Case 1-09-40901-cec Doc 582 Filed 04/20/10 Entered 04/20/10 09:13:12

UNITED STATES BANKRUPTCY COURT
EASTERN_ DISTRICT OF NEW YORK

In re Caritas Healthcare, Inc.	Case No. 09-40901
Debtor	Reporting Period: 03/01-03/31/2010
	Federal Tax I.D. # 84-1710365

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	Axtuched
Bank Reconciliation (or copies of debtor's bank reconciliations)	MOR-1 (CON'T)	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*	Date 4) 18) 10
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.

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In re Caritas Healthcare, Inc.	Case No. 09-40901
Debtor	Reporting Period: 03/01-03/31/2010

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)]

	BANK ACCOUNTS				
					CURRENT MONTH
ACCOUNT NUMBER (LAST 4)					ACTUAL (TOTAL OF ALL ACCOUNTS)
					ALL ACCOUNTS)
CASH BEGINNING OF MONTH	30,694,364				
RECEIPTS CASH SALES	Will Anthrope				
ACCOUNTS RECEIVABLE -					
PREPETITION	52,237				
ACCOUNTS RECEIVABLE -					
POSTPETITION					
LOANS AND ADVANCES					
SALE OF ASSETS					
OTHER (ATTACH LIST)					
TRANSFERS (FROM DIP ACCTS)					
TOTAL RECEIPTS	52,237				
DISBURSEMENTS	32,237	San a la participa de la compansión de la c			
PAYROLL & TAXES	1,335,029	58.		a da desplación de AM	
	1,555,027				
BENEFITS	129,968				
INVENTORY PURCHASES	X22,200		*		
SECURED/RENTAL/LEASES					
INSURANCE	11,018				
ADMINISTRATIVE SERVICES					
OTHER.	22,513				
CONTRAC T LABOR	13,263				
UTILITIES					
BILLING/COLLECTION SERVICES					
HFG DIP REPAYMENT					
St VINCENT LOAN REPAYMENT					
PROFESSIONAL FEES	296,666				***************************************
J.S. TRUSTEE QUARTERLY FEES					
COURT COSTS					
TOTAL DISBURSEMENTS	1,808,457				
		rang in the second of the		i i	
NET CASH FLOW	-1,756,220				·
RECEIPTS LESS DISBURSEMENTS)			1		
					:
CASH - END OF MONTH	28,938,145		1		

^{*} 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	Healthcare,	Inc.
		Debtor		

Case No. 09-40901

Reporting Period: 03/01-03/31/2010

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.)

V	Operating "	Payroll	Tax	Other
BALANCE PER BOOKS		#	#	THE STATE OF THE S
BANK BALANCE			de la companya de la	ALL DESCRIPTION OF THE COMMENTS
(+) DEPOSITS IN TRANSIT (ATTACH LIST)				
(-) OUTSTANDING CHECKS (ATTACH LIST):				
OTHER (ATTACH EXPLANATION)				
ADJUSTED BANK BALANCE *		Se Carre Control		magani yang apin dalam yakan pananan ang 1936 Andrian Salam ang menengan 1936 ng pelangan ang banan ang terbanan ng pelangan n

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

DEPOSITS IN TRANSIT	Date	Amount	Date	Amount
CHECKS OUTSTANDING	Ck.#	Amount	Ck.#	Amount

OTHER

Caritas Health Care Inc. JPMorganChase Operating Account (1000-0001) Acct # 8426 MARCH 2010

Balance Per General Ledger at 3/31/10	1,151,682.94
Outstanding Deposits	
Outstanding Disbursements	
Donk Dalamas at 0/04/40	
Bank Balance at 3/31/10	1,151,682.94

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JPMORGAN CHASE BANK, N.A. NORTHEAST MARKET P O BOX 260180 BATON ROUGE LA 70826-0180

CARITAS HEALTH CARE INC OPERATING ACCT DIP 374 STOCKHOLM ST BROOKLYN NY 11237-4006 Account Number

Customer Service

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

The Bank strictly prohibits the use of any account to conduct transactions (including, without limitation, the acceptance or receipt of credit or other receipt of funds through an electronic funds transfer, or by check, draft or similar instrument, or the proceeds of any of the foregoing) that are related, directly or indirectly, to unlawful Internet gambling. The term "unlawful Internet gambling," as used in this notice, shall have its meaning set forth in 12 C.F.R. Section Part 233, Section 132.2 (bb). The Customer shall not conduct any transactions through the account that directly or indirectly involve or are related to unlawful Internet gambling, including, without limitation, the acceptance or receipt of any funds or deposits in connection therewith.

Commercial Checking

Summary Opening Ledger Balance	Number	Amount
	4	\$1,936,460.22
	¬т	
	11	
Checks Paid	0	
Ending Ledger Balance		\$.0 \$1,151,682.9

Deposits and Credits

Ledger		
Date	Description	4
03/05	DEPOSIT	Amount
03/11 03/26	DEPOSIT	\$11.45
03/30	DEPOSIT DEPOSIT	\$26.75 \$86.17
Total		\$6,888.61
		\$7,012.98

Withdrawals and Debits

Ledger		
Date	Description	
03/05		Amount
	CATALYST ELECTRONIC DEBIT CATALYST FUNDING FOR A/C 475603486 TRN: 1006400470XH	\$8,066.11

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.

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CARITAS HEALTH CARE INC OPERATING ACCT DIP

Account Number ^**426**

February 27, 2010 -March 31, 2010

Commercial Checking

(continued)

Withdrawals and Debits

Ledger Date	Description	
03/09	ORIG CO NAME I DO ONG	Amoun
	ORIG CO NAME:IRS ORIG ID:3387702000 DESC DATE:030910 CO ENTRY DESCR:USATAXPYMTSEC:CCD TRACE#:021000026755318 EED:100309 IND ID:27004689020026 PM	\$6,640.34
		\$0,040.32
03/12		
03/12	CATALYST ELECTRONIC DERIT CATALYCT PROPERTY	
03/15		\$14,720.49
	ORIG CO NAME:IRS ORIG ID:3387702000 DESC DATE:031510 CO	
		\$459,092.16
	EED:100315 IND ID:270047400835178 IND NAME:CARITAS HEALTHCARE PLA TRN: 0742633994TC	
03/16	FEDWIKE DERIT VIA: CTEDI DIC NUCION CONTROL	
	FEDWIRE DEBIT VIA: STERLING NYC/026007773 A/C: STERLING NATIONAL BANK REF:/TIME/12:25 IMAD: 0316B1QGC05C002608	\$104,500.00
		\$104,300.00
3/19	YOUR REF: NONREF	
2/19	CATALYST ELECTRONIC DEBIT CATALYST FUNDING FOR A/C	
3/19		\$7,082.04
	ORIG CO NAME:New York State ORIG ID:1573803455 DESC	
		\$114,076.32
	144 CLT, 041 01001/4X 39X66 FED 1002 to 1x to 10 2 2 2 2 2 2 2	
3/19		
		#121 60-
	DATE:100318 CO ENTRY DESCR:1817084296 DESC TRACE#:021000024839868 EED:100319 IND ID:NY10MT000055104	\$4,346.05
3/25	IND NAME:CARITAS HEALTH CARE, 1 TRN: 0774839868TC	
123		
	ENTRY DESCR:USATAXPYMTSEC:CD TRACE#:021000026300283	\$17,152.99
		4.7,1.52.55
/26		
	CATALYST ELECTRONIC DEDIT CATALYON TO THE	
/29	475603486 TRN: 1008500409XH	\$55,156.45
	ORIG CO NAME:CARITASHEALTH ORIG ID:9603486001 DESC	
		\$957.31
	TRACE#:021000020700740 EED:100329 IND ID:INTEREST IND NAME:CARITAS HEALTH TRN: 0850700740TC	
tal		
		\$791,790.26

Daily Balance

Date	Ledger		
03/05		Date	Ledger Balance
03/09 03/11 03/12	\$1,928,405.56 \$1,921,765.22 \$1,921,791.97 \$1,907,071.48	03/15 03/16 03/19 03/25	\$1,447,979.32 \$1,343,479.32 \$1,217,974.91 \$1,200,821.92

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February 27, 2010 - March 31, 2010

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CARITAS HEALTH CARE INC OPERATING ACCT DIP

Account Number

Commercial Checking

(continued)

Daily Balance

Date	Ledger		
	Balance	Date	Ledger Balance
03/26		***************************************	Dulunce
03/29	\$1,145,751.64 \$1,144,794.33	03/30	\$1,151,682.94

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

OC:	582
-----	-----

From Account 02.1000.0001		
		DESCRIPTION
	NG NG NG	SJH CASH - OPERATING MIN CASH - OPERATING MSF CASH - OPERATING

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CARITAS HEALTH CARE INC. Golf A/C # 6636 March-2010

21,965,996.94

balance Per General Ledger at 3-31-10	21,965,996.94
Outstanding Deposits	
Outstanding Disbursements	

Bank Balance at 3-31-10

February 27, 2010 -

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JPMORGAN CHASE BANK, N.A. NORTHEAST MARKET P O BOX 260180 BATON ROUGE LA 70826-0180

CARITAS HEALTH CARE INC GOLF ACCT DIP 374 STOCKHOLM ST BROOKLYN NY 11237-4006 March 31, 2010

Account Number 636

Customer Service

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

The Bank strictly prohibits the use of any account to conduct transactions (including, without limitation, the acceptance or receipt of credit or other receipt of funds through an electronic funds transfer, or by check, draft or similar instrument, or the proceeds of any of the foregoing) that are related, directly or indirectly, to unlawful Internet gambling. The term "unlawful Internet gambling," as used in this notice, shall have its meaning set forth in 12 C.F.R. Section Part 233, Section 132.2 (bb). The Customer shall not conduct any transactions through the account that directly or indirectly involve or are related to unlawful Internet gambling, including, without limitation, the acceptance or receipt of any funds or deposits in connection therewith.

Liquid MMDA

Number		,
		Amount
		\$21,965,395.31
		#CO1 CO
Λ		
-		\$.00
0		\$.00
······································		
		\$21,965,996.94
\$21,965,413.00		
\$601.63	Interest Credited Year to Date	\$2,002,35
	0 0 \$21,965,413.00	1 0 0 \$21,965,413.00

Interest Rate(s):

02/27 to 03/31 at 0.03%

Deposits and Credits

Ledger		
Date	Description	
A-0.54.1()		Amount
03/31	INTEREST PAYMENT	
		\$601.63
Total		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		\$601.63

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.

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February 27, 2010 -March 31, 2010

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CARITAS HEALTH CARE INC GOLF ACCT DIP

Account Number

Liquid MMDA (continued)

Daily Balance

	Ledger		
Date	Balance	D t -	Ledger
		Date	Balance
03/31	\$21,965,996.94		

)ററ	522
$\mathcal{O}_{\mathcal{C}}$	502

RUN DATE: 04/07/10 RUN TIME: 1608 RUN USER: BAKDENIZ		Myckoff Height Summary Tr	Myckoff Heights GL **LlvE** SUMMARY TRIAL BALANCE				PAGE 1
		HAR	HAR 2010 TRIAL				
		From Account 02.1000.0003 03.1000.0003	Thru Account 02.1000.0003 03.1000.0003 04.1000.0003				
ACCOUNT	DESCRIPTION		OPEN	DEBITS	CREDITS	WET	CLOSE
02,1000,0003 03,1006,0003 04,1000,0003	SJH CASH - GOLF MIH CASH - GOLF MSF CASH - GOLF		28.518.719.33 -6.482.898.75 -70.425.27	601.63		601.63 0.00 0.00	601.63 28.519.320.96 0.00 -6.482.898.75 0.00 -70.425.27
GRAND TOTALS			21,965,395.31	601 63			01 00 01 00 01

JPMorganChase Chase Accounts Payable Account (1000-0004) Acct # 3993 **MARCH 2010**

Balance per G/L @ 3/31/10

Balance Per Bank Stmt @ 3/31/10

Adjusted Bank Balance @ 3/31/10

Outstanding Checks Per Bank

Balance per G/L @ 3/31/10	2,459,998.85
	0.00
	2,459,998.85
2010 GL Adjustments:	
	0.00
Adjust. General Ledger Balance 3/31/10	2,459,998.85

3,101,968.29

641,969.44

2,459,998.85

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JPMORGAN CHASE BANK, N.A. NORTHEAST MARKET P O BOX 260180 BATON ROUGE LA 70826-0180

CARITAS HEALTH CARE INC DIP 374 STOCKHOLM STREET BROOKLYN NY 11237 Account Number

Customer Service

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

The Bank strictly prohibits the use of any account to conduct transactions (including, without limitation, the acceptance or receipt of credit or other receipt of funds through an electronic funds transfer, or by check, draft or similar instrument, or the proceeds of any of the foregoing) that are related, directly or indirectly, to unlawful Internet gambling. The term "unlawful Internet gambling," as used in this notice, shall have its meaning set forth in 12 C.F.R. Section Part 233, Section 132.2 (bb). The Customer shall not conduct any transactions through the account that directly or indirectly involve or are related to unlawful Internet gambling, including, without limitation, the acceptance or receipt of any funds or deposits in connection therewith.

Commercial Checking

Summary	Number	Anna A
Opening Ledger Balance		Amount
Deposits and Credits	0	\$3,727,653.50
Withdrawals and Dabits	0	\$.00
	0	
	16	0.000 50 5 50
Checks Paid	3	\$20,089.50
Ending Ledger Balance		\$3,101,968.29

Withdrawals and Debits

Ledger Date	Description	Amou
03/11 03/12 03/15 03/16	LIST POSTED ITEMS QUANTITY 2 LIST POSTED ITEMS QUANTITY 7 LIST POSTED ITEMS QUANTITY 4 LIST POSTED ITEMS QUANTITY 3	\$25,533.0 \$173,417.7 \$392,103.0 \$14,541.8
Fotal* *This total excludes	the List Posted Items amount set forth in the summary above.	\$.00

Please examine this statement of account at once. By continuing to use the account, you agree that: (1) the account is subject to the Bank's deposit account agreement, and (2) the Bank has no responsibility for any error in or improper charge to the account (including any unauthorized or the error or charge appears.

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CARITAS HEALTH CARE INC

Account Number

Commercial Checking (continued)

Checks Paid

************	Check Date Paid	Amount		Date Paid	Amount	Check	Date Paid	Amoun
	19919 03/05	\$144.50	20022*	03/18	\$1,200.00	20025*	03/19	
Fotal	3 check(s)							\$20,089.50
Daily E	Dalamas							
Daily L	Salance							
Date	parance	$B\epsilon$	edger alance		Date			Ledger Balance

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

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CARITAS HEALTH CARE INC

Account Number

February 27, 2010 -March 31, 2010

Commercial Checking (continued)

Stop Payment Renewal Notice

Account Number 000000601893993

Bank Number: 802

The following Stop Payments will automatically renew for a 1-year period. You may revoke a Stop prior to the renewal date by simply returning a signed copy of this form with an 'X' placed next to each item you may wish to revoke. The revoking of stop payments will be effective on the renewal date listed on your statement. To immediately remove a current stop payment, please contact your Customer Service Professional. Please allow 10 - 15 days for mail and processing times. Please ensure that an authorized signature is placed in the space provided and mailed to the return address listed at the bottom of the page. Any stops that are revoked will expire on the renewal date.

Revoke Stop	Sequence Number	Date Entered	Renewal Date	Low Range or Check Number	High Range or Amount
	0000039 0000040 0000041 0000042	06/02/2008 06/10/2008 06/10/2008 06/10/2008	06/02/2010 06/10/2010 06/10/2010 06/10/2010	11347 11914 11915	\$20,000.00 \$25,000.00 \$8,972.86
	0000043 0000044 0000045 0000046 0000047 0000048	06/10/2008 06/12/2008 06/16/2008 06/16/2008 06/20/2008 06/23/2008	06/10/2010 06/12/2010 06/16/2010 06/16/2010 06/20/2010 06/23/2010	11920 11919 10646 11539 11561 8447 10639	\$143,345.49 \$146,812.50 \$409.18 \$16,325.64 \$46,148.99 \$50.00 \$1,300.00

Authorized Signature:	Date:
	Date;

CARITAS HEALTH CARE INC 374 STOCKHOLM STREET BROOKLYN NY 11237

JPMORGAN CHASE BANK, N.A. NORTHEAST MARKET P O BOX 260180 BATON ROUGE LA 70826-0180

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JPMORGAN CHASE ACCOUNT RECONCILEMENT BALANCE SHEET AS OF 03/31/10

TEAM 641 ACCOUNT	
BALANCE FORWARD FROM PREVIOUS STATEMENT DATED 02/28/10 ADD TOTAL OF:	3,727,653.50
DEPOSITS ON RECONCILIATION + .00 MISCELLANEOUS CREDITS POSTED. + .00	
DEDUCT THE TOTAL OF.	.00
CHECKS PAID ON RECONCILEMENT. + 625,685.21 MISCELLANEOUS DEBITS POSTED. + .00 TOTAL DEBITS THIS STATEMENT PERIOD	
	625,685.21
DEBIT ADJUSTMENTS TO RECONCILE. CREDIT ADJUSTMENT TO RECONCILE. MISCELLANEOUS ADJUSTMENTS TO RECONCILE. ENDING BALANCE.	.00 .00 3,101,968.29
BANK STATEMENT ENDING BALANCE	3,101,968.29
**************************************	******
OUTSTANDING BALANCE	
PREVIOUS OUTSTANDING BALANCE ADJUSTMENT TO PRIOR OUTSTANDING. NEW ISSUES (NET ADDED) CANCELED ISSUES STOPPED ISSUES FAID CHECKS MATCHED TO ISSUES CURRENT OUTSTANDING BALANCE.	.00 671,140.71 .00 .00 625,685.21 641,969.44
TOTAL OUTSTANDING FROM RECON REPORTS =	641,969.44

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

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•	v	v	002

RUN DATE 04/05/10 RUN IIME 1025 RUN USER BAKDEMIZ		Wyckoff Heighti Summary Tri	Wyckoff Heights GL **LlVE** SUMMARY TRIAL BALANCE					PAGE 1
		MAR 2010 TRIAL	2010 AL					
		From Account 02.1000.0004 03.1000.0004 04.1000.0004	Thru Account 02.100.0004 03.1000.0004 04.1000.0004					
ACCOURT	DESCRIPTION		OPEN	DEBITS	CREDITS	NET	CLOSE	
02.1000.0004 03.1000.0004	SJH CASH ACCOUNTS PAYABLE MIH CASH ACCOUNTS PAYABLE		80.174.707.47 .77.043.567.91		620.611.26 50.529.45	-620,611,26 -50,529,45	-620.611.26 79.554.096.21 -50.529.45 -77.094.097.36	
GRAND TOTALS			3.131.139.56		671.140.71	-671 140 71	-671 148 71 2 459 998 85	

JPMorganChase Chase Payroll Account (1000-0005) Acct # 4009 MARCH 2010

Balance per G/L @ 3/31/10	1,605,109.28
	0.00
	1,605,109.28
March '10 Adjustments:	
	-
	0.00
Adjust. General Ledger Balance 3/31/10	1,605,109.28
Balance Per Bank Stmt @ 3/31/10	1,221,939.55
Adjust for: New issues, cancelled and stopped issues	706,828.96

Adjusted Bank Balance @ 3/31/10 1,605,109.28

323,659.23

Outstanding Checks Per Bank

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JPMORGAN CHASE BANK, N.A. NORTHEAST MARKET P O BOX 260180 BATON ROUGE LA 70826-0180

CARITAS HEALTH CARE INC 374 STOCKHOLM STREET **BROOKLYN NY 11237**

February 27, 2010 -March 31, 2010

Account Number 4009

Customer Service

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

The Bank strictly prohibits the use of any account to conduct transactions (including, without limitation, the acceptance or receipt of credit or other receipt of funds through an electronic funds transfer, or by check, draft or similar instrument, or the proceeds of any of the foregoing) that are related, directly or indirectly, to unlawful Internet gambling. The term "unlawful Internet gambling," as used in this notice, shall have its meaning set forth in 12 C.F.R. Section Part 233, Section 132.2 (bb). The Customer shall not conduct any transactions through the account that directly or indirectly involve or are related to unlawful Internet gambling, including, without limitation, the acceptance or receipt of any funds or deposits in connection

Commercial Checking

Summary	Number	
Opening Ledger Balance		Amount
Deposits and Credits	0	\$1,996,914.76
Withdrawals and Debits	-	\$.00
List Poetad Itama	268	\$.03
Checks Paid	0	
Ending Ledger Balance		\$.00
		\$1,221,939,55

Withdrawals and Debits

Ledger		
Date	Description	And the second s
03/01		Amount
03/02	LIST POSTED ITEMS QUANTITY 11	
03/03	LIST POSTED ITEMS QUANTITY 7	\$20,039.94
03/04	LIST POSTED ITEMS QUANTITY 8	\$10,235.31
03/04	LIST POSTED ITEMS QUANTITY 6	\$11,893.47
03/09	LIST POSTED ITEMS QUANTITY 6	\$14,642.90
03/10	LIST POSTED ITEMS QUANTITY 3	\$11,106.73
03/10	LIST POSTED ITEMS QUANTITY 3	\$7,359.35
	• • • • • • • • • • • • • • • • • • • •	\$6,082.22

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

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CARITAS HEALTH CARE INC

Account Number 000000601894009

Commercial Checking (continued)

Withdrawals and Debits

Ledger Date	Description	and an electric state of a latest related and associated as many all or extension of many and are related to the
03/11	I I O C PAR CONTRACTOR OF THE	Amoun
03/12 03/12 03/15 03/16 03/17 03/18 03/19 03/22 03/23 03/24 03/25 03/26 03/29 03/30	LIST POSTED ITEMS QUANTITY 3 LIST POSTED ITEMS QUANTITY 3 LIST POSTED ITEMS QUANTITY 4 LIST POSTED ITEMS QUANTITY 15 LIST POSTED ITEMS QUANTITY 33 LIST POSTED ITEMS QUANTITY 33 LIST POSTED ITEMS QUANTITY 33 LIST POSTED ITEMS QUANTITY 42 LIST POSTED ITEMS QUANTITY 12 LIST POSTED ITEMS QUANTITY 14 LIST POSTED ITEMS QUANTITY 16 LIST POSTED ITEMS QUANTITY 6 LIST POSTED ITEMS QUANTITY 5 LIST POSTED ITEMS QUANTITY 17 RESEARCH ADJ 4544-30MARIO DEBIT FOR AN ENCODING ERROR. AN ITEM FOR \$3,604.97,POSTED TO YOUR ACCOUNT AS \$3,604.94 ON 03/29/10. OUR CASE#4544-30MARIO. CHECK	\$4,705.09 \$4,184.41 \$8,963.87 \$41,408.71 \$105,077.90 \$115,932.19 \$101,923.54 \$130,325.79 \$41,051.33 \$47,065.98 \$15,587.38 \$16,968.95 \$48,490.74 \$.03
03/30 03/31	#00000061020 . LIST POSTED ITEMS QUANTITY 2 LIST POSTED ITEMS QUANTITY 2	\$4,755.79 \$7,173.59
Total* This total excludes the	ne List Posted Items amount set forth in the summary above.	\$.03

Daily Balance

Date	Ledger Balance	Date	Ledger Balance
03/01 03/02 03/03 03/04 03/08 03/09 03/10 03/11	\$1,976,874.82 \$1,966,639.51 \$1,954,746.04 \$1,940,103.14 \$1,928,996.41 \$1,921,637.06 \$1,915,554.84 \$1,910,849.75 \$1,906,665.34	03/15 03/16 03/17 03/18 03/19 03/22 03/23 03/24 03/25	\$1,897,701.47 \$1,856,292.76 \$1,751,214.86 \$1,635,282.67 \$1,533,359.13 \$1,403,033.34 \$1,361,982.01 \$1,314,916.03 \$1,299,328.65

Case 1-09-40901-cec Doc 582 Filed 04/20/10 Entered 04/20/10 09:13:12

February 27, 2010 -March 31, 2010

JPMorganChase 🗘

CARITAS HEALTH CARE INC

Account Number

Commercial Checking (continued)

Daily Balance

	Mary 4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
	Ledger		
Date	Balance	Date	Ledger Balance
03/26 03/29	\$1,282,359.70 \$1,233,868.96	03/30 03/31	\$1,229,113.14 \$1,221,939.55

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

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CARITAS HEALTH CARE INC

Account Number 4009

Commercial Checking (continued)

Stop Payment Renewal Notice

Account Number 000000601894009

Bank Number: 802

The following Stop Payments will automatically renew for a 1-year period. You may revoke a Stop prior to the renewal date by simply returning a signed copy of this form with an 'X' placed next to each item you may wish to revoke. The revoking of stop payments will be effective on the renewal date listed on your statement. To immediately remove a current stop payment, please contact your Customer Service Professional. Please allow 10 - 15 days for mail and processing times. Please ensure that an authorized signature is placed in the space provided and mailed to the return address listed at the bottom of the page. Any stops that are revoked will expire on the renewal date.

Revoke	Sequence	Date	Renewal	Low Range or	High Range
Stop	Number	Entered	Date	Check Number	or Amount
	0000062	06/17/2008	06/17/2010	40988	\$1,023.93
	0000110	06/09/2009	06/09/2010	3608	\$3,738.93
Authorized Signa	ature:			Date:	
CARITAS HEAI	LTH CARE INC			JPMORGAN CHASE RANK N A	

CARITAS HEALTH CARE II DIP 374 STOCKHOLM STREET BROOKLYN NY 11237

JPMORGAN CHASE BANK, N.A. NORTHEAST MARKET P O BOX 260180 BATON ROUGE LA 70826-0180

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JPMORGAN CHASE ACCOUNT RECONCILEMENT BALANCE SHEET AS OF 03/31/10

TEAM 641 ACCOUNT	
BALANCE FORWARD FROM PREVIOUS STATEMENT DATED 02/28/10 ADD TOTAL OF:	1,996,914.76
DEPOSITS ON RECONCILIATION + .00 MISCELLANEOUS CREDITS POSTED. + .00	
ADD TOTAL CREDITS DURING THIS PERIOD	
	.00
CHECKS PAID ON RECONCILEMENT. + 774,975.21	
MISCELLANEOUS DEBITS POSTED. + .03 TOTAL DEBITS THIS STATEMENT PERIOD	
TOTAL DEBITS THIS STATEMENT PERIOD	774,975.24
DEBIT ADJUSTMENTS TO RECONCILE	
	.00
MISCELLANEOUS ADJUSTMENTS TO RECONCILE. +	. 03
=	1,221,939.55
BANK STATEMENT ENDING BALANCE	
*****	1,221,939.55
**************************************	******
OUTSTANDING BALANCE	
PREVIOUS OUTSTANDING BALANCE	391,805.48
ADJUSTMENT TO PRIOR OUTSTANDING. + NEW ISSUES (NET ADDED) + CANCELED ISSUES. +	.00
CANCELED ISSUES. + STOPPED ISSUES	746,148.11
STOPPED ISSUES	28.864 13
PAID CHECKS MATCHED TO ISSUES. CURRENT OUTSTANDING BALANCE	10,455.02
CURRENT OUTSTANDING BALANCE.	7/4,975.21 323,659.23
TOTAL OUTSTANDING FROM RECON REPORTS	555,055.25
REPORTS	323.659.23

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

RUN DATE, 04707/10 RUN TIME 1649 RUN USER: BAKDENIZ		Myckoff Heights GL **LIVE** SUMMARY TRIAL BALANCE	GL **LIVE** AL BALANCE				PAGE
		HAR 2010 TRIAL	010 AL				
		From Account 02.1000.0005 03.1000.0005	Thru Account 02.100.0005 03.1000.0005 04.1000.0005				
ACCOUNT	DESCRIPTION		OPEN	DEBITS	CREDITS	MET	50.03
02.1000.0005 03.1000.0005 04.1000.0005	SJH CASH PAYROLL MIH CASH PAYROLL MSF CASH PAYROLL		113.179.387.79 -103.892.146.08 -7.682.132.43		15.936.50 656,440.91 34.451.55	-15.936.50 113.163.451.29 -656.440.91 -104.548.586.99 -34.451.55 -7.716.583.98	163,451,29 548,586,99 716,583,98
GRAND TOTALS			1,605.109.28	7.4444444444444444444444444444444444444	706,828.96	-706.828 96	848 280 32

Case 1-09-40901-cec Doc 582 Filed 04/20/10 Entered 04/20/10 09:13:12

CARITAS HEALTH Care Inc. A/C# 19473 Lock Box 30806 Commercial Lock box MARCH 2010

Balance Per General Ledger at 3-31-10	952,100.29
Outstanding Deposits	
Outstanding Disbursements	
Bank Balance at 3-31-10	952,100.29

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JPMORGAN CHASE BANK, N.A. NORTHEAST MARKET P O BOX 260180 BATON ROUGE LA 70826-0180

CARITAS HEALTHCARE INC COMMERCIAL DIP 374 STOCKHOLM ST BROOKLYN NY 11237-4006 Account Number

Customer Service

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

The Bank strictly prohibits the use of any account to conduct transactions (including, without limitation, the acceptance or receipt of credit or other receipt of funds through an electronic funds transfer, or by check, draft or similar instrument, or the proceeds of any of the foregoing) that are related, directly or indirectly, to unlawful Internet gambling. The term "unlawful Internet gambling," as used in this notice, shall have its meaning set forth in 12 C.F.R. Section Part 233, Section 132.2 (bb). The Customer shall not conduct any transactions through the account that directly or indirectly involve or are related to unlawful Internet gambling, including, without limitation, the acceptance or receipt of any funds or deposits in connection therewith.

Commercial Checking

Summary	Number	
Opening Ledger Balance		Amount
	49	\$822,581.64
Checks Paid	0	\$154.4
Ending Ledger Balance		\$.00
		\$952,100.29

Deposits and Credits

Ledger		
Date	Description	Amount
03/01	LOCKBOY NO. 20006 FOR A LITER OF A STATE OF STAT	71111011111
03/01	LOCKBOX NO: 30806 FOR 7 ITEMS AT 16:00 8 TRN: 0500894060LB ORIG CO NAME:BANKCARD ORIG ID:SD077S4866 DESC DATE:100226 CO ENTRY DESCR:BTOT DEP SEC:CCD	\$3,006.40 \$720.00
03/02	IRACE#:021000025230954 EED:100301 IND ID:422369650014861 IND NAME:MARY IMMACULATE HOSPIT TRN: 0605230954TC ORIG CO NAME:WELLCARENYCARE ORIG ID:5141676443 DESC DATE:100301 CO ENTRY DESCR:PAYMENT SEC:CCD TRACE#:021000021260615 EED:100302 IND ID: IND NAME:MARY IMMACULATE HOSP A TRN: 0601260615TC	\$386.76
03/03 03/03	LOCKBOX NO: 30806 FOR 5 ITEMS AT 16:00 8 TRN: 0500635062LB DEPOSIT	\$1,856.57 \$1,265.11

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.

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CARITAS HEALTHCARE INC COMMERCIAL DIP

Account Number 9473

Commercial Checking (continued)

Deposits and Credits

	Description	Ledger Date
Amou	Деясприоп	
	ORIG CO NAME:BANKCARD ORIG ID:SD077S4866 DESC	03/03
\$456.0	DATE:100302 CO ENTRY DESCRIBTOT DEP SEC.COD	
	TRACE#:021000029/22935 FED:100303 IND ID:422240650014062	
	IND NAME OF JUHNS CHEENS HOSPIT TDM, 0610722026776	07.04
	LOCKBOX NO: 30806 FOR 2 ITEMS AT 16:00 8 TRN: 0500642063LB	03/04
\$296.0	ORIG CO NAME:UNITEDHEALTHCARE ORIG ID:1411289245 DESC	03/04
\$602.0	DATE: 100302 CO ENTRY DESCRIBING DEB CEC.CCD	
	TRACE#:021000023062707 EED:100304 IND 1D:041710364 PID	
	MAME CARTAS HEALTH CARF IN	
	TRN*1*1031181943*1411289245*0000877.26\ DIRECT DEBOOM	
	1KN. 0023002/0/1C	00/00
	LOCKBOX NO: 30806 FOR 7 ITEMS AT 16:00 8 TRN, 050050005 IT P	03/05
\$8,050.66	LOCKBOX NO: 30806 FOR 5 ITEMS AT 16:00 8 TRN: 0500699064LB	03/08
\$1,745.87	DEPOSIT DEPOSIT	03/09
\$6,549.75	DEPOSIT	03/09
\$2,117.54	LOCKBOX NO: 30806 FOR 2 ITEMS AT 16:00 8 TRN: 0500688068LB	03/09
\$456.95	ONG CO NAME: WELLCARENYCARE ODIC ID. 5141676442 PPGG	03/09
\$317.85	PATELIOUSO CO ENTRY DESCRIPAVMENT GEOLOGIC	
	TRACE#:021000023212499 FED:100300 IND ID: IND NAME AGENT	
	IMMACULATE HUSP A TRN: 0673212499TC	22/10
	DEPOSIT	03/10
\$6,227.09	DEPOSIT	03/10
\$1,448.43	LOCKBOX NO: 30806 FOR 3 ITEMS AT 16:00 8 TRN: 0500787069LB	03/10
\$228.10	ONG CO NAME: BANKUARII ORIG ID: CD077C40CC DEGG	03/10
\$703.00	DATE: 100309 CO ENTRY DESCRIPTOT DED SECUCION	
	TRACE#:021000022449376 FED:100310 IND ID:422240650014062	
	IND INAME: ST JUHNS QUEENS HOSPIT TRN: 0682440276TC	2/11
	DEL 0311	3/11 3/11
\$1,980.65	DEPOSIT	3/11
\$941.40	LOCKBOX NO: 30806 FOR 1 ITEMS AT 16:00 8 TRN: 0500718070LB	3/11 3/11
\$35.00	ONG CO NAME: AETNA LIFE INSTORIG ID: 1066022402 DEGO	3/11
\$4.11	DATE, CO ENTRY DESCREHMOPYMT1 SEC.CCD	
	1 KACE#:021000022430723 FFD:100311 IND 1D:3222222223	
	MANUCAKITAS HEALTH CARF IN	
	TRN*1*160308100000265*1066033492\ 593357070 TDN:	
	00924302231C	3/12
	LOCKBOX NO: 30806 FOR 10 ITEMS AT 16:00 8 TRN:	7/12
\$3,322.22	0500698071LB	

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CARITAS HEALTHCARE INC COMMERCIAL DIP

Account Number

Commercial Checking (continued)

Deposits and Credits

	D	Ledger Date
Amo	Description	
	ORIG CO NAME:BANKCARD ORIG ID:SD077S4866 DESC	03/15
\$188	DATE:100314 CO ENTRY DESCR:BTOT DEP SEC:CCD	
	TRACE#:021000021889950 EED:100315 IND ID:422369650014861	
	IND NAME:MAKY IMMACULATE HOSPIT TPN: 0741000050TC	
	ORIG CO NAME:BANKCARD ORIG ID-SD07754866 DESC	03/15
\$95	DATE:100312 CO ENTRY DESCRIBTOT DEP SECUCIO	
	TRACE#:021000021889952 EED:100315 IND ID:422360650014862	
	IND NAME: ST JOHNS OUFFING HOSPIT TRN: 0741990050TG	246
	ORIG CO NAME: AETNA LIFE INS ORIG ID: 1066032402 DEGG	3/15
\$4.	DATE, CO ENTRY DESCRIAFTNAFFTS SEC.CCD	
	TRACE#:021000024489268 FFD:100315 IND ID:VVVVV0264 PID	
	NAME CARLIAS HEALTH CARE IN	
	TRN*1*810068350000003*1066033492\ 593357070 TPNI	
	0/144892681C	3/16
	ORIG CO NAME:WELLCARENYCARE ORIG ID:5141676443 DESC)/10
\$386,	DATE 100313 CO ENTRY DESCR-PAYMENT SEC CCD	
	1RACE#:021000023712080 FED:100316 IND ID: IND NAME:CT TOTAL	
	5 1105F11AL 1RN; 0/43/120801C	3/17
	LOCKBOX NO: 30806 FOR 7 ITEMS AT 16:00 8 TRN: 05006050761 P	3/1 <i>8</i> 3/18
\$4,075.0	DEFOSIT	5/18
\$4,235.2	ORIG CO NAME:BANKCARD ORIG ID:SD077S4866 DESC	7/18
\$25.0	DATE:100317 CO ENTRY DESCRIBIOT DEP SECUCID	
	TRACE#:021000025785603 FED-100318 IND ID-422260650014961	
	IND NAME:MAKY IMMACH ATE HOSPIT TDN: 0765795603TG	3/19
	LOCKBOA NO: 30806 FOR 19 ITEMS AT 16:00 8 TDM.	/19
\$56,502.5	0300607078LB	/19
	DEPOSIT	/19
\$3,292.8	ORIG CO NAME:BANKCARD ORIG ID:SD077S4866 DESC	/19
\$71.0	DATE:100318 CO ENTRY DESCRIBITOT DED SECUCIO	
	1KACE#:021000027286398 FED:100319 IND ID:422260650014062	
	TO TOME OF JURING UPENS HOSPIT TON, 6707306300mg	/22
**	LOCKBOX NO: 30806 FOR 3 ITEMS AT 16:00 & TDN: 05000510011 B	/22
\$246.80	OIGO CO MAME DANKUARI) DRIG II) COM7704044 DEGO	122
\$25.00	DATE:100319 CO ENTRY DESCR-BTOT DEP SEC-CCD	
	TRACE#:021000028175562 FED:100322 IND ID:422260660014061	
	IND NAME:MAKY IMMACHI ATE HOSPIT TDN: 0010175560TG	23
<i>6.7</i>	LOCKBOX NO: 30806 FOR 4 ITEMS AT 16:00 8 TRN: 0500665082LB	
\$672.12		

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CARITAS HEALTHCARE INC COMMERCIAL DIP

Account Number 9473

Commercial Checking (continued)

Deposits and Credits

		Ledger Date
Amount	Description	*****
6226.76	ORIG CO NAME:UNITEDHEALTHCARE ORIG ID:1411289245 DESC	03/23
\$336.76	DATE: 100320 CO ENTRY DESCR-DIR DEP SEC-CCD	
	TRACE#:021000029072649 EED:100323 IND ID:841710364 IND	
	NAME:CARITAS HEALTH CARE IN	
	TRN*1*1031879776*1411289245*0000877 26\ DIRECT DEPOSIT	
	TRN: 0819072649TC	03/24
\$2,122.12	LOCKBOX NO: 30806 FOR 14 ITEMS AT 16:00 8 TRN:	
\$2,122.12	0500626083LB DEPOSIT	03/24
\$623.00		03/25
\$370.01	LOCKBOX NO: 30806 FOR 1 ITEMS AT 16:00 8 TRN: 0500599084LB	03/26
\$4,163.94	LOCKBOX NO: 30806 FOR 5 ITEMS AT 16:00 8 TRN: 0500675085LB DEPOSIT	03/26
\$536.08	DECOM	03/26
\$317.85	ORIG CO NAME:WELLCARENYCARE ORIG ID:5141676443 DESC	
\$317.63	DATE:100325 CO ENTRY DESCR:PAYMENT SEC:CCD	
	TRACE#:021000024108423 EED:100326 IND ID: IND NAME:ST JOHN	
	S HOSPITAL TRN: 0844108423TC	3/29
\$100.00	ORIG CO NAME:BANKCARD ORIG ID:SD077S4866 DESC	
\$100.00	DATE:100326 CO ENTRY DESCR:BTOT DEP SEC:CCD	
	TRACE#:021000027056595 EED:100329 IND ID:422369650014862	
	IND NAME:ST JOHNS QUEENS HOSPIT TRN: 0887056595TC	3/30
\$2,742.72	LOCKBOX NO: 30806 FOR 7 ITEMS AT 16:00 8 TRN: 0500667089LB	3/30
\$5,332.35	ORIG CO NAME:WELLCARENYCARE ORIG ID:5141676443 DESC	
40,002.00	DATE:100329 CO ENTRY DESCR:PAYMENT SEC:CCD TRACE#:021000028629897 EED:100330 IND ID: IND	
	NAME:CARITAS HEALTH CARE - TRN: 0888629897TC	
	ORIG CO NAME-CAPEDIUS L. CONC. D. 1888629897TC	3/30
\$140.30	ORIG CO NAME:CAREPLUS LLC ORIG ID:1133865627 DESC DATE:100329 CO ENTRY DESCR:CLAIMS SEC:CCD	
71.0.00	TRACE#:021000028629894 EED:100330 IND ID: IND NAME:ST	
	JOHN'S HOSPITAL EMS TRN*1*010032710800010*1133865627\	
	TRN: 0888629894TC	
	DEPOSIT	3/31
\$325.54	LOCKBOX NO: 30806 FOR 1 ITEMS AT 16:00 8 TRN: 0500689090LB	3/31
\$25.00	37.10. 30000 FOR 111EMS AT 10:00 8 TRN: 0500689090LB	
		otal
\$129,673.06		

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CARITAS HEALTHCARE INC COMMERCIAL

Account Number

Commercial Checking

(continued)

Withdrawals and Debits

Ledger Date	Description	Amoun
03/03	ORIG CO NAME:BANKCARD ORIG ID:SM077S4866 DESC	Amoun
	DATE:100228 CO ENTRY DESCR:MTOT DISC SEC:CCD	\$57.88
	TRACE#:021000020032014 EED:100303 IND ID:422369650014861	
03/03	IND NAME:MARY IMMACULATE HOSPIT TRN: 06100320144TC ORIG CO NAME:BANKCARD ORIG ID:SM077S4866 DESC	
	DATE:100228 CO ENTRY DESCR:MTOT DISC SEC:CCD	\$46.53
	1RACE#:021000020032015 EED:100303 IND ID:422360650014862	
03/15	IND NAME:ST JOHNS QUEENS HOSPIT TRN: 0610032015TC	
03/13	ORIG CO NAME:BANKCARD ORIG ID:SD077S4866 DESC	\$50.00
	DATE:100314 CO ENTRY DESCR:BTOT DEP SEC:CCD	\$30.00
	TRACE#:021000022633998 EED:100315 IND ID:422369650014862 IND NAME:ST JOHNS QUEENS HOSPIT TRN: 0742633998TC	
70	COLLID TOSPIT 1KN: 0/42633998TC	
Total		0174.41
		\$154.41

Daily Balance

Ledger Date Ledger Balance Date Balance 03/01 \$826,308.04 03/17 03/02 03/03 \$869,894.09 \$826,694.80 03/18 \$874,154.33 \$830,168.07 03/19 \$934,020.70 \$934,292.50 \$935,301.38 \$938,046.50 03/04 \$831,066.07 03/22 03/05 \$839,116.73 \$840,862.60 \$850,304.69 \$858,911.31 \$861,872.47 03/23 03/08 03/24 03/09 03/25 03/10 \$938,416.51 03/26 \$943,434.38 \$943,534.38 \$951,749.75 \$952,100.29 03/11 03/29 03/12 \$865,194.69 \$865,432.27 03/30 03/15 03/31 03/16 \$865,819.03

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

RUN DATE 64/07/10 RUN TIME 1610 RUN USER. BAKDENIZ		Wyckoff Heights GL **LIVE** SUMMARY TRIAL BALANCE	GL **LIVE** BALANCE					PAGE 1
		HAR 2010 TRIAL	0					
		From Account 02.1000.0015 03.1000.0015 04.1000.0015	Thru Account 02.1000.0015 03.1000.0015 04.1000.0015					
ACCOUNT	DESCRIPTION		OPEN	DEBITS	CREDITS	NET	CLOSE	
02.1000 0015 03.1000 0015	SJH CARITAS COMMERCIAL LOCKBOX MIH CARITAS COMMERCIAL LOCKBOX		-1,389,054.57	129,673.06	96.53 57.88	129.576.53	129.576.53 -1.259.478.04 -57.88 2.211.578.33	
GRAND TOTALS			822,581.64	129.673.06	154.41	129.518.65	952.100.29	

CARITAS HEALTH CARE INC. A/C# 8434 Lock Box 30805 Government Lock box GL No. 1000.0016 MARCH 2010

Balance Per General Ledger at 3/31/10

1,371,554.23

Outstanding Deposits

Outstanding Disbursements

Bank Balance at 3/31/10

1,371,554.23

JPMorganChase 🐧

JPMORGAN CHASE BANK, N.A. NORTHEAST MARKET P O BOX 260180 BATON ROUGE LA 70826-0180

CARITAS HEALTH CARE INC LOCKBOX DEPOSIT ACCT DIP 374 STOCKHOLM ST BROOKLYN NY 11237-4006 Account Number

Customer Service

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

The Bank strictly prohibits the use of any account to conduct transactions (including, without limitation, the acceptance or receipt of credit or other receipt of funds through an electronic funds transfer, or by check, draft or similar instrument, or the proceeds of any of the foregoing) that are related, directly or indirectly, to unlawful Internet gambling. The term "unlawful Internet gambling," as used in this notice, shall have its meaning set forth in 12 C.F.R. Section Part 233, Section 132.2 (bb). The Customer shall not conduct any transactions through the account that directly or indirectly involve or are related to unlawful Internet gambling, including, without limitation, the acceptance or receipt of any funds or deposits in connection therewith.

Commercial Checking

Summary	Number	
Opening Ledger Balance		Amount
	8	\$1,090,398.53
	· · · · · · · · · · · · · · · · · · ·	
Withdrawals and Debits	0	
Checks Paid	0	\$.00
	0	\$.00
Ending Ledger Balance		\$1,371,554.23

Deposits and Credits

Ledger Date	Description	Amount
03/02	ORIG CO NAME:NATIONAL GOVERNM ORIG ID:1035184059 DESC DATE:100302 CO ENTRY DESCR:MEDICARE ASEC:CCD TRACE#:021000021260597 EED:100302 IND ID:330357060 IND NAME:CARITAS HEALTH CARE, I TRN*1*EFT1652472*1237391136*0000130 01~ 13001 TRN: 0601260597TC ORIG CO NAME:NATIONAL GOVERNM ORIG ID:1035184059 DESC DATE:100303 CO ENTRY DESCR:MEDICARE ASEC:CCD TRACE#:021000029722921 EED:100303 IND ID:330357060 IND NAME:CARITAS HEALTH CARE, I TRN*1*EFT1653085*1237391136*0000130 01~ 13001 TRN: 0619722921TC	\$1,125.75 \$1,35.53

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

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CARITAS HEALTH CARE INC LOCKBOX DEPOSIT ACCT DIP

Account Number

Commercial Checking

(continued)

Deposits and Credits

Ledger Date	Description	Amount
03/04	ORIG CO NAME:NYS DOH ORIG ID:1141797357 DESC DATE: CO ENTRY DESCR:PAYMENTS SEC:CCD TRACE#:021000023062689 EED:100304 IND ID:02994585 IND NAME:MARY IMMACULATE	\$75,977.47
03/08 03/11 03/11	HSP TRN: 0623062689TC LOCKBOX NO: 30805 FOR 1 ITEMS AT 16:00 8 TRN: 0501011067LB LOCKBOX NO: 30805 FOR 1 ITEMS AT 16:00 8 TRN: 0500713070LB ORIG CO NAME:NYS DOH ORIG ID:1141797357 DESC DATE: CO ENTRY DESCR:PAYMENTS SEC:CCD TRACE#:021000022430210 EED:100311 IND ID:02994585 IND NAME:MARY IMMACULATE	\$639.00 \$417.17 \$180.31
03/18	HSP 1RN: 0692430210TC ORIG CO NAME:NYS DOH ORIG ID:1141797357 DESC DATE: CO ENTRY DESCR:PAYMENTS SEC:CCD TRACE#:021000025785584 EED:100318 IND ID:02994585 IND NAME:MARY IMMACULATE	\$187,825.81
03/25	HSP TRN: 0765785584TC ORIG CO NAME:NYS DOH ORIG ID:1141797357 DESC DATE: CO ENTRY DESCR:PAYMENTS SEC:CCD TRACE#:021000026061047 EED:100325 IND ID:02994585 IND NAME:MARY IMMACULATE HSP TRN: 0836061047TC	\$14,254.66
rotal		\$281,155.70

Daily Balance

Date	Ledger Balance	Date	Ledger Balance
03/02 03/03 03/04 03/08	\$1,091,524.28 \$1,092,259.81 \$1,168,237.28 \$1,168,876.28	03/11 03/18 03/25	\$1,169,473.76 \$1,357,299.57 \$1,371,554.23

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

RUN DATE, 04/07/10 RUN TIME: 1610 RUN USER: BARDENIZ		Wyckoff Heights GL **LIVE** SUMMARY TRIAL BALANCE	it **LIVE** BALANCE					PAGE 1
		MAR 2010 TRIAL						
		From Account 02.1000.0016 03.1000.0016 04.1000.0016	Thru Account 02.1000.0016 03.1000.0016 04.1000.0016					
ACCOUNT	DESCRIPTION		OPEN	DEBITS	CREDITS	NET	CLOSE	
02.1000.0016 03.1000.0016 04.1000.0016	SJH CARITAS GOVERNMENT LOCKBOX MIH CARITAS GOVERNMENT LOCKBOX MSF CARITAS GOVERNMENT LOCKBOX		-63.002.282.39 54.235.475.65 9.857.205.27	1.056.17		1,056.17 280.099.53 0.00	1,056.17 -63.001.226.22 80.099.53 54.515.575.18 0.00 9.857.205.27	
GRAND TOTALS			1,090,398.53	281.155.70		281.155.70	281.155.70 1.371.554.23	

CARITAS HEALTH CARE INC. Utility A/C #816416689 (G/L ACCT # 1000.0017) March-2010

Balance Per Bank Statement at 3-31-10	138,531.40
Outstanding Deposits	
Outstanding Disbursements	
Bank Balance at 3-31-10	138,531.40

JPMorganChase 🖨

JPMORGAN CHASE BANK, N.A. NORTHEAST MARKET P O BOX 260180 BATON ROUGE LA 70826-0180

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

Customer Service

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

The Bank strictly prohibits the use of any account to conduct transactions (including, without limitation, the acceptance or receipt of credit or other receipt of funds through an electronic funds transfer, or by check, draft or similar instrument, or the proceeds of any of the foregoing) that are related, directly or indirectly, to unlawful Internet gambling. The term "unlawful Internet gambling," as used in this notice, shall have its meaning set forth in 12 C.F.R. Section Part 233, Section 132.2 (bb). The Customer shall not conduct any transactions through the account that directly or indirectly involve or are related to unlawful Internet gambling, including, without limitation, the acceptance or receipt of any funds or deposits in connection therewith.

Commercial Checking

Summary	Number	
Opening Ledger Balance		Amount
		\$138,531.40
	0	
Withdrawals and Debits	0	
Checks Paid	Λ	\$.00
	U	\$.00
Ending Ledger Balance		\$138,531.40

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.

ase 1-09-40901-cec	Doc

RUN DATE, 64707/10 RUN TIME, 1611 RUN USER, BAKDENIZ		Wyckoff Heights GL **LlyE** SUMMARY TRIAL BALANCE	GL **LIVE** L BALANCE				PAGE 1
		MAR 2010 TRIAL	10 L				
		From Account 02.1000.0017	Thru Account 02.1000.0017				
ACCOUNT	DESCRIPTION		OPEN	DEBITS	CREDITS	NET	CLOSE
02.1000.0017	SJH CARITAS UTILITY		138,531.40			00.00	0.00 138.531.40
GRAND TOTALS			138,531.40			0.00	138.531.40

In re Caritas Healthcare, Inc.	Case No.	09-40901
Debtor	Reporting Period:	03/01-03/31/2010

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		
Less: Returns and Allowances		
Net Revenue	417,71	6 27,507,834
COST OF GOODS SOLD		
Beginning Inventory		
Add: Purchases		
Add: Cost of Labor		
Add: Other Costs (attach schedule)		
Less: Ending Inventory		
Cost of Goods Sold		
Gross Profit		
OPERATING EXPENSES		
Advertising		
Auto and Truck Expense		
Bad Debts		
Contributions		
Employee Benefits Programs	129,96	7,070,891
Officer/Insider Compensation*	122,320	7,070,071
Insurance	11,013	1,684,152
Management Fees/Bonuses	XX, VX	1,004,152
Office Expense		
Pension & Profit-Sharing Plans		
Repairs and Maintenance		
Rent and Lease Expense		
Salaries/Commissions/Fees/contract labor	1,348,292	20,588,079
Supplies	22513	
Faxes - Payroll	2231.	2,203,173
Taxes - Real Estate		
Taxes - Other		
Travel and Entertainment	148.44	
Jtilities	well.	
Other	110,536	6,252,959
Total Operating Expenses Before Depreciation	1,622,327	37,885,854
Depreciation/Depletion/Amortization	1,022,327	1,837,997
Net Profit (Loss) Before Other Income & Expenses	-1,204,611	-12,216,017
OTHER INCOME AND EXPENSES	-1,204,011	-12,210,01/
Other Income	2,243	2 576 100
nterest Expense	2,243	3,576,198 1,919,824
other Expense (attach schedule)		1,919,824
let Profit (Loss) Before Reorganization Items	-1,202,368	-10,547,419

Caritas Healthcare, Inc.	Case No.	09-40901
Debtor	Reporting Period:	03/01-03/31/2010
REORGANIZATION ITEMS		
Professional Fees	186,130	3,588,42
U. S. Trustee Quarterly Fees		136,80
Interest Earned on Accumulated Cash from Chapter 11 (see continuation sheet)		, , , , ,
Gain (Loss) from Sale of Equipment		2,477,76
Other Reorganization Expenses (attach schedule)		2,77,70
Total Reorganization Expenses	-186,130	-1,247,45
Income Taxes	-,-,-	2,200,10
Net Profit (Loss)	-1,202,368	-11,794,87
"Insider" is defined in 11 U.S.C. Section 101(31).	·	
OTHER COSTS		
OWNER OPEN COMMISSION		
OTHER OPERATIONAL EXPENSES		
	i	
OTHER INCOME		
OTHER INCOME OTHER EXPENSES		

Reorganization Items - Interest Earned on Accumulated Cash from Chapter 11:

Interest earned on cash accumulated during the chapter 11 case, which would not have been earned but for the bankruptcy proceeding, should be reported as a reorganization item.

In re Caritas Healthcare, Inc.	din .	-130 -1	Case No	09-40901	11
Debtor			Reporting Period:	03/01-03/31/2010	

BALANCE SHEET

The Balance Sheet is to be completed on an accrual basis only. Pre-pe	stition liabilities must be classified	separately from post-petition of	oligations.
ASSETS:	BOOK VALUE AT END OF CURRENT REPORTING MONTH	BOOK VALUE AT END OF PRIOR REPORTING MONTH	BOOK VALUE ON PETITIC TATE OR SCHEDULED
CURRENT ASSETS			
Unrestricted Cash and Equivalents	28,942,893	30,694,364	
Restricted Cash and Cash Equivalents (see continuation			
sheet)			
Accounts Receivable/due from third parties	13,390,000		
Notes Receivable			
Inventories			
Prepaid Expenses	327,076	352,260	
Professional Retainers		·	
Other Current Assets (Grants) (Escrow)	129,475	1,524,510	
TOTAL CURRENT ASSETS	42,789,444		
PROPERTY & EQUIPMENT	हरू है। के के प्रतिकार के अपने का दिख्या है। इसके के किस्ता के क	ya ya mendika iliye	
Real Property and Improvements	0	ol	
Machinery and Equipment			
Furniture, Fixtures and Office Equipment	1		
Leasehold Improvements			
Vehicles			
Less: Accumulated Depreciation	1		
TOTAL PROPERTY & EQUIPMENT	-	0	
OTHER ASSETS		-1	
Amounts due from Insiders*			
Other Assets (attach schedule)			
TOTAL OTHER ASSETS			
TOTAL ASSETS	42,789,444	32,571,134	
LOBULTICS AND OBSICS COURS			
LIABILITIES AND OWNER EQUITY	BOOK VALUE AT END OF CURRENT REPORTING MONIH	BOOK VALUE AT END OF CURRENT REPORTING MONTH	BOOK VALUE ON PETITIO DATE
IABILITIES NOT SUBJECT TO COMPROMISE (Postpetition)	······································	***************************************	
Accounts Payable		Ī	
Taxes Payable (refer to FORM MOR-4)	1	ľ	
Vages Payable	7	Ì	
Votes Payable	1	Ì	
Rent / Leases - Building/Equipment	7 0	o	
secured Debt / Adequate Protection Payments	1	<u>†</u>	
rofessional Fees	1	ľ	· · · · · · · · · · · · · · · · · · ·
Amounts Due to Insiders*	1	ľ	
Other Post-petition Liabilities (attach schedule)	1		
OTAL POST-PETITION LIABILITIES	1	į.	
IABILITIES SUBJECT TO COMPROMISE (Pre-Petition)	-4	L .	
ecured Debt (DASNY)	9,000,000	9,000,000	
riority Debt	13,724,023	13,724,023	
Insecured Debt	145,677,200	146,429,747	
OTAL PRE-PETITION LIABILITIES	168,401,223	169,153,770	
OTAL LIABILITIES	168,401,223	169,153,770	
WNERS' EQUITY		·, · · · · L	
apital Stock	T T		
dditional Paid-In Capital			
artners' Capital Account			
wner's Equity Account			
ctained Earnings - Pre-Petition			
etained Earnings - Post-petition			
djustments to Owner Equity (attach schedule)			
ost-petition Contributions (attach schedule)			
OTLA NET ASSETS	125,611,779	136,582,636	
OTAL LIABILITIES AND NET ASSETS	42,789,444	32,571,134	

e Caritas Healthcare, Inc.	Case No.	09-40901 03/01-03/31/2010	10:51
Debtor	Reporting Period:	03/01-03/31/2010	
BALANCE SHEET - continuation section ASSETS.	OF CURRENT	BOOK VALUE AT END OF PRIOR REPORTING MONTH	PETITION DATE
Other Current Assets			
Other Assets			
			13
elabilitiës and owned equity	BOOK VALUE AT END OF CUBRENT		BOOK VALUE OF PETITION DATE
Other Post-petition Liabilities	REPORTING MONTH		
		T T	
Adjustments to Owner's Equity		<u></u>	
Dood Double - Control of			
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 Healthcare, Inc.	Case No. 09-40901
Debtor	Reporting Period: 03/01-03/31/2010

STATUS OF POST-PETITION TAXES

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

Attach photocopies of IRS Form 6123 or payment receipt to verify payment or deposit of federal payroll taxes. Attach photocopies of any tax returns filed during the reporting period.

Federal	Beginning Tax	Amount Withheld and/or Accrued	Amount Paid	Date Paid	Check # or EFT	Ending Tax
Withholding						
FICA-Employee			1	T		•
FICA-Employer				1		•
Unemployment				1	<u> </u>	•
Income					†	•
Other:			T			•
Total Federal Taxes			<u> </u>			•
State and Local				1.77	1	
Withholding	1			1		'
Sales						
Excise	1					
Unemployment			 			
Real Property	1					
Personal Property						
Other:						
Total State and Local						
	在多数服务交换		1000		The Tales of	
Total Taxes					250000000000000000000000000000000000000	essenting and any local

SUMMARY OF UNPAID POST-PETITION DEBTS

Attach aged listing of accounts payable.

Number of Days Past Due

	Current	0-30	31-60	61-90	Over 91	Total
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						

I Otal I Os	st-petition Den	is j	i		<u>l</u>	t	
Explain l	ow and when	the Debtor in	ntends to pa	ıy any past (due post-pe	tition debts.	
							 ·····

FORM MOR-6 2/2008 PAGE 1 OF (

Case No. 09-40901 Reporting Period: 03/01-03/31/2010 In re Caritas healthcare, Inc. Debtor

ACCOUNTS RECEIVABLE RECONCILIATION AND AGING

Accounts Receivable Reconciliation	Amount
Total Accounts Receivable at the beginning of the reporting period	
Plus: Amounts billed/adjusted during period	
Less: Amounts collected during the period	
Total Accounts Receivable at the end of the reporting period	

Accounts Receivable Aging	0-30 Days	31-60 Days	61-90 Dave	91+ Dave	Total
0 - 30 days old					100
31 - 60 days old					
61 - 90 days old					
91+ days old					
Total Accounts Receivable					
Less: Bad Debts (Amount considered uncollectible)					
Net Accounts Receivable			74		

TAXES RECONCILIATION AND AGING

		1			(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
l axes rayable	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		43			

In re Caritas healthcare, Inc.

Debtor

Case No. 09-40901

Reporting Period: 03/01-03/31/2010

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.

	INSIDER	IS .	
NAME	TYPE OF PAYMENT	AMOUNT PAID	TOTAL PAID TO DATE
John Kastanis	salary		154,621
Jerry Castoria	fees (CFO)	6,200	306,371
TOTALP	AYMENTS TO INSIDERS	6,200	460,992

		PROFESSIO	NALS		
NAME:	DATE OF COURT ORDER AUTHORIZING PAYMENT	AMOUNT APPROVED	AMOUNT PAID	TOTAL PAID TO DATE	TOTAL INCURRED & UNPAID*
Proskauer Rose				1,746,402	376,952
CBIZ			89,850		37,747
JL Consulting			6,142		0
Montclaire Partners				77,872	19,475
Alston Bird			16,807	296,831	71,528
BDO			,	263,556	61,862
Neubert Pepe				36,416	01,002
Kelley Drye			24,951	294,691	71,741
Focus			24,001	32,548	71,741
EPIQ		i e	48380	477,530	U
TOTAL PAYMENT	S TO PROFESSIONALS		186,130	3,588,422	639,305

^{*} 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 Healthcare, Inc.	Case No.	09-40901
Debtor	Reporting Period:	03/01-03/31/2010

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
Have any assets been sold or transferred outside the normal course of business this reporting period?		Х
Have any funds been disbursed from any account other than a debtor in possession account this reporting period?		X
Is the Debtor delinquent in the timely filing of any post-petition tax returns?		Х
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?		Х
Is the Debtor delinquent in paying any insurance premium payment?		Х
Have any payments been made on pre-petition liabilities this reporting period?		X
Are any post petition receivables (accounts, notes or loans) due from related parties?		X
Are any post petition payroll taxes past due?		Х
Are any post petition State or Federal income taxes past due?		Х
Are any post petition real estate taxes past due?		Х
Are any other post petition taxes past due?		X
Have any pre-petition taxes been paid during this reporting period?		Х
Are any amounts owed to post petition creditors delinquent?		Х
Are any wage payments past due?		Х
have any post petition loans been been received by the Debtor from any party?		X
s the Debtor delinquent in paying any U.S. Trustee fees?		X
s the Debtor delinquent with any court ordered payments to attorneys or ther professionals?		X
lave the owners or shareholders received any compensation outside of ne normal course of business?		X