

UNITED STATES BANKRUPTCY COURT
 EASTERN DISTRICT OF NEW YORK

In re Caritas Health Care, Inc.

Case No. 09-40901

Debtor

Reporting Period: 7/01-7/31/2011

Federal Tax I.D. # 84-1710364

CORPORATE MONTHLY OPERATING REPORT

File with the Court and submit a copy to the United States Trustee within 20 days after the end of the month and submit a copy of the report to any official committee appointed in the case.
 (Reports for Rochester and Buffalo Divisions of Western District of New York are due 15 days after the end of the month, as are the reports for Southern District of New York.)

REQUIRED DOCUMENTS	Form No.	Document Attached	Explanation Attached
Schedule of Cash Receipts and Disbursements	MOR-1	YES	
Bank Reconciliation (or copies of debtor's bank reconciliations)	MOR-1 (CONT)	YES	
Copies of bank statements		YES	
Cash disbursements journals			
Statement of Operations	MOR-2	YES	
Balance Sheet	MOR-3	YES	
Status of Post-petition Taxes	MOR-4	YES	
Copies of IRS Form 6123 or payment receipt			
Copies of tax returns filed during reporting period			
Summary of Unpaid Post-petition Debts	MOR-4	YES	
Listing of Aged Accounts Payable		YES	
Accounts Receivable Reconciliation and Aging	MOR-5	YES	
Taxes Reconciliation and Aging	MOR-5	YES	
Payments to Insiders and Professional	MOR-6	YES	
Post Petition Status of Secured Notes, Leases Payable	MOR-6	YES	
Debtor Questionnaire	MOR-7	YES	

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

Signature of Debtor _____

Date _____

Signature of Authorized Individual *[Signature]*

Date 8/17/11

Printed Name of Authorized Individual _____

Date _____

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

In re Caritas Health Care, Inc.
Debtor

Case No. 09-40901
Reporting Period: 7/01-7/31/2011

SCHEDULE OF CASH RECEIPTS AND DISBURSEMENTS

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

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

ACCOUNT NUMBER (LAST 4)	BANK ACCOUNTS				CURRENT MONTH ACTUAL (TOTAL OF ALL ACCOUNTS)
	OPER	PAYROLL	TAX	OTHER	
CASH BEGINNING OF MONTH	18,917,683				
RECEIPTS					
CASH SALES	79,877				
ACCOUNTS RECEIVABLE - PREPETITION					
ACCOUNTS RECEIVABLE - POSTPETITION					
LOANS AND ADVANCES					
SALE OF ASSETS					
OTHER (ATTACH LIST)					
TRANSFERS (FROM DIP ACCTS)					
TOTAL RECEIPTS	79,877				
DISBURSEMENTS					
PAYROLL & TAXES					
BENEFITS					
INVENTORY PURCHASES					
SECURED/ RENTAL/ LEASES					
INSURANCE					
ADMINISTRATIVE SERVICES					
OTHER - DASNY INTEREST					
CONTRACT LABOR	6,472				
UTILITIES	0				
MISCELLANEOUS	48,045				
DASNY DIP REPAYMENT					
DASNY LOAN REPAYMENT					
PROFESSIONAL FEES	100,481				
U.S. TRUSTEE QUARTERLY FEES					
COURT COSTS					
TOTAL DISBURSEMENTS	154,997				
NET CASH FLOW (RECEIPTS LESS DISBURSEMENTS)	(75,120)				
CASH - END OF MONTH	18,842,563				

* COMPENSATION TO SOLE PROPRIETORS FOR SERVICES RENDERED TO BANKRUPTCY ESTATE

THE FOLLOWING SECTION MUST BE COMPLETED

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

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

In re Caritas Health Care, Inc.
Debtor

Case No. 09-40901
 Reporting Period: 7/01-7/31/2011

BANK RECONCILIATIONS (Attached)

Continuation Sheet for MOR-1

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

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

CARITAS HEALTHCARE, INC.
CASH BALANCES - July 31, 2011

A/C	DESCRIPTION	TOTAL July 31, 2011	SJH	MIH	MSF
1000.0001	OPERATING	421,523.60	67,277,525.36	(63,977,123.05)	(2,878,878.71)
1000.0003	GOLF	11,896,851.90	18,617,606.89	(6,650,329.72)	(70,425.27)
1000.0004	ACCOUNTS PAYABLE	397,015.55	77,248,444.42	(76,851,428.87)	0.00
1000.0005	PAYROLL	1,068,609.42	113,233,940.00	(104,456,962.38)	(7,708,368.20)
1000.0015	COMMERCIAL LOCKBOX	2,145,025.19	(64,859.18)	2,209,884.37	0.00
1000.0016	GOVERNMENT LOCKBOX	2,770,373.44	(62,237,528.19)	55,075,201.89	9,932,699.74
1000.0017	UTILITY	138,415.52	138,415.52	0.00	0.00
1005-0060	PETTY CASH GENERAL	3,504.59	3,504.59	0.00	0.00
1005.0063	PETTY CASH MISC.	1,243.37	1,243.37	0.00	0.00
		\$18,842,562.58	\$214,218,292.78	(\$194,650,757.76)	(\$724,972.44)

CARITAS HEALTHCARE, INC.
Cash and Cash Equivalents
July 31, 2011

	Chase Bank Adjusted Total	o/s checks	Chase Bank Total	CARITAS G/L Balance	SJH	MIH	MSF
Operating account	421,523.60		421,523.60	421,523.60	67,277,525.36	(63,977,123.05)	(2,878,878.71)
Golf account	11,896,851.90		11,896,851.90	11,896,851.90	18,617,606.89	(6,650,329.72)	(70,425.27)
Accounts Payable account	397,015.55	(123,768.00)	520,783.55	397,015.55	77,248,444.42	(76,851,428.87)	0.00
Payroll account	1,068,609.42		1,068,609.42	1,068,609.42	113,233,940.00	(104,456,962.38)	(7,708,368.20)
Commercial Lockbox account	2,145,025.19		2,145,025.19	2,145,025.19	(64,859.18)	2,209,884.37	0.00
Government Lockbox account	2,770,373.44		2,770,373.44	2,770,373.44	(62,237,528.19)	55,075,201.89	9,932,699.74
Utility account	138,415.52		138,415.52	138,415.52	138,415.52	0.00	0.00
Cash - Bank Deposits	18,837,814.62	(123,768.00)	18,961,582.62	18,837,814.62	214,213,544.82	(194,650,757.76)	(724,972.44)
Petty Cash General				3,504.59	3,504.59	0.00	0.00
Petty Cash Miscellaneous				1,243.37	1,243.37	0.00	0.00
Cash and Cash Equivalents		0.00		18,842,562.58	214,218,292.78	(194,650,757.76)	(724,972.44)

**Caritas Health Care Inc.
JPMorganChase
Operating Account (1000-0001)
Acct # 8426
JULY 2011**

Balance Per General Ledger at 7/31/11

421,523.60

Bank Balance at 7/31/11

421,523.60



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

July 01, 2011 -
 July 29, 2011

Account Number
 8426

00028961 CEN 802 X 21111 - NNN 1 000000000 C2 0000
 CARITAS HEALTH CARE INC
 OPERATING ACCT DIP
 374 STOCKHOLM ST
 BROOKLYN NY 11237-4006

Customer Service

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



Commercial Checking

Summary

	<i>Number</i>	<i>Amount</i>
Opening Ledger Balance		\$346,870.26
Deposits and Credits	1	\$74,653.34
Withdrawals and Debits	0	\$.00
Checks Paid	0	\$.00
Ending Ledger Balance		\$421,523.60

Deposits and Credits

<i>Ledger Date</i>	<i>Description</i>	<i>Amount</i>
07/22	DEPOSIT	\$74,653.34
Total		\$74,653.34

Daily Balance

<i>Date</i>	<i>Ledger Balance</i>	<i>Date</i>	<i>Ledger Balance</i>
07/22	\$421,523.60		

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

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

**CARITAS HEALTH CARE INC.
Golf A/C # 6636
JULY 2011**

Balance Per General Ledger at 7-31-2011 **11,896,851.90**

Outstanding Deposits

Outstanding Disbursements

Bank Balance at 7-31-2011 **11,896,851.90**



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

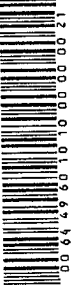
July 01, 2011 -
 July 29, 2011

Account Number
 :6636

00064496 CEN 802 X 21111 - NNN 1 000000000 62 0000
 CARITAS HEALTH CARE INC
 GOLF ACCT DIP
 374 STOCKHOLM ST
 BROOKLYN NY 11237-4006

Customer Service

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



Liquid MMDA

Summary

	<i>Number</i>	<i>Amount</i>
Opening Ledger Balance		\$11,893,922.51
Deposits and Credits	2	\$2,929.39
Withdrawals and Debits	0	\$.00
Checks Paid	0	\$.00
Ending Ledger Balance		\$11,896,851.90
<hr/>		
Average Ledger Balance	\$11,894,296.00	
Interest Credited this period	\$286.29	Interest Credited Year to Date
		\$2,140.12
Interest Rate(s): 07/01 to 07/29 at 0.03%		

Deposits and Credits

<i>Ledger Date</i>	<i>Description</i>	<i>Amount</i>
07/26	DEPOSIT 254294308	\$2,643.10
07/29	INTEREST PAYMENT	\$286.29
Total		\$2,929.39

Daily Balance

<i>Date</i>	<i>Ledger Balance</i>	<i>Date</i>	<i>Ledger Balance</i>
07/26	\$11,896,565.61	07/29	\$11,896,851.90

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JPMorganChase
Chase Accounts Payable Account (1000-0004)
Acct # 3993
JULY 2011

Balance Per General Ledger at 7-31-2011 397,015.55

Outstanding Checks 123,768.00

Bank Balance at 7-31-2011 520,783.55



JPMORGAN CHASE
 ACCOUNT RECONCILEMENT
 BALANCE SHEET
 AS OF 07/31/11

TEAM.....	641	
ACCOUNT.....	3993	
ACCOUNT NAME...	CARITAS HEALTH CARE INC	
BALANCE FORWARD FROM PREVIOUS STATEMENT DATED 06/30/11		660,187.48
ADD TOTAL OF:		
DEPOSITS ON RECONCILIATION... +	.00	
MISCELLANEOUS CREDITS POSTED. +	.00	
ADD TOTAL CREDITS DURING THIS PERIOD..... +		.00
DEDUCT THE TOTAL OF:		
CHECKS PAID ON RECONCILEMENT. +	139,403.93	
MISCELLANEOUS DEBITS POSTED... +	.00	
TOTAL DEBITS THIS STATEMENT PERIOD..... -		139,403.93
DEBIT ADJUSTMENTS TO RECONCILE..... -		.00
CREDIT ADJUSTMENT TO RECONCILE..... +		.00
MISCELLANEOUS ADJUSTMENTS TO RECONCILE..... +		.00
ENDING BALANCE..... =		520,783.55
BANK STATEMENT ENDING BALANCE.....		520,783.55

OUTSTANDING BALANCE		
PREVIOUS OUTSTANDING BALANCE.....		108,405.12
ADJUSTMENT TO PRIOR OUTSTANDING..... +		.00
NEW ISSUES (NET ADDED)..... +		154,766.81
CANCELED ISSUES..... -		.00
STOPPED ISSUES..... -		.00
PAID CHECKS MATCHED TO ISSUES..... -		139,403.93
CURRENT OUTSTANDING BALANCE..... =		123,768.00
TOTAL OUTSTANDING FROM RECON REPORTS..... =		123,768.00

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

DUPLICATE



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

641
 July 01, 2011 -
 July 29, 2011

Account Number
 3993



00001462 CEN 802 R 21111 - NNN 1 000000000 R0

CARITAS HEALTH CARE INC
 DIP
 WYCKOFF HEIGHTS MEDICAL CENTER
 374 STOCKHOLM ST
 BROOKLYN NY 11237

Customer Service

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



Commercial Checking

Summary

	<i>Number</i>	<i>Amount</i>
Opening Ledger Balance		\$660,187.48
Deposits and Credits	0	\$.00
Withdrawals and Debits	0	\$.00
List Posted Items	7	\$101,659.80
Checks Paid	6	\$37,744.13
Ending Ledger Balance		\$520,783.55

Withdrawals and Debits

<i>Ledger Date</i>	<i>Description</i>		<i>Amount</i>
07/07	LIST POSTED ITEMS QUANTITY	3	\$4,180.36
07/13	LIST POSTED ITEMS QUANTITY	2	\$74,310.48
07/18 ^b	LIST POSTED ITEMS QUANTITY	2	\$23,168.96
Total*			\$0.00

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

Checks Paid

<i>Check</i>	<i>Date Paid</i>	<i>Amount</i>	<i>Check</i>	<i>Date Paid</i>	<i>Amount</i>	<i>Check</i>	<i>Date Paid</i>	<i>Amount</i>
20326	07/14	\$6,695.08	20339*	07/19	\$2,859.51	20341	07/27	\$1,806.00
20331*	07/05	\$50.24	20340	07/29	\$19,379.00	20342	07/22	\$6,954.30

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641
 July 01, 2011 -
 July 29, 2011

Account Number
 3993

CARITAS HEALTH CARE INC
 DIP

Commercial Checking
 (continued)

Total **6 check(s)** **\$37,744.13**
 * indicates gap in sequence

Daily Balance

<i>Date</i>	<i>Ledger Balance</i>	<i>Date</i>	<i>Ledger Balance</i>
07/05	\$660,137.24	07/19	\$548,922.85
07/07	\$655,956.88	07/22	\$541,968.55
07/13	\$581,646.40	07/27	\$540,162.55
07/14	\$574,951.32	07/29	\$520,783.55
07/18	\$551,782.36		

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

JPMorganChase
Chase Payroll Account (1000-0005)
Acct # 4009
JULY 2011

Balance per G/L @ 7-31-2011	<u>1,068,609.42</u>
Balance Per Bank Stmt @ 7-31-11	1,068,609.42
Outstanding Checks Per Bank	
Adjusted Bank Balance @ 7-31-11	<u><u>1,068,609.42</u></u>

DUPLICATE



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

641
 July 01, 2011 -
 July 29, 2011

Account Number
 1009



00001463 CEN 802 R 21111 - NNN 1 000000000 R0

CARITAS HEALTH CARE INC
 DIP
 WYCKOFF HEIGHTS MEDICAL CENTER
 374 STOCKHOLM ST
 BROOKLYN NY 11237

Customer Service

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



Commercial Checking

Summary

	<i>Number</i>	<i>Amount</i>
Opening Ledger Balance		\$1,068,609.42
Deposits and Credits	0	\$.00
Withdrawals and Debits	0	\$.00
Checks Paid	0	\$.00
Ending Ledger Balance		\$1,068,609.42

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

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CARITAS HEALTH Care Inc.
A/C# 19473 Lock Box 30806 Commercial Lock box
JULY 2011

Balance Per General Ledger at 7-31-11 **2,145,025.19**

Bank Balance at 7-31-11 **2,145,025.19**



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

July 01, 2011 -
 July 29, 2011

Account Number
 9473

00002640 CEN 802 X 21111 - NNN 1 000000000 C1 0000
 CARITAS HEALTHCARE INC COMMERCIAL
 DIP
 374 STOCKHOLM ST
 BROOKLYN NY 11237-4006

Customer Service

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



Commercial Checking

Summary

	<i>Number</i>	<i>Amount</i>
Opening Ledger Balance		\$2,142,951.98
Deposits and Credits	6	\$2,469.64
Withdrawals and Debits	5	\$396.43
Checks Paid	0	\$.00
Ending Ledger Balance		\$2,145,025.19

Deposits and Credits

<i>Ledger Date</i>	<i>Description</i>	<i>Amount</i>
07/08	LOCKBOX NO: 30806 FOR 14 ITEMS AT 16:00 8 TRN: 0500575189LB	\$243.83
07/11	DEPOSIT 254294305	\$957.75
07/11	DEPOSIT 254294304	\$508.95
07/13	LOCKBOX NO: 30806 FOR 2 ITEMS AT 16:00 8 TRN: 0500584194LB	\$70.00
07/19	DEPOSIT 254294306	\$433.11
07/21	LOCKBOX NO: 30806 FOR 6 ITEMS AT 16:00 8 TRN: 0500491202LB	\$256.00
Total		\$2,469.64

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July 01, 2011 -
July 29, 2011

Account Number
473

CARITAS HEALTHCARE INC COMMERCIAL
DIP

Commercial Checking
(continued)

Withdrawals and Debits

Ledger Date	Description	Amount
07/01	DEPOSITED ITEM RETURNED 000103348 # OF ITEMS00001	\$25.00
07/05	ORIG CO NAME:BANKCARD ORIG ID:SM077S4866 DESC DATE:110630 CO ENTRY DESCR:MTOT DISC SEC:CCD TRACE#:021000029418996 EED:110705 IND ID:422369650014861 IND NAME:MARY IMMACULATE HOSPIT TRN: 1869418996TC	\$107.53
07/05	ORIG CO NAME:BANKCARD ORIG ID:SM077S4866 DESC DATE:110630 CO ENTRY DESCR:MTOT DISC SEC:CCD TRACE#:021000029418997 EED:110705 IND ID:422369650014862 IND NAME:ST JOHNS QUEENS HOSPIT TRN: 1869418997TC	\$105.95
07/05	ORIG CO NAME:AMERICAN EXPRESS ORIG ID:1134992250 DESC DATE:110704 CO ENTRY DESCR:COLLECTIONSEC:CCD TRACE#:021000029418999 EED:110705 IND ID:6317818847 IND NAME:CARITAS HEAL6317818847 PAYMENT DATE 11185 TRN: 1869418999TC	\$7.95
07/26	DEPOSITED ITEM RETURNED 000102965 # OF ITEMS00001	\$150.00
Total		\$396.43

Daily Balance

Date	Ledger Balance	Date	Ledger Balance
07/01	\$2,142,926.98	07/13	\$2,144,486.08
07/05	\$2,142,705.55	07/19	\$2,144,919.19
07/08	\$2,142,949.38	07/21	\$2,145,175.19
07/11	\$2,144,416.08	07/26	\$2,145,025.19

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

CARITAS HEALTH CARE INC.
A/C# 8434 Lock Box 30805 Government Lock box
GL No. 1000.0016
JULY 2011

Balance Per General Ledger at 7-31-11 2,770,373.44

Outstanding Deposits

Outstanding Disbursements

Bank Balance at 7-31-11 2,770,373.44



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

July 01, 2011 -
 July 29, 2011

Account Number
 .8434

00002631 CEN 802 X 21111 - NNN 1 000000000 C1 0000
 CARITAS HEALTH CARE INC
 LOCKBOX DEPOSIT ACCT DIP
 374 STOCKHOLM ST
 BROOKLYN NY 11237-4006

Customer Service

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



Commercial Checking

Summary

	<i>Number</i>	<i>Amount</i>
Opening Ledger Balance		\$2,770,373.44
Deposits and Credits	0	\$.00
Withdrawals and Debits	0	\$.00
Checks Paid	0	\$.00
Ending Ledger Balance		\$2,770,373.44

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

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

CARITAS HEALTH CARE INC.
Utility A/C #6689
(G/L ACCT # 1000.0017)
JULY 2011

Balance Per Bank Statement at 7-31-2011 **138,415.52**

Outstanding Deposits

Outstanding Disbursements

Bank Balance at 7-31-2011 **138,415.52**



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

July 01, 2011 -
 July 29, 2011

Account Number
689

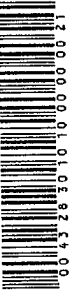


00043283 CEN 802 X 21111 - NNN 1 000000000 C2 0000

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

Customer Service

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



Commercial Checking

Summary

	<i>Number</i>	<i>Amount</i>
Opening Ledger Balance		\$138,424.18
Deposits and Credits	0	\$.00
Withdrawals and Debits	1	\$8.66
Checks Paid	0	\$.00
Ending Ledger Balance		\$138,415.52

Withdrawals and Debits

<i>Ledger Date</i>	<i>Description</i>	<i>Amount</i>
07/15	ACCOUNT ANALYSIS SETTLEMENT CHARGE	\$8.66
Total		\$8.66

Daily Balance

<i>Date</i>	<i>Ledger Balance</i>	<i>Date</i>	<i>Ledger Balance</i>
07/15	\$138,415.52		

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

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

In re Caritas Health Care, Inc.

Case No. 09-40901

Debtor

Reporting Period: 7/01-7/31/2011

STATEMENT OF OPERATIONS (Income Statement)

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

REVENUES	MONTH	CUMULATIVE -FILING TO DATE
Gross Revenues	2,280	29,345,658
Less: Returns and Allowances		
Net Revenue	2,280	29,345,658
COST OF GOODS SOLD		
Beginning Inventory		
Add: Purchases		
Add: Cost of Labor		
Add: Other Costs (<i>attach schedule</i>)		
Less: Ending Inventory		
Cost of Goods Sold		
Gross Profit	2,280	29,345,658
OPERATING EXPENSES		
Advertising		
Auto and Truck Expense		
Bad Debts		
Contributions		
Employee Benefits Programs	106	8,522,215
Officer/Insider Compensation*	6,954	551,724
Insurance	17,836	1,871,317
Management Fees/Bonuses		
Office Expense		
Pension & Profit-Sharing Plans		
Repairs and Maintenance		
Rent and Lease Expense		
Salaries/Commissions/Fees/contract labor	8,108	21,075,357
Supplies	1,574	2,335,093
Taxes - Payroll		
Taxes - Real Estate		
Taxes - Other		
Travel and Entertainment		
Bankruptcy Preference Recovery	(74,653)	(377,473)
Other	33,994	6,013,159
Total Operating Expenses Before Depreciation	(6,080)	39,991,392
Depreciation/Depletion/Amortization		1,837,997
Net Profit (Loss) Before Other Income & Expenses	8,360	(12,483,731)
OTHER INCOME AND EXPENSES		
Other Income	286	3,599,350
Interest Expense		1,644,882
Other Expense (<i>attach schedule</i>)		
Net Profit (Loss) Before Reorganization Items	8,646	(10,529,263)

In re Caritas Health Care, Inc.
Debtor

Case No. 09-40901
 Reporting Period: 7/01-7/31/2011

STATUS OF POST-PETITION TAXES

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

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

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

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

SUMMARY OF UNPAID POST-PETITION DEBTS

Attach aged listing of accounts payable.

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

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

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In re Caritas Health Care, Inc.
DebtorCase No. 09-40901
Reporting Period: 7/01-7/31/2011**BALANCE SHEET**

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

ASSETS	BOOK VALUE AT END OF CURRENT REPORTING MONTH	BOOK VALUE AT END OF PRIOR REPORTING MONTH	BOOK VALUE ON PETITION DATE OR SCHEDULED
CURRENT ASSETS			
Unrestricted Cash and Equivalents	18,842,563	18,917,683	
Restricted Cash and Cash Equivalents (see continuation sheet)			
Accounts Receivable/due from third parties	13,172,533	13,172,533	
Notes Receivable			
Inventories			
Prepaid Expenses	278,273	297,684	
Professional Retainers			
Other Current Assets (Grants) (Escrow)			
TOTAL CURRENT ASSETS	32,293,370	32,387,900	
PROPERTY & EQUIPMENT			
Real Property and Improvements	0	0	
Machinery and Equipment			
Furniture, Fixtures and Office Equipment			
Leasehold Improvements			
Vehicles			
Less: Accumulated Depreciation			
TOTAL PROPERTY & EQUIPMENT	0	0	
OTHER ASSETS			
Amounts due from Insiders*			
Other Assets (attach schedule)			
TOTAL OTHER ASSETS			
TOTAL ASSETS	32,293,370	32,387,900	
LIABILITIES AND OWNER EQUITY	BOOK VALUE AT END OF CURRENT REPORTING MONTH	BOOK VALUE AT END OF CURRENT REPORTING MONTH	BOOK VALUE ON PETITION DATE
LIABILITIES NOT SUBJECT TO COMPROMISE (Post-petition)			
Accounts Payable			
Taxes Payable (refer to FORM MOR-4)			
Wages Payable			
Notes Payable			
Rent / Leases - Building/Equipment	0	0	
Secured Debt / Adequate Protection Payments			
Professional Fees			
Amounts Due to Insiders*			
Other Post-petition Liabilities (attach schedule)			
TOTAL POST-PETITION LIABILITIES	0	0	
LIABILITIES SUBJECT TO COMPROMISE (Pre-Petition)			
Secured Debt (DASNY)	0	0	
Priority & Administrative Claims	17,740,162	17,718,216	
Unsecured Debt	143,345,823	143,345,565	
TOTAL PRE-PETITION LIABILITIES	161,085,985	161,063,781	
TOTAL LIABILITIES	161,085,985	161,063,781	
OWNERS' EQUITY			
Capital Stock			
Additional Paid-In Capital			
Partners' Capital Account			
Owner's Equity Account			
Retained Earnings - Pre-Petition			
Retained Earnings - Post-petition			
Adjustments to Owner Equity (attach schedule)			
Post-petition Contributions (attach schedule)			
TOTAL NET ASSETS	128,792,615	128,675,881	
TOTAL LIABILITIES AND NET ASSETS	32,293,370	32,387,900	

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

In re Caritas Health Care, Inc.
Debtor

Case No. 09-40901
 Reporting Period: 7/01-7/31/2011

BALANCE SHEET - continuation section

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

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

In re Caritas Health Care, Inc. Debtor
 Case No. 09-40901
 Reporting Period: 7/01-7/31/2011

ACCOUNTS RECEIVABLE RECONCILIATION AND AGING

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

TAXES RECONCILIATION AND AGING

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

In re Caritas Health Care, Inc.
Debtor

Case No. 09-40901
Reporting Period: 7/01-7/31/2011

PAYMENTS TO INSIDERS AND PROFESSIONALS

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

INSIDERS			
NAME	TYPE OF PAYMENT	AMOUNT PAID	TOTAL PAID TO DATE
John Kastanis	salary		154,621
Jerry Castoria	fees (CFO)	6,954	397,103
TOTAL PAYMENTS TO INSIDERS		6,954	551,724

PROFESSIONALS					
NAME	DATE OF COURT ORDER AUTHORIZING PAYMENT	AMOUNT APPROVED	AMOUNT PAID	TOTAL PAID TO DATE	TOTAL INCURRED & UNPAID*
Proskauer Rose			62,763	2,618,779	652,937
CBIZ			11,884	344,218	86,017
JL Consulting			2,503	343,938	0
Montclair Partners				77,872	19,475
Alston Bird				413,179	100,368
BDO				263,556	61,862
Neubert Pepe				36,416	0
Kelley Drye				431,192	103,038
Focus				32,548	0
Littler Mendelson			14,805	352,233	84,968
Garbarini & Scher			1,655	44,866	10,945
Silverman Acampora				13,295	3,296
EPIQ			6,869	677,065	0
TOTAL PAYMENTS TO PROFESSIONALS			100,481	5,649,157	1,122,906

* INCLUDE ALL FEES INCURRED, BOTH APPROVED AND UNAPPROVED

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

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

In re Caritas Health Care, Inc.

Case No. 09-40901

Debtor

Reporting Period: 7/01-7/31/2011

DEBTOR QUESTIONNAIRE

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