug-13	Mar-13	Orange County		9165	1,766.36	1,766.36
Jun-13	Mar-13	Dutchess County	CPSE EVAL BILLING		16,061.00	856.00
Sep-13	Mar-13	Dutchess County		9300	178.00	178.00
Jun-13	Apr-13	Ulster County		9101	7,475.52	3,737.76
Aug-13	Apr-13	Orange County		9165	1,766.36	0.04
Jul-13	Apr-13	Dutchess County	CPSE EVAL BILLING		22,938.00	1,385.00
Aug-13	Apr-13	Ulster County		9200	480.00	480.00
Aug-13	May-13	Orange County		9165	1,766.36	0.04
Aug-13	May-13	Dutchess County	CPSE EVAL BILLING		24,801.00	24,801.00
Oct-13	May-13	Dutchess County		9190	178.00	178.00
Aug-13	May-13	Ulster County		9200	480.00	480.00
Aug-13	May-13	Putnam County		9300	1,990.00	1,550.00
Aug-13	May-13	Dutchess County		9300	4,763.00	2,346.00
Aug-13	May-13	Dutchess County		9300	18,641.00	(2,542.61)
Nov-13	May-13	Dutchess County		9300	1,140.00	208.00
Jul-13	Jun-13	Ulster County		9100	2,481.24	2,481.24
Jul-13	Jun-13	Ulster County		9101	5,606.64	2,803.32
Aug-13	Jun-13	Orange County		9165	1,324.76	(80.0)
Sep-13	Jun-13	Dutchess County	CPSE EVAL BILLING		19,458.00	17,619.00
Aug-13		Ulster County		9200	360.00	60.00
Oct-13		Dutchess County		9200	1,065.00	1,065.00
Sep-13	Jun-13	Dutchess County		9300	3,127.00	1,411.00
Sep-13		Dutchess County		9300	13,691.00	7,923.00
Nov-13	Jun-13	Dutchess County		9300	9,649.00	(3,297.50)
Nov-13		Dutchess County		9300	856.00	428.00
	3 Jul/Aug 2013	Ulster County		9100	5,376.00	5,376.00
-	3 Jul/Aug 2013	Dutchess County		9101	338,096.66	22,271.32
	3 Jul/Aug 2013	Ulster County		9101	10,123.30	10,123.30
	3 Jul/Aug 2013	Orange County		9101	6,074.00	6,074.00
-	3 Jul/Aug 2013	Dutchess County		9115	71,453.16	0.00
-	3 Jul/Aug 2013	Dutchess County		9165	90,908.28	1,914.00
	3 Jul/Aug 2013	Ulster County		9165	2,871.00	2,871.00
Oct-13	3 Jul/Aug 2013	Orange County		9165	2,871.00	2,871.00
Sep-13		Putnam County	CPSE EVAL BILLING		178.00	178.00
Oct-13		Dutchess County		9190	22,157.00	20,873.00
-	3 Jul/Aug 2013	Dutchess County		9230	11,351.97	5,462.10
Sep-13	3 Jul/Aug 2013	Dutchess County		9300	1,284.00	(29,982.60)

Debtor: Saint Francis Hospital Preschool Program

Case Number: 13-37728

MOR-5: Accounts Receivable Detail

Month Billed	Month of Service	Billed to	Description	Original Amount Billed	Balance Due
Nov-13	Jul-13	Dutchess County	9300	3,170.00	3,170.00
Nov-13	Jul-13	Dutchess County	9300	10,928.00	8,158.00
Nov-13	Aug-13	Dutchess County	9190	13,839.00	13,411.00
Nov-13	Aug-13	Dutchess County	9300	2,445.00	2,267.00
Nov-13	Aug-13	Dutchess County	9300	9,071.00	4,654.00
Nov-13	Aug-13	Putnam County	9300	2,258.00	2,258.00
Nov-13	Aug-13	Dutchess County	9300	7,601.00	5,258.00
Oct-13	Sep-13	Dutchess County	9100	38,872.76	38,872.76
Oct-13	Sep-13	Dutchess County	9101	203,707.92	203,707.92
Oct-13		Ulster County	9101	14,951.04	14,951.04
Oct-13		Dutchess County	9115	112,741.60	112,741.60
Oct-13		Dutchess County	9135	9,184.00	9,184.00
Oct-13		Dutchess County	9165	79,044.61	79,044.61
Oct-13		Columbia County	9190	158.00	158.00
Oct-13		Dutchess County	9200	35,630.00	35,630.00
Oct-13		Ulster County	9200	1,505.00	1,505.00
Oct-13		Dutchess County	9230	8,155.72	8,155.72
Nov-13		Dutchess County	9300	4,788.00	3,076.00
Nov-13		Dutchess County	9100	39,688.80	39,688.80
Nov-13		Dutchess County	9101	209,302.56	209,302.56
Nov-13		Dutchess County	9115	115,717.76	115,717.76
Nov-13		Dutchess County	9165	79,925.30	79,925.30
Nov-13		Dutchess County	9230	8,897.56	8,897.56
Nov-13		Dutchess County	9300	428.00	428.00
Dec-13		Putnam County	9300	2,062.00	2,062.00
Dec-13		Putnam County	9300	1,378.00	1,378.00
Dec-13		Putnam County	9300	1,554.00	1,554.00
Dec-13	0	Putnam County	9300	1,212.00	1,212.00
Dec-13	•	Dutchess County	9135	4,838.00	4,838.00
Dec-13	•	Dutchess County	9200	850.00	850.00
Dec-13		Dutchess County	9135	19,024.00	19,024.00
Dec-13		Dutchess County	9200	43,226.25	43,226.25
Dec-13		Dutchess County	9115	1,700.92	1,700.92
Dec-13		Dutchess County	CPSE EVALUATION BILLING 9101	16,784.00	16,784.00
Dec-13 Dec-13		Putnam County Putnam County	9115	3,737.76	3,737.76
Dec-13		Dutchess County	9300	3,403.52 10,535.00	3,403.52 10,535.00
Dec-13		Dutchess County	9300	5,572.00	5,572.00
Dec-13		Dutchess County	9300	6,022.00	6,022.00
Dec-13	•	Dutchess County	9300	224.00	224.00
Dec-13		Ulster County	9300	447.00	447.00
Dec-13		Dutchess County	9300	7,058.00	7,058.00
Dec-13		Dutchess County	9100	38,857.64	38,857.64
Dec-13		Dutchess County	9101	209,301.32	209,301.32
Dec-13		Dutchess County	9115	117,416.80	117,416.80
Dec-13		Dutchess County	9135	18,204.00	18,204.00
Dec-13		Dutchess County	9165	77,705.08	77,705.08
Dec-13		Dutchess County	9230	8,897.56	8,897.56
Dec-13		Dutchess County	9200	32,178.75	32,178.75
Dec-13		Dutchess County	9300	14,536.00	14,536.00
Dec-13		Columbia County	9101	3,737.76	3,737.76
Dec-13		Putnam County	9101	3,737.76	3,737.76
Dec-13		Putnam County	9115	3,403.52	3,403.52
Dec-13		Ulster County	9101	14,951.04	14,951.04
Dec-13		Ulster County	9200	2,095.00	2,095.00
				2,470,453.12	1,801,485.56

Hearing Works - A/R Aging Summary

Month May 2011 August 2011 September 2011 October 2011 November 2011 December 2011 Total receivables prior to 2012	Amount 100.00 - 85.00 60.00 200.00 445.00
, , , , , , , , , , , , , , , , , , ,	
January 2012 February 2012 March 2012 April 2012 May 2012 June 2012 July 2012 August 2012 September 2012 October 2012 November 2012	100.00 75.00 - 568.00 899.00 200.00 12.00 - - - 30.00
December 2012	200.00
Total 2012 activity receivables	2,084.00
Total 2012 don't ky Todol vabico	2,007.00
January 2013 February 2013 March 2013 April 2013 May 2013 June 2013 July 2013 August 2013 September 2013 October 2013 November 2013 December 2013 Total patient receivables at 12/31/2013	30.00 6.00 178.00 60.00 142.00 550.00 1,031.00 470.00 23,470.00
	 a
School A/R at 12/31/2013	1,485.00
Total A/R at 12/31/2013	29,951.00
GL# 04.1050.11520 at 12/31/2013	29,951.00

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In re Saint Francis Hospital, Poughkeepsie, New York	Case No. 13-37725 (CGM)
Debtor	Reporting Period: December 17, 2013 - December 31, 2013

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.

Debtor:	St. Francis' Hospital, Poughkeepsie, New York
Case Number:	13-37725

INSIDERS								
NAME	TYPE OF PAYMENT	AMOUNT PAID	TOTAL PAID					
			CUMULATIVE					
			FILING TO DATE					
Arthur Nizza	Wages	\$ 15,058	\$ 15,058					
Kristin Cash-Holland	Wages	6,352	6,352					
James K. Festa	Wages and Rent	14,909	14,909					
Barbara Naru	Wages	8,654	8,654					
George Prisco	Wages	4,944	4,944					
TOTAL PAYMENTS TO INSIDERS		\$ 49,916	\$ 49,916					

PROFESSIONALS								
NAME	DATE OF COURT	AMOUNT	AMOUNT PAID	TOTAL PAID	TOTAL INCURRED			
	ORDER AUTHORIZING	APPROVED		CUMULATIVE	& UNPAID*			
	PAYMENT			FILING TO DATE				
Alston & Bird LLP			-	=	\$ 80,000			
BMC Group, Inc.			-	-	25,714			
CBIZ, Inc.			-	-	15,000			
CohnReznick LLC					208,143			
Deloitte & Touche			-	-	-			
Nixon Peabody LLP					95,286			
TOTAL PAYMENTS TO PROFESSIONALS			\$ -	\$ -	\$ 424,143			

^{*} INCLUDE ALL FEES INCURRED, BOTH APPROVED AND UNAPPROVED

POST-PETITION STATUS OF ADEQUATE PROTECTION PAYMENTS								
NAME OF CREDITOR	SCHEDULED MONTHLY PAYMENT DUE [1]	AMOUNT PAID DURING MONTH	TOTAL UNPAID POST-PETITION					
MANUFACTURERS AND TRADERS	\$ 271,839	\$ 271,839	\$ -					
Mintz Levin Cohn Ferris Glovsky and Popeo PC	37,500	-	37,500					
TOTAL PAYMENTS		\$ 271,839	\$ 37,500					

^[1] Amount represents January 2014 amounts paid on December 30, 2013.

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In re Saint Francis Hospital, Poughkeepsie, New York Debtor

Case No. 13-37725 (CGM)

Reporting Period: December 17, 2013 - December 31, 2013

DEBTOR QUESTIONNAIRE										
Debtor: Case Number:	York		Saint Francis Health Care Foundation, Inc.		Care Services Corporation		Saint Francis Hospital Preschool Program		SFH Ventures, Inc.	
Case Number.	13-	31123	13-3//20		13-37727		13-3//28		13-3//29	
Must be completed each month. If the answer to any of the questions is "Yes", provide a detailed explanation of each item. Attach additional sheets if necessary.	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Have any assets been sold or transferred outside the normal course of business this reporting period?		X		X		X		X		X
2 Have any funds been disbursed from any account other than a debtor in possession account this reporting period?		X		X		X		X		X
3 Is the Debtor delinquent in the timely filing of any post-petition tax returns?		X		X		X		X		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		X		X		X		X
5 Is the Debtor delinquent in paying any insurance premium payment?		X		X		X		X		X
6 Have any payments been made on pre-petition liabilities this reporting period?	X			X	X			X		X
7 Are any post petition receivables (accounts, notes or loans) due from related parties?	X			X		X		X		X
8 Are any post petition payroll taxes past due? 9 Are any post petition State or Federal income taxes past due?		X X		X X		X		X X		X X
10 Are any post petition real estate taxes past due? 11 Are any other post petition taxes past due?		X X		X X		X X		X X		X X
12 Have any pre-petition taxes been paid during this reporting period?	X	74		X	X	74		X		X
13 Are any amounts owed to post petition creditors delinquent? 14 Are any wage payments past due?		X X		X X		X X		X X		X X
15 Have any post petition loans been received by the Debtor from any party?	X		X		X		X		X	
16 Is the Debtor delinquent in paying any U.S. Trustee fees? 17 Is the Debtor delinquent with any court ordered payments to attorneys		X X		X X		X X		X X		X X
or other professionals? 18 Have the owners or shareholders received any compensation outside of		X		X		X		X		X
the normal course of business?		A		Λ		21		21		74