

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF _____**

In re NORTH GENERAL HOSPITAL
Debtor

Case No. 10-13553

Reporting Period: 3/01/2011-3/31/2011

Federal Tax I.D. # 13-2996345

CORPORATE MONTHLY OPERATING REPORT

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

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

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

Signature of Debtor _____

Date _____

Signature of Authorized Individual* James L. Garrity Jr., Ch. 11 Judge

Date 4/15/2011

Printed Name of Authorized Individual- James L. Garrity Jr

Date 4/15/2011

*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.

SCHEDULE OF CASH RECEIPTS AND DISBURSEMENTS - MOR #1

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 - Acct #1929, 5509, 7874, 0392	PAYROLL - Acct #1395	Money Market - Acct # 2096	OTHER - Acct #3594, 1279, 0837, 0626	
CASH BEGINNING OF MONTH	1,011,706	14,608	0	12,684	1,038,998
RECEIPTS:					
CASH SALES	-	-	-	-	-
ACCOUNTS RECEIVABLE - PREPETITION	331,115	-	-	654	331,768
ACCOUNTS RECEIVABLE - POSTPETITION	-	-	-	-	-
LOANS AND ADVANCES	-	-	-	-	-
SALE OF ASSETS	10,000	-	-	-	10,000
INTERBANK TRANSFERS	3,000	110,000	-	-	113,000
OTHER (ATTACH LIST)	187,771	-	0	1	187,771
TRANSFERS (FROM DIP ACCTS)	-	-	-	-	-
TOTAL RECEIPTS	531,885	110,000	0	654	642,540
DISBURSEMENTS:					
NET PAYROLL	-	79,807	-	-	79,807
PAYROLL TAXES	-	44,506	-	-	44,506
PAYROLL DEDUCTIONS	1,296	-	-	-	1,296
BENEFITS	61,559	-	-	-	61,559
SALES, USE, & OTHER TAXES	-	-	-	-	-
INVENTORY/MEDICAL SUPPLIES PURCHASES	-	-	-	-	-
SECURED/ RENTAL/ LEASES	-	-	-	-	-
INSURANCE	-	-	-	-	-
ADMINISTRATIVE/OUTSOURCED SERVICES	425,371	-	-	-	425,371
UTILITIES	108,066	-	-	-	108,066
OTHER (ATTACH LIST)	127,901	-	-	-	127,901
OWNER DRAW *	-	-	-	-	-
INTERBANK TRANSFERS	110,000	-	-	3,000	113,000
TRANSFERS (TO DIP ACCTS)	-	-	-	-	-
PROFESSIONAL FEES	-	-	-	-	-
U.S. TRUSTEE QUARTERLY FEES	-	-	-	-	-
COURT COSTS/CLAIMS	213,738	-	-	-	213,738
TOTAL DISBURSEMENTS	1,047,932	124,314	-	3,000	1,175,245
NET CASH FLOW (RECEIPTS LESS DISBURSEMENTS)	(516,046)	(14,314)	0	(2,346)	(532,706)
CASH - END OF MONTH	495,660	294	0	10,338	506,292

* 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	1,175,245
LESS: TRANSFERS TO OTHER DEBTOR IN POSSESSION ACCOUNTS	(113,000)
PLUS: ESTATE DISBURSEMENTS MADE BY OUTSIDE SOURCES (i.e. from escrow accounts)	
TOTAL DISBURSEMENTS FOR CALCULATING U.S. TRUSTEE QUARTERLY FEES	1,062,245

North General Hospital
Other Receipts Detail
MOR #1

4/1/2010 - 4/30/2010

Description	Amount
Space Rental (TV Production)	112,212.00
Grants (including AIDS Housing)	8,473.27
Cobra Reimbursement	10,871.54
Preference Payment Recovery	35,000.00
Parking Lot	11,743.00
Other	9,471.50
	<hr/>
	187,771.31

North General Hospital
 Other Disbursements Support
 MOR # 1 4/1/2010 - 4/30/2010

Check	Check/Wire Date	Vendor Name	Amount
75362	40634	ROYAL WASTE SERVICES, INC.	1,224.90
75357	40634	DCI - DESIGN COMMUNICATIONS, INC	130.00
75353	40634	AMERIGROUP	140.00
75352	40634	AKF Pest Control	1,715.00
75351	40634	AFFINITY HEALTH PLAN	176.11
75350	40634	A D P AUTOMATIC DATA PROC	3,332.51
75349	40634	UNITED PARCEL SERVICE	638.13
75365	4/1/2011	WELLCARE	230
WIRE	40641	Bank Fees	21.95
75369	40641	DUNCAN ASSOCIATES, INC.	7,000.00
WIRE	40637	Bank Fees	39.50
WIRE	4/15/2011	Bank Fees	3,405.80
WIRE	4/15/2011	Wire to Special Operating	47,768.23
75391	4/14/2011	ROYAL WASTE SERVICES, INC.	1,273.35
75390	4/14/2011	RELAY-HEALTH (PER-SE / NDC HEALTH)	2,495.35
75389	4/14/2011	PREMIERE GLOBAL SERVICES	59.87
75384	40647	INFINITY LIGHTING	965.20
75383	40647	HUMANA	2,230.48
75382	40647	HIP	504.00
75377	40647	CROSS-FIRE & SECURITY CO., INC.	30.00
75374	40647	AFFINITY HEALTH PLAN	354.80
75373	40647	A D P AUTOMATIC DATA PROC	877.19
75405	4/20/2011	NGH PETTY CASH	150.26
75403	4/20/2011	PITNEY BOWES	1,305.76
75398	4/20/2011	CitiStorage	2,400.00
75396	4/20/2011	AKF Pest Control	1,715.00
75395	4/20/2011	AFFINITY HEALTH PLAN	212.33
75422	4/26/2011	NGH PETTY CASH	185.97
75419	4/26/2011	TRANE SERVICE GROUP	33,083.79
75418	4/26/2011	ROYAL WASTE SERVICES, INC.	935.25
75421	4/26/2011	WELLCARE	184
75415	4/26/2011	HP PRODUCT	164.65
75412	4/26/2011	CLEANING SYSTEM	1,128.42
75411	4/26/2011	CitiStorage	85.00
75409	4/26/2011	ALL HANDS SERVICES	675.00
75408	4/26/2011	AFFINITY HEALTH PLAN	105.33
75407	4/26/2011	A D P AUTOMATIC DATA PROC	845.29
75406	4/26/2011	1199SEIU NATIONAL	113.00
WIRE	4/25/2011	Wire to Special Operating	10,000.00
			127,901.42

Week ending	Check #	check date	Vendor Name	Amount	MGR-1 Payment Type
4/1/2013	75358	4/1/2013	DELL MARKETING L.P.	13,750.00	ADMINISTRATIVE/OUTSOURCED SERVICES
4/1/2013	75354	4/1/2013	BURNS INTL SECURITY SERVICES	34,537.12	ADMINISTRATIVE/OUTSOURCED SERVICES
4/1/2013	75359	4/1/2013	NYS Insurance Fund	3,235.33	BENEFITS
4/1/2013	75355	4/1/2013	GUARDIAN LIFE INSURANCE	254.40	BENEFITS
4/1/2013	75362	4/1/2013	WELLCARE	200.00	INSURANCE
4/1/2013	75365	4/1/2013	WELLCARE	200.00	INSURANCE
4/1/2013	75367	4/1/2013	ROYAL WASTE SERVICES, INC.	1,224.90	OTHER (ATTACH UST)
4/1/2013	75357	4/1/2013	DCI - DESIGN COMMUNICATIONS, INC.	130.00	OTHER (ATTACH UST)
4/1/2013	75353	4/1/2013	MAKINGROUP	140.00	OTHER (ATTACH UST)
4/1/2013	75352	4/1/2013	ARF Pest Control	175.00	OTHER (ATTACH UST)
4/1/2013	75351	4/1/2013	AFINITY HEALTH PLAN	176.11	OTHER (ATTACH UST)
4/1/2013	75350	4/1/2013	A D P AUTOMATIC DATA PROC	3,332.51	OTHER (ATTACH UST)
4/1/2013	75349	4/1/2013	UNITED PARCEL SERVICE	638.13	OTHER (ATTACH UST)
4/1/2013	75364	4/1/2013	VERIZON WIRELESS	539.49	UTILITIES
4/1/2013	75363	4/1/2013	VERIZON	10,845.80	UTILITIES
4/1/2013	75361	4/1/2013	PATREC COMMUNICATIONS	5,575.99	UTILITIES
4/1/2013	75360	4/1/2013	NVC FIRE DEPARTMENT	230.00	UTILITIES
4/1/2013	75356	4/1/2013	CON EDISON OF NEW YORK	9,521.88	UTILITIES
4/8/2013	75367	4/8/2013	BURNS INTL SECURITY SERVICES	15,024.70	ADMINISTRATIVE/OUTSOURCED SERVICES
4/8/2013	75366	4/8/2013	ADV SECURITY SERVICES	1,187.17	ADMINISTRATIVE/OUTSOURCED SERVICES
4/8/2013	75372	4/8/2013	NATIONAL BENEFIT 1199	11,400.30	BENEFITS
4/8/2013	75371	4/8/2013	HUGHES HUBBARD	144,866.80	COURT COSTS/CLAIMS
4/8/2013	75370	4/8/2013	EPIC BANKRUPTCY SOLUTIONS, LLC.	68,891.46	COURT COSTS/CLAIMS
4/8/2013	75369	4/8/2013	DUNCAN ASSOCIATES, INC.	21.95	OTHER (ATTACH UST)
4/8/2013	75368	4/8/2013	Bank Fees	7,000.00	OTHER (ATTACH UST)
4/8/2013	75378	4/8/2013	DELL MARKETING L.P.	350.00	OTHER (ATTACH UST)
4/8/2013	75375	4/8/2013	BURNS INTL SECURITY SERVICES	16,144.38	ADMINISTRATIVE/OUTSOURCED SERVICES
4/15/2013	75373	4/15/2013	MUTUAL OF AMERICA	100.00	BENEFITS
4/15/2013	75380	4/15/2013	DIVERSIFIED INVESTMENT ADVISORS	4,089.56	BENEFITS
4/15/2013	75379	4/15/2013	Bank Fees	3,405.80	OTHER (ATTACH UST)
4/15/2013	75378	4/15/2013	Wire to Special Operating	47,768.23	OTHER (ATTACH UST)
4/15/2013	75391	4/15/2013	ROYAL WASTE SERVICES, INC.	1,273.35	OTHER (ATTACH UST)
4/15/2013	75390	4/15/2013	REAV-HALTH (PER-5E / MDC HEALTH	2,499.35	OTHER (ATTACH UST)
4/15/2013	75389	4/15/2013	PREMIERE GLOBAL SERVICES	59.87	OTHER (ATTACH UST)
4/15/2013	75384	4/15/2013	INFINITY LIGHTING	965.20	OTHER (ATTACH UST)
4/15/2013	75383	4/15/2013	HUMANNA	2,230.48	OTHER (ATTACH UST)
4/15/2013	75382	4/15/2013	HIP	504.00	OTHER (ATTACH UST)
4/15/2013	75377	4/15/2013	CROSS-FIRE & SECURITY CO., INC.	30.00	OTHER (ATTACH UST)
4/15/2013	75374	4/15/2013	AFINITY HEALTH PLAN	354.80	OTHER (ATTACH UST)
4/15/2013	75373	4/15/2013	A D P AUTOMATIC DATA PROC	877.19	OTHER (ATTACH UST)
4/15/2013	75392	4/15/2013	TRANSIT CENTER	325.95	PAYROLL DEDUCTIONS
4/15/2013	75386	4/15/2013	LOCAL 1199 CREDIT UNION	50.00	PAYROLL DEDUCTIONS
4/15/2013	75385	4/15/2013	LOCAL 1199 - DUES	588.04	PAYROLL DEDUCTIONS
4/15/2013	75379	4/15/2013	FARMINGTON COMPANY	292.04	PAYROLL DEDUCTIONS
4/15/2013	75379	4/15/2013	DISTRICT 1199- POLITICAL ACTION FU	40.00	PAYROLL DEDUCTIONS
4/15/2013	75393	4/15/2013	VERIZON	278.93	UTILITIES
4/15/2013	75388	4/15/2013	NVC WATER BOARD	1,534.45	UTILITIES
4/15/2013	75376	4/15/2013	CONSOLIDATED EDISON	14,260.27	UTILITIES
4/15/2013	75400	4/15/2013	DELL MARKETING L.P.	27,500.00	ADMINISTRATIVE/OUTSOURCED SERVICES
4/15/2013	75397	4/15/2013	BURNS INTL SECURITY SERVICES	20,025.95	ADMINISTRATIVE/OUTSOURCED SERVICES
4/15/2013	75394	4/15/2013	Aetna - Major medical & dental	27,731.21	BENEFITS
4/15/2013	75405	4/15/2013	NGH PETTY CASH	150.26	OTHER (ATTACH UST)
4/15/2013	75403	4/15/2013	PITNEY BOWES	1,205.76	OTHER (ATTACH UST)
4/15/2013	75398	4/15/2013	CRScoverage	2,400.00	OTHER (ATTACH UST)
4/15/2013	75396	4/15/2013	ARF Pest Control	1,715.00	OTHER (ATTACH UST)
4/15/2013	75395	4/15/2013	AFINITY HEALTH PLAN	212.33	OTHER (ATTACH UST)
4/15/2013	75404	4/15/2013	VERIZON	6,142.90	UTILITIES
4/15/2013	75402	4/15/2013	PATREC COMMUNICATIONS	5,579.79	UTILITIES
4/15/2013	75401	4/15/2013	NVC FIRE DEPARTMENT	140.00	UTILITIES
4/15/2013	75399	4/15/2013	CONSOLIDATED EDISON	50,985.74	UTILITIES
4/15/2013	75411	4/15/2013	HEALTHCARE MANAGEMENT SOLUTION	239,078.33	ADMINISTRATIVE/OUTSOURCED SERVICES
4/15/2013	75413	4/15/2013	DELL MARKETING L.P.	13,750.00	ADMINISTRATIVE/OUTSOURCED SERVICES
4/15/2013	75410	4/15/2013	BURNS INTL SECURITY SERVICES	16,873.00	ADMINISTRATIVE/OUTSOURCED SERVICES
4/15/2013	75417	4/15/2013	NYS Insurance Fund	3,235.34	BENEFITS
4/15/2013	75416	4/15/2013	NATIONAL BENEFIT 1199	11,925.21	BENEFITS
4/15/2013	75421	4/15/2013	WELLCARE	184.00	INSURANCE
4/15/2013	75422	4/15/2013	NGH PETTY CASH	185.97	OTHER (ATTACH UST)
4/15/2013	75419	4/15/2013	TRAME SERVICE GROUP	31,003.79	OTHER (ATTACH UST)
4/15/2013	75418	4/15/2013	ROYAL WASTE SERVICES, INC.	915.25	OTHER (ATTACH UST)
4/15/2013	75415	4/15/2013	HP PRODUCT	164.65	OTHER (ATTACH UST)
4/15/2013	75412	4/15/2013	CLEANING SYSTEM	1,128.42	OTHER (ATTACH UST)
4/15/2013	75411	4/15/2013	CRScoverage	85.00	OTHER (ATTACH UST)
4/15/2013	75409	4/15/2013	ALL HANDS SERVICES	675.00	OTHER (ATTACH UST)
4/15/2013	75408	4/15/2013	AFINITY HEALTH PLAN	105.33	OTHER (ATTACH UST)
4/15/2013	75407	4/15/2013	A D P AUTOMATIC DATA PROC	845.29	OTHER (ATTACH UST)
4/15/2013	75406	4/15/2013	1199SEIU NATIONAL	113.00	OTHER (ATTACH UST)
4/15/2013	75404	4/15/2013	Wire to Special Operating	10,000.00	OTHER (ATTACH UST)
4/15/2013	75420	4/15/2013	VERIZON BUSINESS	2,430.51	UTILITIES
4/15/2013	75420	4/15/2013	Payroll & Payroll Taxes	124,113.84	UTILITIES
4/15/2013	75420	4/15/2013	Interbank Transfers	113,000.00	
1,175,245.37					

Debtor

Reporting Period: 4/1/2011-4/30/2011

STATEMENT OF OPERATIONS (Income Statement)- MOR #2

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	9	1,484,541
Less: Returns and Allowances	300,000	919,609
Net Revenue	300,009	2,404,150
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	0	0
Auto and Truck Expense	0	0
Bad Debts	0	6,248,144
Contributions	0	0
Employee Benefits Programs	65,482	4,307,778
Officer/Insider Compensation*	21,359	425,095
Insurance	13,218	451,741
Management Fees/Bonuses	0	0
Office Expense	7,745	204,992
Pension & Profit-Sharing Plans	0	115,565
Repairs and Maintenance	36,489	166,764
Rent and Lease Expense	42,587	149,538
Salaries/Commissions/Fees	253,996	9,918,457
Supplies	3,026	594,291
Taxes - Payroll	10,136	623,392
Taxes - Real Estate	0	0
Taxes - Other	0	0
Travel and Entertainment	0	0
Utilities	84,913	1,318,614
Other (attach schedule)	0	-128,096
Total Operating Expenses Before Depreciation	538,950	24,396,275
Depreciation/Depletion/Amortization	364,993	3,672,742
Net Profit (Loss) Before Other Income & Expenses	-603,934	-25,664,867
OTHER INCOME AND EXPENSES		
Other Income (attach schedule)	167,612	1,209,861
Interest Expense	497,652	5,076,263
Other Expense (attach schedule)	0	0
Net Profit (Loss) Before Reorganization Items	-933,974	-29,531,269
REORGANIZATION ITEMS		
Professional Fees	427,195	4,002,658
U. S. Trustee Quarterly Fees	3,500	47,150
Interest Earned on Accumulated Cash from Chapter 11 (see continuation sheet)	0	0
Gain (Loss) from Sale of Equipment	0	69,631
Other Reorganization Expenses (attach schedule)	135,567	3,950,110
Total Reorganization Expenses	566,262	7,930,287
Income Taxes		
Net Profit (Loss)	-1,500,237	-37,461,556

Note: Rent and Lease Expense is high due to adjustments made in April 2011 from Prepaid Accounts.

BREAKDOWN OF "OTHER" CATEGORY

MOR #2

OTHER INCOME

	MONTH	CUMULATIVE - FILING TO DATE
OTHER OPERATING REVENUE		
5028-5018 GRAN-EXPORT TRAINING	0	7
5028-5020 GRAN-AIDS HOUSING OV	2,268	33,775
5028-5022 GRAN-RESEARCH GRANT	0	(1,478)
5028-5023 GRAN-R 24 NIH GRANT	0	(1,148)
5028-5024 GRAN-REACH GRANT OVE	0	(2,367)
5035-5030 OTHE-CAFETERIA INCOM	0	1,564
5035-5031 OTHE-PARKING LOT INCOME	11,743	13,041
5035-5033 OTHE-WORKERS COMPENSATION	0	0
5035-5037 OTHE-MEDICAL RECORD	0	4,428
5035-5038 OTHE-UNITED HOSPITAL FUND	0	658
5035-5079 - OTHE-VENDOR REBATES/RECOVERIES	2,759	63,887
5035-5080 OTHE-MEDICAL STAFF DUESS	0	600
5035-5084 OTHE-ARMANTI RADIOLO	0	(144)
5035-5029 OTHE-CPE TUITION	0	250
5035-5091 OTHE-PHYSICIAN SERVI	0	57,814
5035-5096 OTHE-ROSS UNIVERSITY	0	46,800
5035-5040 PREFERENCE RECOVERED PAYMENTS	35,000	47,768
5042-5052 INTE-OTHER INTEREST	11	5,244
5042-5053 INTE-IFH INTEREST	424	4,532
5044-5048 MISC-OTHER MISCELLAN	112,762	195,760
5044-5049 MISC-RENTAL OF SPACE	2,645	10,870
5044-5054 MISC-NET ASSETS-UNREALIZED GAIN/LOS	0	(12,948)
5035-5069 OTHE-LDC RENTAL INCOME	0	2,798
5060-5100 GRAN-R 24 NIH GRANT	0	(885)
5060-5101 GRAN-ER BIOTERRORISM	0	255,982
5060-5102 GRAN-RESEARCH CORE P	0	(1,315)
5060-5103 GRAN-DIABETES CENTER	0	112
5060-5104 GRAN-REACH GRANT	0	(2,139)
5060-5105 GRAN-WIC	0	79,722
5060-5106 GRAN-HIV RAPID TESTI	0	2,119
5060-5117 GRAN-IPRO CONTRACT	0	6,801
5060-5114 GRAN-physc practice support	0	40,745
5060-5121 GRAN-ROBESON HIV 3/1	0	24,838
5060-5128 GRAN-HRSA ER CONSTRUCTION GRANT	0	161,745
5060-5137 GRAN-RELEASED FROM RESTRICTION	0	28,104
5060-5139 GRAN-EXPORT GRANTS	0	75
5060-5142 GRAN-SCHOOL BASED HEALTH CENTER	0	142,248
Total	167,612	1,209,861

Other Expense (attach schedule)

Pre-Petition lawyer fees related to retainer

-

Other Reorganization Expenses (attach schedule)

DIP INTEREST	7,000
DEFERRED LITIGATION FEES	12,109
COURT AND CLAIM	116,458
	135,567

Debtor			
Reporting Period: 4/1/2011-4/30/2011			
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	506,292	1,038,998	3,439,810
Restricted Cash and Cash Equivalents (see continuation sheet)	616,578	558,799	417,202
Accounts Receivable (Net)	139,860	217,800	12,649,438
Notes Receivable	137,232	146,809	-
Inventories	-	-	491,052
Prepaid Expenses	83,472	97,799	275,498
Professional Retainers	39,381	39,381	295,000
Other Current Assets (attach schedule)	12,859,580	12,882,817	15,498,278
TOTAL CURRENT ASSETS	14,382,394	14,982,402	33,066,278
PROPERTY & EQUIPMENT			
Real Property and Improvements	58,713,960	58,713,960	58,713,960
Machinery and Equipment	49,777,540	49,777,540	49,940,609
Furniture, Fixtures and Office Equipment	34,800,358	34,800,358	34,689,404
Leasehold Improvements	873,883	873,883	873,883
Vehicles	-	-	-
Less: Accumulated Depreciation	(117,517,818)	(117,151,298)	(113,829,308)
TOTAL PROPERTY & EQUIPMENT	26,647,923	27,014,443	30,388,548
OTHER ASSETS			
Amounts due from Insiders*	-	-	3,137
Other Assets (attach schedule)	1,677,257	1,690,850	1,817,567
TOTAL OTHER ASSETS	1,677,257	1,690,850	1,820,704
TOTAL ASSETS	42,707,573	43,687,694	65,275,530
LIABILITIES AND OWNER EQUITY			
	BOOK VALUE AT END OF CURRENT REPORTING MONTH	BOOK VALUE AT END OF PRIOR REPORTING MONTH	BOOK VALUE AT END OF PRIOR REPORTING MONTH
LIABILITIES NOT SUBJECT TO COMPROMISE (Post-petition)			
Accounts Payable	402,984	397,751	-
Taxes Payable (refer to FORM MOR-4)	20,775	19,960	-
Wages Payable	1,100,568	1,098,128	-
Notes Payable	-	-	-
Rent / Leases - Building/Equipment	-	-	-
Secured Debt / Adequate Protection Payments	14,725,576	14,220,924	-
Professional Fees	2,283,465	1,856,270	-
Amounts Due to Insiders*	-	-	-
Other Post-petition Liabilities (attach schedule)	2,033,657	2,354,392	-
TOTAL POST-PETITION LIABILITIES	20,567,025	19,947,426	-
LIABILITIES SUBJECT TO COMPROMISE (Pre-Petition)			
Secured Debt	210,793,304	210,815,424	210,998,441
Priority Debt	1,562,254	1,562,254	1,562,254
Unsecured Debt	83,890,757	83,968,121	89,578,961
TOTAL PRE-PETITION LIABILITIES	296,246,315	296,345,799	302,139,656
TOTAL LIABILITIES	316,813,339	316,293,224	302,139,656
OWNERS' EQUITY			
Capital Stock	-	-	-
Additional Paid-In Capital	-	-	-
Partners' Capital Account	-	-	-
Owner's Equity Account	-	-	-
Retained Earnings - Pre-Petition	-	-	(236,864,126)
Retained Earnings - Post-petition	(274,328,995)	(272,828,758)	-
Adjustments to Owner Equity (attach schedule)	223,229	223,229	-
Post-petition Contributions (attach schedule)	-	-	-
TOTAL LIABILITIES AND OWNERS' EQUITY	42,707,573	43,687,694	65,275,530

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MOR #3

Other Current Assets

	BOOK VALUE AT END OF CURRENT REPORTING MONTH	BOOK VALUE AT END OF PRIOR REPORTING MONTH	BOOK VALUE ON PETITION DATE OR SCHEDULED
STOCK INVESTMENT	2,588	2,588	2,588
TRANSITCHEK EMPLOYEE	-	-	(12,018)
NYC TRANSPORTATION	-	-	18,708
METRO CARDS HMO RECEIVABLE	95,027	95,027	94,793
DTC MTA CONTRACT RECEIVABLE	88,905	88,905	140,459
MISC. RECEIVABLE	139,829	139,829	121,957
NGH AIDS HOUSING RECEIVABLE	515,710	487,819	170,689
HRSa PALLIATIVE GRANT RECEIVABLE	28,658	36,021	36,021
RESEARCH CORE GRANT RECEIVABLE	3,977	3,977	20,203
WIC RECEIVABLE	-	-	126,647
REACH GRANT RECEIVABLE	-	-	11,691
DIABETES CENTER RECEIVABLE	-	-	4,324
NIH GRANT RECEIVABLE	-	-	15,495
HIV RAPID TESTING RECEIVABLE	39,618	39,617	60,227
MHRA GRANTS RECEIVABLE	-	-	(838)
EXPORT GRANTS	1,626	1,626	4,647
2008 BAD DEBT CHARITY CARE POOL	-	-	(51)
2009 BAD DEBT CHARITY CARE POOL	-	-	85,044
2010 BAD DEBT CHARITY CARE POOL	-	-	1,900,734
PREX-INSURANCE-WORKERS COMP	-	-	-
ACCOUNTS PAYABLE	(3)	43,761	384,490
CON EDISON DEPOSIT	-	-	249,115
INSURANCE-DIRECT	-	-	52,879
METRO CARDS	-	-	17,520
L&M MADISON OWNER	41,310	41,310	41,310
SODEXHO	75,000	75,000	75,000
1725 PARK AVE-	-	-	73,841
AUTOMOBILE INSURANCE	-	-	2,356
MALPRACTICE OTHER	-	-	10,301
UNREALIZED GAIN	27,817	27,817	40,811
FMP DEBT SERVICE ASSETS	11,758,287	11,758,287	11,758,287
CONSTRUCTION FUNDASSETS/ASSETS LIMITED	40,990	40,990	40,944
DEBT SERVICE FUND/ASSETS LIMITED	242	242	108
	12,859,580	12,882,817	15,498,278

Other Assets	BOOK VALUE AT END OF CURRENT REPORTING MONTH	BOOK VALUE AT END OF PRIOR REPORTING MONTH	BOOK VALUE ON PETITION DATE
BOND ISSUANCE/DOH FEES	3,288,781	3,288,781	3,288,781
BOND ISSUANCE/DOH FEES	(1,714,010)	(1,700,417)	(1,573,700)
457 DEFERRED COMPENSATION	102,486	102,486	102,486
TOTAL CURRENT ASSETS	1,677,257	1,690,850	1,817,567

LIABILITIES AND OWNER EQUITY	BOOK VALUE AT END OF CURRENT REPORTING MONTH	BOOK VALUE AT END OF PRIOR REPORTING MONTH	BOOK VALUE ON PETITION DATE
Other Post-petition Liabilities			
Court Costs and Claim Agent Fees	1,250,112	1,582,959	
Deferred Litigation Fees	783,545	771,433	
Adjustments to Owner's Equity			
Cash Proceeds from Captive Malpractice Entity'	223,229	223,229	-
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

Debtor

Reporting Period: 4/01/2011-4/30/2011

STATUS OF POST-PETITION TAXES- MOR #4

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	8,059	18,054	17,614	VARIOUS	VARIOUS	8,499
FICA-Employee	3,225	6,791	6,798	VARIOUS	VARIOUS	3,218
FICA-Employer	4,367	9,225	9,238	VARIOUS	VARIOUS	4,354
Unemployment	-					
Income	-					
Other:	-	83	83	VARIOUS	VARIOUS	-
Total Federal Taxes	15,651	34,153	33,733	VARIOUS	VARIOUS	16,071
State and Local						
Withholding	4,308	10,446	10,050	VARIOUS	VARIOUS	4,704
Sales						-
Excise						-
Unemployment						-
Real Property						-
Personal Property						-
Other: GARNISHMENTS	-	723	723	VARIOUS	VARIOUS	-
Total State and Local	4,308	11,169	10,773	VARIOUS	VARIOUS	4,704
Total Taxes	19,960	45,322	44,506	VARIOUS	VARIOUS	20,775

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		55,271	10,510	7,859	329,344	402,984
Wages Payable		1,100,568				1,100,568
Taxes Payable		20,775				20,775
Rent/Leases-Building						-
Rent/Leases-Equipment						-
Secured Debt/Adequate Protection Payments		504,652	504,652	504,652	13,211,621	14,725,576
Professional Fees		1,189,195	66,403	757,053	270,815	2,283,465
Amounts Due to Insiders						-
Other: Court Costs and Claims Agent		614,970	389,754	49,113	196,275	1,250,111
Other: Deferred Litigation Fees		12,112	174,165	390,960	206,309	783,545
Total Post-petition Debts	-	3,497,543	1,145,483	1,709,638	14,214,362	20,567,025

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

NORTH GENERAL HOSPITAL RECEIVED A DIP ADVANCE.

**NORTH GENERAL HOSPITAL
ACCOUNTS PAYABLE AGING**

MOR-4

Vendor Name	Type	Vendor Invoice Nb	Vendor Invoice Date	Invoice Amt	0-30-	31-60-	61-90	Over 91	Total
GARFUNKEL, WILD, & TRAVIS	Profession	PP/DEC.2010-A	1/26/2011	13,653.08				13,653.08	13,653.08
GARFUNKEL, WILD, & TRAVIS	Profession	PP/DEC.2010-B	1/26/2011	3,219.42				3,219.42	3,219.42
GARFUNKEL, WILD, & TRAVIS	Profession	PP/FEB.2011-A	3/28/2011	53,152.84		53,152.84			53,152.84
GARFUNKEL, WILD, & TRAVIS	Profession	PP/FEB.2011-B	3/28/2011	13,249.90		13,249.90			13,249.90
GARFUNKEL, WILD, & TRAVIS	Profession	PP/JAN.2011-A	2/22/2011	21,253.55			21,253.55		21,253.55
GARFUNKEL, WILD, & TRAVIS	Profession	PP/JAN.2011-B	2/22/2011	5,233.45			5,233.45		5,233.45
GARFUNKEL, WILD, & TRAVIS	Profession	PP225238-240A	12/16/2010	13,915.22				13,915.22	13,915.22
GARFUNKEL, WILD, & TRAVIS	Profession	PP225238-240B	12/16/2010	3,413.60				3,413.60	3,413.60
GARFUNKEL, WILD, & TRAVIS	Profession	PP/JUL-OCTADJ	12/30/2010	3,081.00				3,081.00	3,081.00
GARFUNKEL, WILD, & TRAVIS	Profession	PP/JUL-OCTBAL	12/30/2010	14,878.35				14,878.35	14,878.35
GARFUNKEL, WILD, & TRAVIS	Profession	PP/MAR2011A	4/25/2011	46,110.78	46,110.78				46,110.78
GARFUNKEL, WILD, & TRAVIS	Profession	PP/MAR2011B	4/26/2011	11,441.60	11,441.60				11,441.60
WINDELS MARX LANE & MITTE	Profession	PP/JAN.2011-A	2/24/2011	259,104.83			259,104.83		259,104.83
WINDELS MARX LANE & MITTE	Profession	PP/JAN.2011-B	2/24/2011	63,344.02			63,344.02		63,344.02
WINDELS MARX LANE & MITTE	Profession	PP/NOV-DEC -A	2/10/2011	328,959.34			328,959.34		328,959.34
WINDELS MARX LANE & MITTE	Profession	PP/NOV-DEC -B	2/10/2011	79,157.70			79,157.70		79,157.70
WINDELS MARX LANE & MITTE	Profession	PP/JUL-OCTBAL	12/30/2010	157,455.30				157,455.30	157,455.30
WINDELS MARX LANE & MITTE	Profession	PPNOV 1-22B	1/24/2010	61,198.70				61,198.70	61,198.70
WINDELS MARX LANE & MITTE	Profession	PP/FEB2011A	4/25/2011	278,963.93	278,963.93				278,963.93
WINDELS MARX LANE & MITTE	Profession	PP/FEB2011B	4/25/2011	68,507.92	68,507.92				68,507.92
WINDELS MARX LANE & MITTE	Profession	PP/MAR2011A	4/25/2011	308,483.92	308,483.92				308,483.92
WINDELS MARX LANE & MITTE	Profession	PP/MAR2011B	4/25/2011	75,686.68	75,686.68				75,686.68
TOTAL VENDOR PROFESSIONAL A/P AGING AS OF 4/30/2011				1,883,485.13	789,194.83	66,402.74	757,062.89	270,814.87	1,883,485.13
ALSTON & BIRD LLP	Court	PP/10400463B	9/18/2010	8,392.05				8,392.05	8,392.05
ALSTON & BIRD LLP	Court	PP/10427750 B	1/31/2011	20,316.90			20,316.90		20,316.90
ALSTON & BIRD LLP	Court	PP/10433963-A	3/15/2011	76,497.63		76,497.63			76,497.63
ALSTON & BIRD LLP	Court	PP/10433963-B	3/15/2011	18,434.65		18,434.65			18,434.65
ALSTON & BIRD LLP	Court	PP/10433963-C in del	3/15/2011	-		-			-
ALSTON & BIRD LLP	Court	PP/1203B	12/3/2010	14,838.23				14,838.23	14,838.23
ALSTON & BIRD LLP	Court	PP10403362-B	9/30/2010	22,663.85				22,663.85	22,663.85
ALSTON & BIRD LLP	Court	PP10408258-B	10/21/2010	12,492.90				12,492.90	12,492.90
ALSTON & BIRD LLP	Court	PP10420397B	12/13/2010	15,878.30				15,878.30	15,878.30
ALSTON & BIRD LLP	Court	PP/FEB.2011-A	4/15/2011	59,518.82	59,518.82				59,518.82
ALSTON & BIRD LLP	Court	PP/FEB.2011-B	4/15/2011	14,112.60	14,112.60				14,112.60
ALSTON & BIRD LLP	Court	PP/FEB.2011-C I def	4/15/2011	0.00					0.00
EPIQ BANKRUPTCY SOLUTIONS	Court	PP/41848MARFE	4/11/2011	67,430.97	67,430.97				67,430.97
GARBARINI & SCHER, PC.	Court	PP/ 86151	10/6/2010	281.00				281.00	281.00
GARBARINI & SCHER, PC.	Court	PP/ 86152	10/6/2010	538.00				538.00	538.00
GARBARINI & SCHER, PC.	Court	PP/ 86154	10/6/2010	1,982.79				1,982.79	1,982.79
GARBARINI & SCHER, PC.	Court	PP/DEC.2010-A	1/24/2011	6,212.16				6,212.16	6,212.16
GARBARINI & SCHER, PC.	Court	PP/DEC.2010-B	1/24/2011	1,521.80				1,521.80	1,521.80
GARBARINI & SCHER, PC.	Court	PP/JAN.2011-A	2/24/2011	3,530.35			3,530.35		3,530.35
GARBARINI & SCHER, PC.	Court	PP/JAN.2011-B	2/24/2011	866.40			866.40		866.40
GARBARINI & SCHER, PC.	Court	PP1013563A	12/17/2010	3,488.05				3,488.05	3,488.05
GARBARINI & SCHER, PC.	Court	PP1013553B	12/17/2010	865.20				865.20	865.20
GARBARINI & SCHER, PC.	Court	PP/86420A	4/25/2011	1,989.30	1,989.30				1,989.30
GARBARINI & SCHER, PC.	Court	PP/86420B	4/25/2011	432.40	432.40				432.40
GARBARINI & SCHER, PC.	Court	PP/FEB.2011-A	4/18/2011	1,996.40	1,996.40				1,996.40
GARBARINI & SCHER, PC.	Court	PP/FEB.2011-B	4/18/2011	454.40	454.40				454.40
HEALTHCARE MANAGEMENT SOL	Court	PP/DEC.2010-B	1/31/2011	30,410.80				30,410.80	30,410.80
HEALTHCARE MANAGEMENT SOL	Court	PP/FEB.2011-A	3/28/2011	106,049.48		106,049.48			106,049.48
HEALTHCARE MANAGEMENT SOL	Court	PP/FEB.2011-B	3/28/2011	25,362.44		25,362.44			25,362.44
HEALTHCARE MANAGEMENT SOL	Court	PP/JAN.2011-B	2/14/2011	24,399.84			24,399.84		24,399.84
HEALTHCARE MANAGEMENT SOL	Court	PP/NOV.2010-B	1/31/2011	23,836.54				23,836.54	23,836.54
HEALTHCARE MANAGEMENT SOL	Court	PP/MAR201120%	4/20/2011	18,458.90	18,458.90				18,458.90
HEALTHCARE MANAGEMENT SOL	Court	PP/MAR80%2011	4/20/2011	77,550.70	77,550.70				77,550.70
NHB FINANCIAL ADVISORS, I	Court	PP/DEC.FEES-B	1/31/2011	24,727.57				24,727.57	24,727.57
NHB FINANCIAL ADVISORS, I	Court	PP/FEB.2011-A	3/15/2011	9,282.50		9,282.50			9,282.50
NHB FINANCIAL ADVISORS, I	Court	PP/FEB.2011-B	3/15/2011	37,628.83		37,628.83			37,628.83
NHB FINANCIAL ADVISORS, I	Court	PP/FEB.2011-C in de	3/15/2011	-		-			-
NHB FINANCIAL ADVISORS, I	Court	PP/JAN.FEES-B	3/3/2011	16,498.50		16,498.50			16,498.50
NHB FINANCIAL ADVISORS, I	Court	PP20572B	12/17/2010	6,081.25				6,081.25	6,081.25
NHB FINANCIAL ADVISORS, I	Court	PPFEEJUL-OCTC	12/30/2010	12,678.87				12,678.87	12,678.87
NHB FINANCIAL ADVISORS, I	Court	PP/MAR2010A	4/25/2011	14,144.76	14,144.76				14,144.76
NHB FINANCIAL ADVISORS, I	Court	PP/MAR2011C	4/25/2011	3,480.75	3,480.75				3,480.75
NHB FINANCIAL ADVISORS, I	Court	PP/MAR2011C	4/25/2011	-		-			-
BDO SEIDMAN, LLP	Court	PP223358C	12/7/2010	6,349.60				6,349.60	6,349.60
BDO SEIDMAN, LLP	Court	PP228562B	12/7/2010	3,035.60				3,035.60	3,035.60
U.S. TRUSTEE PAYMENT CENT	Court	PP/JAN/FE/APR	4/28/2011	325.00	325.00				325.00
U.S. TRUSTEE PAYMENT CENT	Court	PP/JAN/FE/APR	4/28/2011	325.00	325.00				325.00
U.S. TRUSTEE PAYMENT CENT	Court	PP/JAN/FEB/MA	4/28/2011	9,750.00	9,750.00				9,750.00
TOTAL VENDOR COURT A/P AGING AS OF 4/30/2011				805,112.29	289,970.00	289,764.03	49,113.49	196,274.76	805,112.28
TOTAL A/P AGING AS OF 4/30/2011				3,091,591.65	1,114,435.92	366,666.64	614,025.78	796,433.31	3,091,591.65

MultiDay Balance Report -- for MARIA CRUZ
 Date range: Apr 01, 2011 thru Apr 29, 2011

Bank Name TD Bank
 Account #: 7915911395 Account Name: Payroll Account (USD)

Account Summary	Amount
Opening Ledger (as of 04/01/2011)	\$34,831.65
Total Credits	\$110,000.00
Total Debits	\$123,093.88
Closing Ledger (as of 04/29/2011)	\$21,737.77

Detail Credit Transactions	Amount	Availability	Bank Ref.	Cust Ref.	Deposit Item Detail	Notes
04/05/2011 ACH Credit	\$50,000.00		000010549	0000000000		To cover Payroll
04/19/2011 ACH Credit	\$60,000.00		000009283	0000000000		TO COVER PAYROLL

Item Count 2: \$110,000.00

Detail Debit Transactions	Amount	Bank Ref.	Cust Ref.	Notes
04/06/2011 ACH Debit	\$28,196.84	680548029	0000000000	AC-NORTH GENERAL -PAYROLL -SETT-ADPNATION
04/07/2011 Outgoing Wire Transfer	\$361.54	700060553	0000000000	ADP TAX SVCS INC. REV. WIRE IMPOUND
04/08/2011 Check Paid	\$1,881.85	202498695	0000454255	CHECK CASHED
04/08/2011 Outgoing Wire Transfer	\$22,233.37	700081641	0000000000	ADP INC FUNDS MGMT
04/11/2011 Check Paid	\$1,868.33	725874891	0000454253	POD CHECK
04/11/2011 Check Paid	\$1,201.33	501322937	0000454248	CHECK
04/11/2011 Check Paid	\$1,185.35	504909149	0000454252	CHECK
04/11/2011 Check Paid	\$1,101.32	504672841	0000454246	CHECK
04/11/2011 Check Paid	\$982.07	501322939	0000454247	CHECK
04/11/2011 Check Paid	\$924.99	501322941	0000454251	CHECK
04/11/2011 Check Paid	\$762.46	105534981	0000454256	CHECK CASHED
04/12/2011 Check Paid	\$1,146.14	505692261	0000454250	CHECK
04/13/2011 Check Paid	\$950.36	503036735	0000454249	CHECK
04/18/2011 Check Paid	\$1,035.67	505651203	0000454254	CHECK
04/20/2011 ACH Debit	\$24,189.91	852794618	0000000000	AC-NORTH GENERAL -PAYROLL -SETT-ADPNATION
04/21/2011 Outgoing Wire Transfer	\$361.54	700060697	0000000000	ADP TAX SVCS INC. REV. WIRE IMPOUND
04/22/2011 Check Paid	\$2,103.27	503338031	0000454265	CHECK CASHED
04/22/2011 Check Paid	\$1,869.63	107563134	0000454267	CHECK CASHED
04/22/2011 Check Paid	\$1,206.33	500814883	0000454259	POD CHECK
04/22/2011 Check Paid	\$762.45	503353657	0000454268	CHECK CASHED
04/22/2011 Outgoing Wire Transfer	\$21,466.87	700082042	0000000000	ADP INC FUNDS MGMT
04/25/2011 Check Paid	\$1,504.31	501087981	0000454263	CHECK
04/25/2011 Check Paid	\$1,111.31	504131699	0000454257	CHECK
04/25/2011 Check Paid	\$987.07	504375359	0000454258	CHECK
04/25/2011 Check Paid	\$918.20	500976485	0000454262	CHECK
04/27/2011 Check Paid	\$1,691.07	503308803	0000454264	POD CHECK

MARIA CRUZ # 4
 5/6/2011

In re NORTH GENERAL HOSPITAL
Debtor

Case No. 10-13553
Reporting Period: 4/1/11 - 4/30/11

ACCOUNTS RECEIVABLE RECONCILIATION AND AGING-MOR #5

Accounts Receivable Reconciliation	Amount
Total Accounts Receivable at the beginning of the reporting period	217,800
Plus: Amounts billed during the period*	297,821
Less: Amounts collected during the period **	375,761
Total Accounts Receivable at the end of the reporting period	139,860

* Amounts billed during the period consists of adjustments

** Amounts collected during the period consists of cash collections plus adjustments for takebacks

Accounts Receivable Aging	0-30 Days	31-60 Days	61-90 Days	91+ Days	Total
0 - 30 days old	-	-	-	-	-
31 - 60 days old	-	-	-	-	-
61 - 90 days old	-	-	-	-	-
91+ days old	-	-	-	7,266,739	7,266,739
Total Accounts Receivable	-	-	-	7,266,739	7,266,739
Less: Bad Debts (Amount considered uncollectible)**	-	-	-	-	7,126,879
Net Accounts Receivable	-	-	-	7,266,739	139,860

** Bad Debts includes Contractual Allowance and Bad Debt Reserves

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					

PAYMENTS TO INSIDERS AND PROFESSIONALS- MOR #6

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
SAMUEL DANIEL	PAYROLL	-	92,372
JOHN MAHER	PAYROLL	21,154	330,961
JOHN MAHER	EXPENSE REIMBURSEMENT	205	1,761
TOTAL PAYMENTS TO INSIDERS		21,359	425,095

PROFESSIONALS					
NAME	DATE OF COURT ORDER AUTHORIZING PAYMENT	AMOUNT APPROVED	AMOUNT PAID	TOTAL PAID TO DATE	TOTAL INCURRED & UNPAID*
Windels Marx Lane & Mittendorf	8/3/2010	1,689,746.99	-	1,628,548.29	1,930,862.34
Infante, Zumpano, Hudson & Miloch, LLC	8/3/2010	23,834.66	-	23,834.66	-
Garfunkel & Wild	8/3/2010	153,254.09	-	135,925.07	352,602.79
Alston & Bird	8/26/2010	783,153.74	-	596,706.77	463,145.93
National Benefit Advisors	9/2/2010	427,014.99	-	316,222.35	149,523.03
B O O Seidman	9/22/2010	93,890.24	-	84,504.84	9,385.40
US Trustee	n/a	27,300.00	-	27,300.00	25,400.00
Epiq	n/a	510,207.02	68,891.46	510,207.02	117,430.97
Examiner	1/10/2011	144,847.00	144,847.00	144,847.00	-
HealthCare Management Solutions**	05/02/11	239,076.33	239,078.33	239,078.33	456,068.70
Garbarini & Scher	11/16/10	32,604.14	-	25,213.21	29,158.25
Deferred Litigation Fees	n/a				783,545.37
TOTAL PAYMENTS TO PROFESSIONALS		4,124,931.20	452,816.79	3,732,387.54	4,317,122.78

* INCLUDE ALL FEES INCURRED, BOTH APPROVED AND UNAPPROVED

** HealthCare Management Solutions Total Incurred and Unpaid Amounts of \$571,137.43 is net of \$88,246 November 2010 pre-retention payments.

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		-	-

DEBTOR QUESTIONNAIRE-MOR #7

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- Director and Officer Insurance was not renewed	
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 Unemployment not paid
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

Note:

* #13 marked yes. Trustee directed Hospital to temporarily withhold Creditor Committee Legal and Accounting fees.

** #15 marked no because no funds were drawn from existing DIP agreement.

NORTH GENERAL HOSPITAL
JP MORGAN CHASE # 032 020392
ACC # 1011 - 0110

GENERAL LEDGER BALANCE @ 4/29/2011 \$ 69,787.45

LESS: -

ADD: -

BANK BALANCE @ 4/29/2011 \$ 69,787.45

PREPARED BY: MARIA CRUZ

APPROVED BY:

MT
5/11/2011

Enter option number-- 1

North General Hospital Display Account Activity Processor

Wed May 04, 2011 01:31 pm

Entity : 01-NORTH GENERAL HOSPITAL Fiscal Year: 2011

Dept : 1011 - GENERAL FUND ACCOUNTS

Account: 01.10 - GFA-GROSS RECEIPTS PLEDGE FUND A/C

Per	Period Actual	Period Budget	Variance	YTD Actual
BB	\$74,167.36	\$0.00	\$74,167.36	\$74,167.36
01	\$35,561.99-	\$0.00	\$35,561.99-	\$38,605.37
02	\$26,677.98	\$0.00	\$26,677.98	\$65,283.35
03	\$17,006.11-	\$0.00	\$17,006.11-	\$48,277.24
04	\$21,510.21	\$0.00	\$21,510.21	\$69,787.45
05	\$39.50-	\$0.00	\$39.50-	\$69,747.95
06	\$0.00	\$0.00	\$0.00	\$69,747.95
07	\$0.00	\$0.00	\$0.00	\$69,747.95
08	\$0.00	\$0.00	\$0.00	\$69,747.95
09	\$0.00	\$0.00	\$0.00	\$69,747.95
10	\$0.00	\$0.00	\$0.00	\$69,747.95
11	\$0.00	\$0.00	\$0.00	\$69,747.95
12	\$0.00	\$0.00	\$0.00	\$69,747.95
YTD	\$69,747.95	\$0.00	\$69,747.95	\$69,747.95

Enter period number --

'/' next account or '/P' previous account



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

April 26, 2011 -
 April 29, 2011

Page 1 of 1

Account Number
 000000032020392

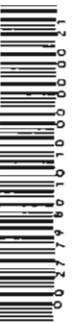
Customer Service

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



00027798 GEN 802 3J 12011 - NNN T 1 000000000 M1 0000

NORTH GENERAL HOSP GROSS
 RECEIPTS PLEDGE FUND ACCT
 PAULETTE SENIOR
 1879 MADISON AVE
 NEW YORK NY 10035-2709



Commercial Checking

Summary

	<i>Number</i>	<i>Amount</i>
Opening Ledger Balance		\$69,787.45
Deposits and Credits	0	\$.00
Withdrawals and Debits	0	\$.00
Checks Paid	0	\$.00
Ending Ledger Balance		\$69,787.45

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.



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

April 19, 2011 -
 April 25, 2011

Page 1 of 2

Account Number
 000000032020392

Customer Service

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



00000033 CEN 802 3J 11611 - NNN T 1 000000000 M1 0000

NORTH GENERAL HOSP GROSS
 RECEIPTS PLEDGE FUND ACCT
 PAULETTE SENIOR
 1879 MADISON AVE
 NEW YORK NY 10035-2709



Commercial Checking

Summary

	<i>Number</i>	<i>Amount</i>
Opening Ledger Balance		\$62,136.15
Deposits and Credits	3	\$7,651.30
Withdrawals and Debits	0	\$.00
Checks Paid	0	\$.00
Ending Ledger Balance		\$69,787.45

Deposits and Credits

<i>Ledger Date</i>	<i>Description</i>	<i>Amount</i>
04/19	LOCKBOX NO: 26115 FOR 1 ITEMS AT 16:00 8 TRN: 0500282109LB	\$42.01
04/25	LOCKBOX NO: 26115 FOR 3 ITEMS AT 16:00 8 TRN: 0500422115LB	\$246.10
04/25	ORIG CO NAME:PAY MGT SYSTEM ORIG ID:3051036447 DESC DATE:042211 CO ENTRY DESCR:HHS PAYMNTSEC:CCD TRACE#:021000026463590 EED:110425 IND ID:X772 P X772P IND NAME:NORTH GENERAL HOSP, HE TRN: 1156463590TC	\$7,363.19
Total		\$7,651.30

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.



April 19, 2011 -
April 25, 2011

Page 2 of 2

Account Number
000000032020392

NORTH GENERAL HOSP GROSS
RECEIPTS PLEDGE FUND ACCT

Commercial Checking
(continued)

Daily Balance

<i>Date</i>	<i>Ledger Balance</i>	<i>Date</i>	<i>Ledger Balance</i>
04/19	\$62,178.16	04/25	\$69,787.45

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



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

April 12, 2011 -
 April 18, 2011

Page 1 of 2

Account Number
 000000032020392

Customer Service

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

00000040 CEN 802 3J 10911 - NNN T 1 000000000 M1 0000
 NORTH GENERAL HOSP GROSS
 RECEIPTS PLEDGE FUND ACCT
 PAULETTE SENIOR
 1879 MADISON AVE
 NEW YORK NY 10035-2709

Commercial Checking

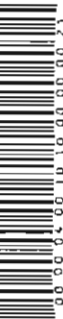
Summary

	<i>Number</i>	<i>Amount</i>
Opening Ledger Balance		\$56,927.42
Deposits and Credits	3	\$7,040.87
Withdrawals and Debits	1	\$1,832.14
Checks Paid	0	\$.00
Ending Ledger Balance		\$62,136.15

Deposits and Credits

<i>Ledger Date</i>	<i>Description</i>	<i>Amount</i>
04/12	ORIG CO NAME:TRACE 01783456 ORIG ID:1146013200 DESC DATE: CO ENTRY DESCR:NY ACH PMTSEC:CTX TRACE#:021000028973699 EED:110412 IND ID: IND NAME:0000NORTH GENERAL HO TRN: 1028973699TC	\$173.83
04/13	ORIG CO NAME:TRACE 01784764 ORIG ID:1146013200 DESC DATE: CO ENTRY DESCR:NY ACH PMTSEC:CTX TRACE#:021000028761102 EED:110413 IND ID: IND NAME:0000NORTH GENERAL HO TRN: 1038761102TC	\$6,567.77
04/18	LOCKBOX NO: 26115 FOR 3 ITEMS AT 16:00 8 TRN: 0500435108LB	\$299.27
Total		\$7,040.87

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.





April 12, 2011 -
April 18, 2011

Page 2 of 2

Account Number
000000032020392

NORTH GENERAL HOSP GROSS
RECEIPTS PLEDGE FUND ACCT

Commercial Checking
(continued)

Withdrawals and Debits

<i>Ledger Date</i>	<i>Description</i>	<i>Amount</i>
04/15	ACCOUNT ANALYSIS SETTLEMENT CHARGE	\$1,832.14
Total		\$1,832.14

Daily Balance

<i>Date</i>	<i>Ledger Balance</i>	<i>Date</i>	<i>Ledger Balance</i>
04/12	\$57,101.25	04/15	\$61,836.88
04/13	\$63,669.02	04/18	\$62,136.15

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



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

April 05, 2011 -
 April 11, 2011

Page 1 of 2

Account Number
 000000032020392

00000035 CEN 802 3J 10211 - NNN T 1 000000000 M1 0000

NORTH GENERAL HOSP GROSS
 RECEIPTS PLEDGE FUND ACCT
 PAULETTE SENIOR
 1879 MADISON AVE
 NEW YORK NY 10035-2709

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		\$48,237.74
Deposits and Credits	4	\$8,711.63
Withdrawals and Debits	1	\$21.95
Checks Paid	0	\$0.00
Ending Ledger Balance		\$56,927.42

Deposits and Credits

<i>Ledger Date</i>	<i>Description</i>	<i>Amount</i>
04/05	LOCKBOX NO: 26115 FOR 3 ITEMS AT 16:00 8 TRN: 0500256095LB	\$1,458.81
04/07	ORIG CO NAME:TRACE 01779022 ORIG ID:1146013200 DESC DATE: CO ENTRY DESCR:NY ACH PMTSEC:CTX TRACE#:021000023254495 EED:110407 IND ID: IND	\$3,585.29
04/11	NAME:000NORTH GENERAL HO TRN: 0973254495TC LOCKBOX NO: 26115 FOR 3 ITEMS AT 16:00 8 TRN: 0500482101LB	\$472.06
04/11	ORIG CO NAME:TRACE 01782168 ORIG ID:1146013200 DESC DATE: CO ENTRY DESCR:NY ACH PMTSEC:CTX TRACE#:021000025965453 EED:110411 IND ID: IND NAME:000NORTH GENERAL HO TRN: 1015965453TC	\$3,195.47
Total		\$8,711.63

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April 05, 2011 -
April 11, 2011

Page 2 of 2

Account Number
000000032020392

NORTH GENERAL HOSP GROSS
RECEIPTS PLEDGE FUND ACCT

Commercial Checking
(continued)

Withdrawals and Debits

<i>Ledger Date</i>	<i>Description</i>	<i>Amount</i>
04/07	ORIG CO NAME:INNOVATIVE MERCH ORIG ID:954761972A DESC DATE:040611 CO ENTRY DESCR:IMS SEC:CCD TRACE#:021000021063422 EED:110407 IND ID:426696100004061 IND NAME:NORTH GENERAL HOSPITAL TRN: 0961063422TC	\$21.95

Total **\$21.95**

Daily Balance

<i>Date</i>	<i>Ledger Balance</i>	<i>Date</i>	<i>Ledger Balance</i>
04/05	\$49,696.55	04/11	\$56,927.42
04/07	\$53,259.89		

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



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

April 01, 2011 -
 April 04, 2011

Page 1 of 2

Account Number
 000000032020392

Customer Service

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

00000034 CEN 802 3J 09511 - NNN T 1 000000000 M1 0000
 NORTH GENERAL HOSP GROSS
 RECEIPTS PLEDGE FUND ACCT
 PAULETTE SENIOR
 1879 MADISON AVE
 NEW YORK NY 10035-2709



Commercial Checking

Summary

	<i>Number</i>	<i>Amount</i>
Opening Ledger Balance		\$48,277.24
Deposits and Credits	0	\$0.00
Withdrawals and Debits	1	\$39.50
Checks Paid	0	\$0.00
Ending Ledger Balance		\$48,237.74

Withdrawals and Debits

<i>Ledger Date</i>	<i>Description</i>	<i>Amount</i>
04/04	ORIG CO NAME: BANKCARD ORIG ID: 1470535472 DESC DATE: 110331 CO ENTRY DESCR: MTOT DISC SEC: CCD TRACE#: 021000028162466 EED: 110404 IND ID: 426696100004061 IND NAME: NORTH GENERAL HOSPITAL TRN: 0948162466TC	\$39.50
Total		\$39.50

Daily Balance

<i>Date</i>	<i>Ledger Balance</i>	<i>Date</i>	<i>Ledger Balance</i>
04/04	\$48,237.74		

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North General Hospital
Bank Reconciliation-Sundries
APRIL 30, 2011
A/C 1011-0111

General Ledger Balance @ 4/30/2011 2,278.38

Add:
 Outstanding Checks 7,131.01

Adjusted Book Balance @ 4/30/2011 9,409.39

Bank Balance @ 4/30/2011 9,409.39

PREPARED BY : MARIA CRUZ

APPROVED BY:

Maria Cruz
5/3/2011

Enter option number-- 2

North General Hospital Display Account Activity Processor

Tue May 10, 2011 02:29 pm

Entity : 01-NORTH GENERAL HOSPITAL

Fiscal Year: 2011

Dept : 1011 - GENERAL FUND ACCOUNTS

Account: 01.11 - GFA-CASH IN SUNDRIES ACCOUNT

Per	Period Actual	Period Budget	Variance	YTD Actual
BB	\$205,453.21	\$0.00	\$205,453.21	\$205,453.21
01	\$50,265.23	\$0.00	\$50,265.23	\$255,718.44
02	\$132,904.92-	\$0.00	\$132,904.92-	\$122,813.52
03	\$120,198.91-	\$0.00	\$120,198.91-	\$2,614.61
04	\$336.23-	\$0.00	\$336.23-	\$2,278.38
05	\$0.00	\$0.00	\$0.00	\$2,278.38
06	\$0.00	\$0.00	\$0.00	\$2,278.38
07	\$0.00	\$0.00	\$0.00	\$2,278.38
08	\$0.00	\$0.00	\$0.00	\$2,278.38
09	\$0.00	\$0.00	\$0.00	\$2,278.38
10	\$0.00	\$0.00	\$0.00	\$2,278.38
11	\$0.00	\$0.00	\$0.00	\$2,278.38
12	\$0.00	\$0.00	\$0.00	\$2,278.38
YTD	\$2,278.38	\$0.00	\$2,278.38	\$2,278.38

Enter period number --

'/' next account or '/P' previous account



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

April 01, 2011 -
 April 29, 2011

Page 1 of 2

Account Number
 000000005041929

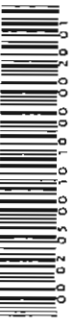
Customer Service

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



00002050 CEN 802 1 12011 - NNN 1 000000002 C2 0000

NORTH GENERAL HOSP
 PAULETTE SENIOR
 1879 MADISON AVE
 NEW YORK NY 10035-2709



Commercial Checking

Summary

	<i>Number</i>	<i>Amount</i>
Opening Ledger Balance		\$9,820.62
Deposits and Credits	0	\$0.00
Withdrawals and Debits	1	\$75.00
Checks Paid	2	\$336.23
Ending Ledger Balance		\$9,409.39

Withdrawals and Debits

<i>Ledger Date</i>	<i>Description</i>	<i>Amount</i>
04/26	FUNDING XFER TO 006301489625509 TRN: 0190006494RJ	\$75.00
Total		\$75.00

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>
75405	04/22	\$150.26	75422*	04/29	\$185.97			
Total	2 check(s)							\$336.23

* indicates gap in sequence

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April 01, 2011 -
April 29, 2011

Page 2 of 2

Account Number
00000005041929

NORTH GENERAL HOSP

Commercial Checking
(continued)

Daily Balance

<i>Date</i>	<i>Ledger Balance</i>	<i>Date</i>	<i>Ledger Balance</i>
04/22	\$9,670.36	04/29	\$9,409.39
04/26	\$9,595.36		

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

OUTSTANDING LIST
AP TRADE ACCOUNT as of 03/31/2011

Fiscal Year	/Peri	Check Nur	Check Date	Amount	balanco	Number	Vendor Name
2009	5	69427	5/14/2009	35.00	35.00	7851	AK SOLUTIONS
2009	8	70597	8/18/2009	800.00	800.00	7655	DALIA OLIVIER, MD
2009	8	70648	8/18/2009	150.00	150.00	7437	RDNALD COBBS, MD
2009	8	70785	8/25/2009	100.00	100.00	7600	STEPHEN P HOLZEMER
2009	9	71012	9/10/2009	436.07	436.07	7684	PRECISION AUTO
2009	9	71077	9/17/2009	500.00	500.00	6935	MACULA CARE, PLLC
2009	10	71650	10/29/2009	180.00	180.00	7460	MARGARET OREGAN
2009	12	72146	12/10/2009	125.00	125.00	192	MOUNT SINAI HOSPITAL
2009	12	72237	12/23/2009	24.90	24.90	749	CONN, RICHARD MD
2009	12	72259	12/23/2009	45.75	45.75	756	ISSAH, ABDUL MD
2010	2	72825	2/4/2010	9.23	9.23	1354	MARION SMITH
2010	2	72834	2/4/2010	995.00	995.00	3047	NYC FIRE DEPARTMENT
2010	6	74469	6/1/2010	300.00	300.00	8120	INSITUTO DE NEUROLOGIA Y NEUROCIRUGIA
2010	6	74537	6/8/2010	995.00	995.00	3047	NYC FIRE DEPARTMENT
2010	6	74603	6/21/2010	109.95	109.95	6087	TIME WARNER CABLE
2010	6	74605	6/22/2010	175.00	175.00	3762	BOND, SCHOENECK & KING, LLP
2010	7	74621	7/1/2010	790.11	790.11	66	CARDINAL HEALTH
2010	7	74673	7/9/2010	760.00	760.00	7901	ALEXANDRA KUZNETSOV
2010	7	74674	7/9/2010	600.00	600.00	7776	CHERYL COTTRON, MD
Total CHASE				7,131.01	7,131.01		

DUPLICATE



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

April 01, 2011 -
April 29, 2011

Page 1 of 3

Account Number
006301489625509



00000446 CEN 802 S 12011 - NNN 1 000000001 P4

NORTH GENERAL HOSIPTAL
PAULETTE SENIOR
1879 MADISON AVE
NEW YORK NY 10035-2709

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		\$.00
Opening Collected Balance		\$.00
Deposits and Credits	1	\$75.00
Withdrawals and Debits	0	\$.00
Checks Paid	1	\$75.00
Ending Ledger Balance		\$.00
Ending Collected Balance		\$.00

Activity

<i>Ledger Date</i>	<i>Value Date</i>	<i>Description</i>	<i>Debit</i>	<i>Amount</i>
04/01		OPENING LEDGER BALANCE	*** Balance ***	\$.00
04/01		OPENING COLLECTED BALANCE	*** Balance ***	\$.00
04/26		FUNDING XFER FROM 000000005041929 TRN: 0190006493RJ		\$75.00
04/26		CHECK PAID # 75240	\$75.00	
04/26		CLOSING LEDGER BALANCE	*** Balance ***	\$.00
04/26		CLOSING COLLECTED BALANCE	*** Balance ***	\$.00

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>
75240	04/26	\$75.00						

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April 01, 2011 -
April 29, 2011

Page 2 of 3

Account Number
006301489625509

NORTH GENERAL HOSIPTAL

Commercial Checking
(continued)

Total	1 check(s)	\$75.00
--------------	-------------------	----------------

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



April 01, 2011 -
April 29, 2011

Page 3 of 3

Account Number
006301489625509

NORTH GENERAL HOSIPTAL



Commercial Checking
(continued)

Stop Payment Renewal Notice

Account Number 006301489625509

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
___	0000098	07/27/2009	07/27/2011	69997	\$790.00

Authorized Signature: _____

Date: _____

NORTH GENERAL HOSIPTAL
PAULETTE SENIOR
1879 MADISON AVE
NEW YORK NY 10035-2709

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

NORTH GENERAL HOSPITAL
NGH FOUNDATION
A/C # 1014 - 1009
BANK RECONCILIATION
April 29, 2011

TD BANK
Account No: 7916199925

BALANCE PER G/L as of April 29, 2011 \$ 267,032.92

BALANCE PER BANK STATEMENT \$ 267,032.92

PREPARED BY: MARIA CRUZ

APPROVED BY:

Maria Cruz
5/11/11

North General Hospital Display Account Activity Processor

Wed May 04, 2011 02:50 pm

Entity : 02-NORTH GENL HOSPITAL FOUNDATI
Fiscal Year: 2011

Dept : 1014 - CASH IN COMMERCE BANK

Account: 10.09 - CASH-COMMERCE MONEY MARKET

Per	Period Actual	Period Budget	Variance	YTD Actual
BB	\$267,160.98	\$0.00	\$267,160.98	\$267,160.98
01	\$26.16-	\$0.00	\$26.16-	\$267,134.82
02	\$27.26-	\$0.00	\$27.26-	\$267,107.56
03	\$26.16-	\$0.00	\$26.16-	\$267,081.40
04	\$48.48-	\$0.00	\$48.48-	\$267,032.92
05	\$37.50-	\$0.00	\$37.50-	\$266,995.42
06	\$0.00	\$0.00	\$0.00	\$266,995.42
07	\$0.00	\$0.00	\$0.00	\$266,995.42
08	\$0.00	\$0.00	\$0.00	\$266,995.42
09	\$0.00	\$0.00	\$0.00	\$266,995.42
10	\$0.00	\$0.00	\$0.00	\$266,995.42
11	\$0.00	\$0.00	\$0.00	\$266,995.42
12	\$0.00	\$0.00	\$0.00	\$266,995.42
YTD	\$266,995.42	\$0.00	\$266,995.42	\$266,995.42

Enter period number --

'/' next account or '/P' previous account



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T

STATEMENT OF ACCOUNT



572093 06DD1U25 1 010000
NORTH GENERAL HOSPITAL FOUNDATION INC
FUNDRAISING C/O PAULETTE SENIOR
DIP CASE#10-13553 DIST SDNY
1879 MADISON AVE
NEW YORK NY 10035

Page: 1 of 2
Statement Period: Apr 01 2011-Apr 30 2011
Cust Ref #: 7916199925-041-T-***
Primary Account #: 791-6199925

Chapter 11 Money Market

NORTH GENERAL HOSPITAL FOUNDATION INC
FUNDRAISING C/O PAULETTE SENIOR
DIP CASE#10-13553 DIST SDNY

Account # 791-6199925

IMPORTANT INFORMATION REGARDING ONLINE BILL PAY

AS PART OF OUR ONGOING EFFORTS TO ENSURE THE HIGHEST LEVEL OF SECURITY ON YOUR ACCOUNTS, WE ARE MAKING A CHANGE TO THE LIMITS FOR ONLINE BILL PAYMENTS. EFFECTIVE APRIL 18, 2011, OUR TD ONLINE LIMITS WILL BE \$75,000/TRANSACTION AND \$100,000/DAY. ANY TRANSACTIONS ABOVE THOSE LIMITS CAN CONTINUE TO BE PROCESSED THROUGH A CHECK OR WIRE PAYMENT. WE ARE HERE TO HELP WITH QUESTIONS. CALL US AT 1-800-493-7562.

ACCOUNT SUMMARY

Table with 2 columns: Description and Amount. Rows include Statement Balance as of 04/01 (267,081.40), Plus 0 Deposits and Other Credits (0.00), Plus Interest Paid (10.97), Less 2 Checks and Other Debits (59.45), and Statement Balance as of 04/30 (267,032.92).

ACCOUNT ACTIVITY

Transactions by Date

Table with 5 columns: DATE, DESCRIPTION, DEBIT, CREDIT, BALANCE. Rows show transactions on 4/4, 4/7, and 4/29.

INTEREST SUMMARY

Table with 2 columns: Description and Amount. Rows include Beginning Interest Rate (0.05%), Number of Days in this Statement Period (30), Interest Earned this Statement Period (10.97), Annual Percentage Yield Earned this Statement Period (APY) (0.05%), and Interest Paid Year to Date (43.89).

Call 1-800-YES-2000 for 24-hour Direct Banking service

BANK DEPOSITS FDIC INSURED



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572093 06DD1U25 009654

How to Balance your Account

Begin by adjusting your account register as follows:

- Subtract any services charges shown on this statement.
- Subtract any automatic payments, transfers or other electronic withdrawals not previously recorded.
- Add any interest earned if you have an interest-bearing account.
- Add any automatic deposit or overdraft line of credit.
- Review all withdrawals shown on this statement and check them off in your account register.
- Follow instructions 2-5 to verify your ending account balance.

1. Your ending balance shown on this statement is:
2. List below the amount of deposits or credit transfers which do not appear on this statement. Total the deposits and enter on Line 2.
3. Subtotal by adding lines 1 and 2.
4. List below the total amount of withdrawals that do not appear on this statement. Total the withdrawals and enter on Line 4.
5. Subtract Line 4 from 3. This adjusted balance should equal your account balance.

1	Ending Balance	267,032.92
2	Total Deposits	+
3	Sub Total	
4	Total Withdrawals	-
5	Adjusted Balance	

2	DEPOSITS NOT ON STATEMENT	DOLLARS	CENTS
	Total Deposits		

1	WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS
	Total		
	Withdrawals		

	WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS
	Total		
	Withdrawals		

FOR CONSUMER ACCOUNTS ONLY – IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:

If you need information about an electronic fund transfer or if you believe there is an error on your bank statement or receipt relating to an electronic fund transfer, telephone the bank immediately at the phone number listed on the front of your statement or write to:

TD Bank, N.A., Deposit Operations Dept, P.O. Box 1377, Lewiston, Maine 04243-1377

We must hear from you no later than sixty (60) calendar days after we sent you the first statement upon which the error or problem first appeared. When contacting the Bank, please explain as clearly as you can why you believe there is an error or why more information is needed. Please include:

- Your name and account number.
- A description of the error or transaction you are unsure about.
- The dollar amount and date of the suspected error.

When making a verbal inquiry, the Bank may ask that you send us your complaint in writing within ten (10) business days after the first telephone call.

We will investigate your complaint and will correct any error promptly. If we take more than ten (10) business days to do this, we will credit your account for the amount you think is in error, so that you have the use of the money during the time it takes to complete our investigation.

INTEREST NOTICE

Total interest credited by the Bank to you this year will be reported by the Bank to the Internal Revenue Service and State tax authorities. The amount to be reported will be reported separately to you by the Bank.

FOR CONSUMER LOAN ACCOUNTS ONLY – BILLING RIGHTS SUMMARY

In case of Errors or Questions About Your Bill:

If you think your bill is wrong, or if you need more information about a transaction on your bill, write us at P.O. Box 1377, Lewiston, Maine 04243-1377 as soon as possible. We must hear from you no later than sixty (60) days after we sent you the FIRST bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights. In your letter, give us the following information:

- Your name and account number..
- The dollar amount of the suspected error.
- Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

FINANCE CHARGES: Although the Bank uses the Daily Balance method to calculate the finance charge on your Moneyline/Overdraft Protection account (the term "ODP" or "OD" refers to Overdraft Protection), the Bank discloses the Average Daily Balance on the periodic statement as an easier method for you to calculate the finance charge. The finance charge begins to accrue on the date advances and other debts are posted to your account and will continue until the balance has been paid in full. To compute the fin

NORTH GENERAL HOSPITAL FUND
TD BANK PREMIER MONEY MARKET
ACC# 1011-0108

A/C#791-5002096

GENERAL LEDGER BALANCE @ APRIL 30 , 2011

0.00

BALANCE PER BANK 04/30/11

0.00

PREPARED BY : MARIA CRUZ

APPROVED BY:

MT
5/11/2011

Enter option number-- 1

North General Hospital Display Account Activity Processor

Tue May 10, 2011 01:51 pm

Entity : 01-NORTH GENERAL HOSPITAL

Fiscal Year: 2011

Dept : 1011 - GENERAL FUND ACCOUNTS

Account: 01.08 - GFA-COMMERCE NGH MONEY MARKET

Per	Period Actual	Period Budget	Variance	YTD Actual
BB	\$1,733,258.60	\$0.00	\$1,733,258.60	\$1,733,258.60
01	\$449,946.19-	\$0.00	\$449,946.19-	\$1,283,312.41
02	\$1,283,268.23-	\$0.00	\$1,283,268.23-	\$44.18
03	\$44.18-	\$0.00	\$44.18-	\$0.00
04	\$0.00	\$0.00	\$0.00	\$0.00
05	\$0.00	\$0.00	\$0.00	\$0.00
06	\$0.00	\$0.00	\$0.00	\$0.00
07	\$0.00	\$0.00	\$0.00	\$0.00
08	\$0.00	\$0.00	\$0.00	\$0.00
09	\$0.00	\$0.00	\$0.00	\$0.00
10	\$0.00	\$0.00	\$0.00	\$0.00
11	\$0.00	\$0.00	\$0.00	\$0.00
12	\$0.00	\$0.00	\$0.00	\$0.00
YTD	\$0.00	\$0.00	\$0.00	\$0.00

Enter period number --

'/' next account or '/P' previous account



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STATEMENT OF ACCOUNT

T



570149 06DD1U25 1 010000
NORTH GENERAL HOSPITAL
C/O PAULETTE SENIOR
DIP CASE#10-13553 SDNY
1879 MADISON AVE
NEW YORK NY 10035

Page: 1 of 2
Statement Period: Apr 01 2011-Apr 30 2011
Cust Ref #: 7915002096-041-T-***
Primary Account #: 791-5002096

Chapter 11 Money Market

NORTH GENERAL HOSPITAL
C/O PAULETTE SENIOR
DIP CASE#10-13553 SDNY

Account # 791-5002096

IMPORTANT INFORMATION REGARDING ONLINE BILL PAY

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ACCOUNT SUMMARY

Statement Balance as of 04/01	0.00
Plus 0 Deposits and Other Credits	0.00
Less 0 Checks and Other Debits	0.00
Statement Balance as of 04/30	0.00

DAILY ACCOUNT ACTIVITY

No Transactions this Statement Period

INTEREST SUMMARY

Beginning Interest Rate	0.05%
Number of Days in this Statement Period	30
Interest Earned this Statement Period	0.00
Annual Percentage Yield Earned this Statement Period (APY)	0.00%
Interest Paid Year to Date	112.99

Call 1-800-YES-2000 for 24-hour Direct Banking service

BANK DEPOSITS FDIC INSURED



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570149 06DD1U25 007409

How to Balance your Account

Begin by adjusting your account register as follows:

- Subtract any services charges shown on this statement.
- Subtract any automatic payments, transfers or other electronic withdrawals not previously recorded.
- Add any interest earned if you have an interest-bearing account.
- Add any automatic deposit or overdraft line of credit.
- Review all withdrawals shown on this statement and check them off in your account register.
- Follow instructions 2-5 to verify your ending account balance.

1. Your ending balance shown on this statement is:
2. List below the amount of deposits or credit transfers which do not appear on this statement. Total the deposits and enter on Line 2.
3. Subtotal by adding lines 1 and 2.
4. List below the total amount of withdrawals that do not appear on this statement. Total the withdrawals and enter on Line 4.
5. Subtract Line 4 from 3. This adjusted balance should equal your account balance.

1	Ending Balance	0.00
2	Total Deposits	+
3	Sub Total	
4	Total Withdrawals	-
5	Adjusted Balance	

2	DEPOSITS NOT ON STATEMENT	DOLLARS	CENTS
	Total Deposits		

1	WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS
	Total Withdrawals		

1	WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS
	Total Withdrawals		

FOR CONSUMER ACCOUNTS ONLY — IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:

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We will investigate your complaint and will correct any error promptly. If we take more than ten (10) business days to do this, we will credit your account for the amount you think is in error, so that you have the use of the money during the time it takes to complete our investigation.

INTEREST NOTICE

Total interest credited by the Bank to you this year will be reported by the Bank to the Internal Revenue Service and State tax authorities. The amount to be reported will be reported separately to you by the Bank.

FOR CONSUMER LOAN ACCOUNTS ONLY — BILLING RIGHTS SUMMARY

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- Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

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NORTH GENERAL HOSPITAL FUND
TD BANK NORTH GENERAL HOSP ENTITLEMENT
ACC# 1011-0124

GENERAL LEDGER BALANCE @ APRIL 30 , 2011

0.00

BALANCE PER BANK 04/30/11

0.00

PREPARED BY : MARIA CRUZ

APPROVED BY:

Maria Cruz
5/11/2011



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STATEMENT OF ACCOUNT



T



571625 06DD1U25 1 010000
NORTH GENERAL HOSP -ENTITLEMENT ACCOUNT
C/O PAULETTE SENIOR
DIP CASE# 10-13553 SDNY
1879 MADISON AVE
NEW YORK NY 10035

Page: 1 of 2
Statement Period: Apr 01 2011-Apr 30 2011
Cust Ref #: 7915963594-039-T-***
Primary Account #: 791-5963594

Chapter 11 Checking

NORTH GENERAL HOSP -ENTITLEMENT ACCOUNT
C/O PAULETTE SENIOR
DIP CASE# 10-13553 SDNY

Account # 791-5963594

IMPORTANT INFORMATION REGARDING ONLINE BILL PAY

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ACCOUNT SUMMARY

Statement Balance as of 04/01	0.00
Plus 0 Deposits and Other Credits	0.00
Less 0 Checks and Other Debits	0.00
Statement Balance as of 04/30	0.00

DAILY ACCOUNT ACTIVITY

No Transactions this Statement Period

Call 1-800-YES-2000 for 24-hour Direct Banking service



How to Balance your Account

Begin by adjusting your account register as follows:

- Subtract any services charges shown on this statement.
- Subtract any automatic payments, transfers or other electronic withdrawals not previously recorded.
- Add any interest earned if you have an interest-bearing account.
- Add any automatic deposit or overdraft line of credit.
- Review all withdrawals shown on this statement and check them off in your account register.
- Follow instructions 2-5 to verify your ending account balance.

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3. Subtotal by adding lines 1 and 2.
4. List below the total amount of withdrawals that do not appear on this statement. Total the withdrawals and enter on Line 4.
5. Subtract Line 4 from 3. This adjusted balance should equal your account balance.

1	Ending Balance	0.00
2	Total Deposits	+
3	Sub Total	
4	Total Withdrawals	-
5	Adjusted Balance	

2	DEPOSITS NOT ON STATEMENT	DOLLARS	CENTS
	Total Deposits		

3	WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS
	Total Withdrawals		

4	WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS
	Total Withdrawals		

FOR CONSUMER ACCOUNTS ONLY — IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:

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- Your name and account number.
- A description of the error or transaction you are unsure about.
- The dollar amount and date of the suspected error.

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We will investigate your complaint and will correct any error promptly. If we take more than ten (10) business days to do this, we will credit your account for the amount you think is in error, so that you have the use of the money during the time it takes to complete our investigation.

INTEREST NOTICE

Total interest credited by the Bank to you this year will be reported by the Bank to the Internal Revenue Service and State tax authorities. The amount to be reported will be reported separately to you by the Bank.

FOR CONSUMER LOAN ACCOUNTS ONLY — BILLING RIGHTS SUMMARY

In case of Errors or Questions About Your Bill:

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- Your name and account number..
- The dollar amount of the suspected error.
- Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

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FINANCE CHARGES: Although the Bank uses the Daily Balance method to calculate the finance charge on your Moneyline/Overdraft Protection account (the term "ODP" or "OD" refers to Overdraft Protection), the Bank discloses the Average Daily Balance on the periodic statement as an easier method for you to calculate the finance charge. The finance charge begins to accrue on the date advances and other debits are posted to your account and will continue until the balance has been paid in full. To compute the fin

NORTH GENERAL HOSPITAL FUND
TD BANK GROSS RECEIPTS ACCT
ACC# 1011-0105

A/C# 7915317874

GENERAL LEDGER BALANCE @ APRIL 29 , 2011

2,264.21

BALANCE PER BANK 04/29/11

2,264.21

PREPARED BY : MARIA CRUZ

APPROVED BY:

MT
5/11/2011

MultiDay Balance Report -- for MARIA CRUZ
 Date range: Apr 01, 2011 thru Apr 29, 2011

Bank Name: TD Bank
 Account #: 7915317874 Account Name: Gross Receipts Acct (USD)

Account Summary	Amount
Opening Ledger (as of 04/01/2011)	\$837.87
Total Credits	\$3,000.00
Total Debits	\$1,573.66
Closing Ledger (as of 04/29/2011)	\$2,264.21

Detail Credit Transactions	Amount	Availability	Bank Ref.	Cust Ref.	Deposit Item Detail	Notes
04/14/2011 ACH Credit	\$3,000.00		000010019	0000000000		To cover bank fee
Item Count 1	\$3,000.00					

Detail Debit Transactions	Amount	Bank Ref.	Cust Ref.	Notes
04/15/2011 Miscellaneous Fees	\$1,573.66	444458269	0000000000	ANALYSIS FEES
Item Count 1	\$1,573.66			

Enter option number-- 1

North General Hospital Display Account Activity Processor

Tue May 10, 2011 01:51 pm

Entity : 01-NORTH GENERAL HOSPITAL

Fiscal Year: 2011

Dept : 1011 - GENERAL FUND ACCOUNTS

Account: 01.05 - GFA-COMMERCE CHECKING

Per	Period Actual	Period Budget	Variance	YTD Actual
BB	\$1,706.20	\$0.00	\$1,706.20	\$1,706.20
01	\$55.06	\$0.00	\$55.06	\$1,761.26
02	\$1,193.05-	\$0.00	\$1,193.05-	\$568.21
03	\$269.66	\$0.00	\$269.66	\$837.87
04	\$1,426.34	\$0.00	\$1,426.34	\$2,264.21
05	\$0.00	\$0.00	\$0.00	\$2,264.21
06	\$0.00	\$0.00	\$0.00	\$2,264.21
07	\$0.00	\$0.00	\$0.00	\$2,264.21
08	\$0.00	\$0.00	\$0.00	\$2,264.21
09	\$0.00	\$0.00	\$0.00	\$2,264.21
10	\$0.00	\$0.00	\$0.00	\$2,264.21
11	\$0.00	\$0.00	\$0.00	\$2,264.21
12	\$0.00	\$0.00	\$0.00	\$2,264.21
YTD	\$2,264.21	\$0.00	\$2,264.21	\$2,264.21

Enter period number --

'/' next account or '/P' previous account

NORTH GENERAL HOSPITAL
NGH FOUNDATION
A/C # 1010-1008
BANK RECONCILIATION
April 29, 2011

Carver Bank
Account No: 509018305

BALANCE PER G/L April 29, 2011 \$ 14,174.73

ADD:

LESS:

BALANCE PER BANK STATEMENT \$ 14,174.73

PREPARED BY: Maria Cruz

APPROVED BY:

Maria Cruz
5/11/11

STATEMENT

PAGE 1 of 1

April 01 - April 30, 2011
 Account Number: 509018305

**Banking made easy with Direct
 Deposit and Debit Card
 Services. Call Us Today!
 718-230-2900**



02 01
 NORTH GENERAL HOSPITAL
 C/O MAZIE TRUSTY
 1879 MADISON AVENUE
 NEW YORK NY 10035



Non-Profit Business Checking - ACCOUNT SUMMARY - 509018305

Starting Balance	+	Deposits	+	Interest Paid	-	Withdrawals	-	Service Charge	=	Ending Balance
\$14,172.98		\$0.00		\$1.75		\$0.00		\$0.00		\$14,174.73

Non-Profit Business Checking - TRANSACTION DETAILS - 509018305

Date	Description	Checks/Debits	Deposits/Credits	Balance
04-01	Starting Balance			14,172.98
04-29	Eff. 04-30 Credit Interest		1.75	14,174.73

The amount of Interest earned between 04-01-2011 and 04-30-2011 is \$1.75.
 The average daily balance during this period was 14,172.98.
 The minimum balance during this period was 14,172.98.
 The Annual Percentage Yield Earned for this account is 0.15%.



BANK RECONCILIATION
LOCK BOX 48343
TD BANK
ACC # 1011 - 0125

Acc# 4250068420

Purpose of the account: Workers Comp Lock Box

GENERAL LEDGER BALANCE @ 4/29/2011

\$ 4,352.72

ADD:

LESS:

BANK BALANCE @ 4/29/2011

\$ 4,352.72

Note: See the attached worksheet.

PREPARED BY: MARIA CRUZ

APPROVED BY:

Maria Cruz
5/11/2011*

North General Hospital Display Account Activity Processor

Wed May 04, 2011 02:50 pm

Entity : 01-NORTH GENERAL HOSPITAL Fiscal Year: 2011

Dept : 1011 - GENERAL FUND ACCOUNTS

Account: 01.25 - GFA-WORKERS COMPENSATION

Per	Period Actual	Period Budget	Variance	YTD Actual
BB	\$4,067.08	\$0.00	\$4,067.08	\$4,067.08
01	\$208.03	\$0.00	\$208.03	\$4,275.11
02	\$50.49	\$0.00	\$50.49	\$4,325.60
03	\$27.12	\$0.00	\$27.12	\$4,352.72
04	\$0.00	\$0.00	\$0.00	\$4,352.72
05	\$0.00	\$0.00	\$0.00	\$4,352.72
06	\$0.00	\$0.00	\$0.00	\$4,352.72
07	\$0.00	\$0.00	\$0.00	\$4,352.72
08	\$0.00	\$0.00	\$0.00	\$4,352.72
09	\$0.00	\$0.00	\$0.00	\$4,352.72
10	\$0.00	\$0.00	\$0.00	\$4,352.72
11	\$0.00	\$0.00	\$0.00	\$4,352.72
12	\$0.00	\$0.00	\$0.00	\$4,352.72
YTD	\$4,352.72	\$0.00	\$4,352.72	\$4,352.72

Enter period number --

'/' next account or '/P' previous account



America's Most Convenient Bank®

STATEMENT OF ACCOUNT



T



448236 06DD1U19 1 010000
NORTH GENERAL PHYSICIANS SERVICES PLLC
1879 MADISON AVE
NEW YORK NY 10035

Page: 1 of 2
Statement Period: Apr 01 2011-Apr 30 2011
Cust Ref #: 4250068420-408-T-###
Primary Account #: 425-0068420

Business Analysis

NORTH GENERAL PHYSICIANS SERVICES PLLC

Account # 425-0068420

IMPORTANT INFORMATION REGARDING ONLINE BILL PAY

AS PART OF OUR ONGOING EFFORTS TO ENSURE THE HIGHEST LEVEL OF SECURITY ON YOUR ACCOUNTS, WE ARE MAKING A CHANGE TO THE LIMITS FOR ONLINE BILL PAYMENTS. EFFECTIVE APRIL 18, 2011, OUR TD ONLINE LIMITS WILL BE \$75,000/TRANSACTION AND \$100,000/DAY. EFFECTIVE MAY 18, 2011, FOR BUSINESS DIRECT CUSTOMERS, THE LIMITS WILL BE \$100,000/TRANSACTION AND \$200,000/DAY. WE ARE HERE TO HELP WITH QUESTIONS. CALL 1-800-493-7562.

ACCOUNT SUMMARY

Beginning Balance	4,352.72	Average Collected Balance	4,352.72
Ending Balance	4,352.72	Annual Percentage Yield Earned	0.00%
		Days in Period	30

DAILY ACCOUNT ACTIVITY

No Transactions this Statement Period

Call 1-800-YES-2000 for 24-hour Direct Banking service



How to Balance your Account

Begin by adjusting your account register as follows:

- Subtract any services charges shown on this statement.
- Subtract any automatic payments, transfers or other electronic withdrawals not previously recorded.
- Add any interest earned if you have an interest-bearing account.
- Add any automatic deposit or overdraft line of credit.
- Review all withdrawals shown on this statement and check them off in your account register.
- Follow instructions 2-5 to verify your ending account balance.

1. Your ending balance shown on this statement is:
2. List below the amount of deposits or credit transfers which do not appear on this statement. Total the deposits and enter on Line 2.
3. Subtotal by adding lines 1 and 2.
4. List below the total amount of withdrawals that do not appear on this statement. Total the withdrawals and enter on Line 4.
5. Subtract Line 4 from 3. This adjusted balance should equal your account balance.

1	Ending Balance	4,352.72
2	Total Deposits	+
3	Sub Total	
4	Total Withdrawals	-
5	Adjusted Balance	

2	DEPOSITS NOT ON STATEMENT	DOLLARS	CENTS
	Total Deposits		3

3	WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS
	Total		4

4	WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS
	Total		5

FOR CONSUMER ACCOUNTS ONLY — IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:

If you need information about an electronic fund transfer or if you believe there is an error on your bank statement or receipt relating to an electronic fund transfer, telephone the bank immediately at the phone number listed on the front of your statement or write to:

TD Bank, N.A., Deposit Operations Dept, P.O. Box 1377, Lewiston, Maine 04243-1377

We must hear from you no later than sixty (60) calendar days after we sent you the first statement upon which the error or problem first appeared. When contacting the Bank, please explain as clearly as you can why you believe there is an error or why more information is needed. Please include:

- Your name and account number.
- A description of the error or transaction you are unsure about.
- The dollar amount and date of the suspected error.

When making a verbal inquiry, the Bank may ask that you send us your complaint in writing within ten (10) business days after the first telephone call.

We will investigate your complaint and will correct any error promptly. If we take more than ten (10) business days to do this, we will credit your account for the amount you think is in error, so that you have the use of the money during the time it takes to complete our investigation.

INTEREST NOTICE

Total interest credited by the Bank to you this year will be reported by the Bank to the Internal Revenue Service and State tax authorities. The amount to be reported will be reported separately to you by the Bank.

FOR CONSUMER LOAN ACCOUNTS ONLY — BILLING RIGHTS SUMMARY

In case of Errors or Questions About Your Bill:

If you think your bill is wrong, or if you need more information about a transaction on your bill, write us at P.O. Box 1377, Lewiston, Maine 04243-1377 as soon as possible. We must hear from you no later than sixty (60) days after we sent you the FIRST bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights. In your letter, give us the following information:

- Your name and account number..
- The dollar amount of the suspected error.
- Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

You do not have to pay any amount in question while we are Investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

FINANCE CHARGES: Although the Bank uses the Daily Balance method to calculate the finance charge on your Moneyline/Overdraft Protection account (the term "ODP" or "OD" refers to Overdraft Protection), the Bank discloses the Average Daily Balance on the periodic statement as an easier method for you to calculate the finance charge. The finance charge begins to accrue on the date advances and other debits are posted to your account and will continue until the balance has been paid in full. To compute the fin

NORTH GENERAL HOSPITAL
TD BANK PAYROLL BANK RECONCILIATION
ACC# 1011-0122

A/C# 7915911395
BALANCE PER G/L 04/29/11 293.58

ADD: OUTSTANDING CHECKS PER ATTACHED LIST 20,325.04

ADD: June reconciling difference 533.15
August reconciling difference 586.00

LESS:

BALANCE PER N.G.H. ADJUSTED 04/29/11 21,737.77

BALANCE PER BANK 04/29/11 21,737.77

PREPARED BY: MARIA CRUZ

APPROVED BY:

MT
5/11/2011

DIFF:

0.00

Enter option number-- 1

North General Hospital Display Account Activity Processor

Fri May 06, 2011 02:13 pm

Entity : 01-NORTH GENERAL HOSPITAL

Fiscal Year: 2011

Dept : 1011 - GENERAL FUND ACCOUNTS

Account: 01.22 - GFA-PAYROLL TD BANK

Per	Period Actual	Period Budget	Variance	YTD Actual
BB	\$12,239.03	\$0.00	\$12,239.03	\$12,239.03
01	\$38,856.66	\$0.00	\$38,856.66	\$51,095.69
02	\$1,729.18	\$0.00	\$1,729.18	\$52,824.87
03	\$38,217.45-	\$0.00	\$38,217.45-	\$14,607.42
04	\$14,313.84-	\$0.00	\$14,313.84-	\$293.58
05	\$3,985.97	\$0.00	\$3,985.97	\$4,279.55
06	\$0.00	\$0.00	\$0.00	\$4,279.55
07	\$0.00	\$0.00	\$0.00	\$4,279.55
08	\$0.00	\$0.00	\$0.00	\$4,279.55
09	\$0.00	\$0.00	\$0.00	\$4,279.55
10	\$0.00	\$0.00	\$0.00	\$4,279.55
11	\$0.00	\$0.00	\$0.00	\$4,279.55
12	\$0.00	\$0.00	\$0.00	\$4,279.55
YTD	\$4,279.55	\$0.00	\$4,279.55	\$4,279.55

Enter period number --

'/' next account or '/P' previous account

NORTH GENERAL HOSPITAL
PAYROLL OUTSTANDING CHECKS
ADJUSTMENTS
4/29/2011

OUTSTANDING CHECKS AS PER BANK LIST 4/29/2011 20,887.77

ADD: 0.00

LESS:

CHECK #4865 S/B 3865 ALREADY PAID (562.73)

TOTAL OUTSTANDING 20,325.04

COMMERCE BANK-Outstanding Check List

As of 04/30/11

Account #7915911395

<u>#</u>	<u>Amount</u>	<u>Issued Date</u>
4885	662.73	9/4/09 This check a/b #3865 instead- already paid
437112	14.55	2/8/08
437431	314.63	2/22/08
437438	3.67	2/22/08
437677	596.05	3/7/08
437960	47.29	3/28/08
438651	85.66	5/2/08
440593	611.52	8/15/08
440852	611.52	8/29/08
440852	7.95	9/5/08
441393	611.53	9/26/08
441557	0.19	10/3/08
441656	611.51	10/10/08
442724	611.53	12/5/08
444164	6.97	2/20/09
444421	356.07	3/6/09
444690	336.07	3/20/09
445091	1,465.31	4/10/09
445756	654.49	5/15/09
445834	19.91	5/22/09
445931	781.47	5/29/09
446040	1,310.00	5/29/09
446422	230.63	6/19/09
446713	36.93	7/10/09
446836	9.33	7/17/09
447244	7.91	7/31/09
447875	4.96	9/4/09
448804	10.75	10/30/09
448918	0.73	11/6/09
449057	10.74	11/6/09
449385	2.00	11/27/09
449414	0.05	12/4/09
449754	1,295.28	12/18/09
450138	0.09	1/8/10
450156	2.91	1/15/10
450879	6.36	2/26/10
451128	1,495.33	3/12/10
451746	2,036.77	4/16/10
452395	1.59	6/4/10
452581	227.80	6/11/10
452931	464.41	7/9/10
453888	3,429.36	9/10/10
454238	7.16	3/25/11
454260	950.37	4/22/11
454266	1,035.69	4/22/11
TOTAL	20,887.77	
O/S	20,887.77	
DIFF:	0.00	



Bank

SMS565- 31
BANK NO. 0000004 TEAM NO. 151
ACCOUNT NO. 7915911995

NORTH GENERAL HOSPITAL
RECONCILIATION REPORT

REPORT CONSOLIDATED

PAGE 1
DATE 05/02/11
AS OF 04-30-11

C/D	SERIAL NUMBER	CHECK PD/POST	AMOUNT O/S	DATE PD/PST	DATE ISSUED	SEQ NO.	PAYEE IDENTIFICATION	C/D	SERIAL NUMBER	CHECK PD/POST	AMOUNT O/S	DATE PD/PST	DATE ISSUED	SEQ NO.	PAYEE IDENTIFICATION
	4865		562.73		090409				453888		3,429.36		091010		
	437112		14.55		020808				454238		7.16		032511		
	437431		314.63		022308				454246		1,101.32		041111		040811
	437438		3.67		022208				454247		982.07		041111		040811
	437677		596.05		030708				454248		1,201.33		041111		040811
	437960		47.29		032808				454249		950.36		041311		040811
	438551		85.66		050208				454250		1,146.14		041211		040811
	440593		611.52		081508				454251		924.99		041111		040811
	440852		611.52		082908				454252		1,185.35		041111		040811
	440952		7.95		090508				454253		1,868.33		041111		040811
	441393		611.53		092608				454254		1,035.67		041811		040811
	441557		.19		100308				454255		1,881.85		040811		040811
	441656		611.51		101008				454256		762.46		041111		040811
	442724		611.53		120508				454257		1,111.31		042511		042211
	444164		6.97		022009				454258		987.07		042511		042211
	444421		356.07		030609				454259		1,206.33		042211		042211
	444690		336.07		032009				454260		950.37		042211		042211
	445091		1,465.31		041009				454261		1,090.30		042711		042211
	445756		654.49		051509				454262		918.20		042511		042211
	445834		19.91		052209				454263		1,504.31		042511		042211
	445931		781.47		052909				454264		1,691.07		042711		042211
	446040		1,310.00		052909				454265		2,103.27		042211		042211
	446422		230.63		061909				454266		1,035.69		042211		042211
	446713		36.93		071009				454267		1,869.63		042211		042211
	446836		9.33		071709				454268		762.45		042211		042211
	447244		7.91		073109										
	447875		4.96		090409										
	448804		10.75		103009										
	448918		10.73		110609										
	449057		10.74		111309										
	449385		2.00		112709										
	449414		2.05		120409										
	449754		1,295.28		121809										
	450138		.09		010810										
	450156		2.91		011510										
	450879		6.36		022610										
	451128		1,495.33		031210										
	451746		2,036.77		041610										
	452395		1.59		060410										
	452581		227.80		061110										
	452931		464.41		070910										
	453005		958.41		070910										
	453039		386.81		072610										
	453107		1,214.59		073010										
	453129		1,176.36		072610										
	453152		1,764.48		072710										
	453226		542.80		072310										
	453269		506.84		080910										
	453271		531.98		080610										
	453450		1,119.08		080610										

o/s 20,887.77 45GT PAID 26,283.81 21GT

C/D Legend
m = missing check or range
1 = current period paid no issue
2 = canceled
3 = prior period paid no issue
4 = stopped, check has not been presented
5 = stopped, check has been presented
6 = force paid
* = stop expires in next recon cycle

MultiDay Balance Report -- for MARIA CRUZ
Date range: Apr 01, 2011 thru Apr 29, 2011

Bank Name: TD Bank
Account #: 7915911395 Account Name: Payroll Account (USD)

<input checked="" type="checkbox"/> Account Summary	Amount
Opening Ledger (as of 04/01/2011)	\$34,831.65
Total Credits	\$110,000.00
Total Debits	\$123,093.88
Closing Ledger (as of 04/29/2011)	\$21,737.77

<input checked="" type="checkbox"/> Detail Credit Transactions	Amount	Availability	Bank Ref.	Cust Ref.	Deposit Item Detail	Notes
04/05/2011 ACH Credit	\$50,000.00		000010549	0000000000		To cover Payroll
04/19/2011 ACH Credit	\$60,000.00		000009283	0000000000		TO COVER PAYROLL
Item Count 2		\$110,000.00				

<input checked="" type="checkbox"/> Detail Debit Transactions	Amount	Bank Ref.	Cust Ref.	Notes
04/06/2011 ACH Debit	\$28,196.84	680548029	0000000000	AC-NORTH GENERAL -PAYROLL -SETT-ADPNATION
04/07/2011 Outgoing Wire Transfer	\$361.54	700060553	0000000000	ADP TAX SVCS INC. REV. WIRE IMPOUND
04/08/2011 Check Paid	\$1,881.85	202498695	0000454255	CHECK CASHED
04/08/2011 Outgoing Wire Transfer	\$22,233.37	700081641	0000000000	ADP INC FUNDS MGMT
04/11/2011 Check Paid	\$1,868.33	725874891	0000454253	POD CHECK
04/11/2011 Check Paid	\$1,201.33	501322937	0000454248	CHECK
04/11/2011 Check Paid	\$1,185.35	504909149	0000454252	CHECK
04/11/2011 Check Paid	\$1,101.32	504672841	0000454246	CHECK
04/11/2011 Check Paid	\$982.07	501322939	0000454247	CHECK
04/11/2011 Check Paid	\$924.99	501322941	0000454251	CHECK
04/11/2011 Check Paid	\$762.46	105534981	0000454256	CHECK CASHED
04/12/2011 Check Paid	\$1,146.14	505692261	0000454250	CHECK
04/13/2011 Check Paid	\$950.36	503036735	0000454249	CHECK
04/18/2011 Check Paid	\$1,035.67	505651203	0000454254	CHECK
04/20/2011 ACH Debit	\$24,189.91	852794618	0000000000	AC-NORTH GENERAL -PAYROLL -SETT-ADPNATION
04/21/2011 Outgoing Wire Transfer	\$361.54	700060697	0000000000	ADP TAX SVCS INC. REV. WIRE IMPOUND
04/22/2011 Check Paid	\$2,103.27	503338031	0000454265	CHECK CASHED
04/22/2011 Check Paid	\$1,869.63	107563134	0000454267	CHECK CASHED
04/22/2011 Check Paid	\$1,206.33	500814883	0000454259	POD CHECK
04/22/2011 Check Paid	\$762.45	503353657	0000454268	CHECK CASHED
04/22/2011 Outgoing Wire Transfer	\$21,466.87	700082042	0000000000	ADP INC FUNDS MGMT
04/25/2011 Check Paid	\$1,504.31	501087981	0000454263	CHECK
04/25/2011 Check Paid	\$1,111.31	504131699	0000454257	CHECK
04/25/2011 Check Paid	\$987.07	504375359	0000454258	CHECK
04/25/2011 Check Paid	\$918.20	500976485	0000454262	CHECK
04/27/2011 Check Paid	\$1,691.07	503308803	0000454264	POD CHECK

NORTH GENERAL HOSPITAL FUND
TD BANK INSURANCE ACCOUNT
ACC# 1011-0127

A/C# 4253331022

GENERAL LEDGER BALANCE @ APRIL 29 , 2011

223,232.77

BALANCE PER BANK 04/29/11

223,232.77

PREPARED BY : MARIA CRUZ

APPROVED BY:

Maria Cruz
5/11/2011

Enter option number-- 1

North General Hospital Display Account Activity Processor

Tue May 10, 2011 01:51 pm

Entity : 01-NORTH GENERAL HOSPITAL Fiscal Year: 2011

Dept : 1011 - GENERAL FUND ACCOUNTS

Account: 01.27 - GFA-INSURANCE ACCOUNT TD BANK

Per	Period Actual	Period Budget	Variance	YTD Actual
BB	\$223,232.77	\$0.00	\$223,232.77	\$223,232.77
01	\$0.00	\$0.00	\$0.00	\$223,232.77
02	\$0.00	\$0.00	\$0.00	\$223,232.77
03	\$0.00	\$0.00	\$0.00	\$223,232.77
04	\$0.00	\$0.00	\$0.00	\$223,232.77
05	\$0.00	\$0.00	\$0.00	\$223,232.77
06	\$0.00	\$0.00	\$0.00	\$223,232.77
07	\$0.00	\$0.00	\$0.00	\$223,232.77
08	\$0.00	\$0.00	\$0.00	\$223,232.77
09	\$0.00	\$0.00	\$0.00	\$223,232.77
10	\$0.00	\$0.00	\$0.00	\$223,232.77
11	\$0.00	\$0.00	\$0.00	\$223,232.77
12	\$0.00	\$0.00	\$0.00	\$223,232.77
YTD	\$223,232.77	\$0.00	\$223,232.77	\$223,232.77

Enter period number --

'/' next account or '/P' previous account



T



474237 06DD1U21 1 010000
NORTH GENERAL HOSPITAL
INSURANCE ACCOUNT
DIP CASE#10-13553 DIST SDNY
1879 MADISON AVENUE
NEW YORK NY 10035

Page: 1 of 2
Statement Period: Apr 01 2011-Apr 30 2011
Cust Ref #: 4253331022-408-T-###
Primary Account #: 425-3331022

Business Analysis

NORTH GENERAL HOSPITAL
INSURANCE ACCOUNT
DIP CASE#10-13553 DIST SDNY

Account # 425-3331022

IMPORTANT INFORMATION REGARDING ONLINE BILL PAY

AS PART OF OUR ONGOING EFFORTS TO ENSURE THE HIGHEST LEVEL OF SECURITY ON YOUR ACCOUNTS, WE ARE MAKING A CHANGE TO THE LIMITS FOR ONLINE BILL PAYMENTS. EFFECTIVE APRIL 18, 2011, OUR TD ONLINE LIMITS WILL BE \$75,000/TRANSACTION AND \$100,000/DAY. EFFECTIVE MAY 18, 2011, FOR BUSINESS DIRECT CUSTOMERS, THE LIMITS WILL BE \$100,000/TRANSACTION AND \$200,000/DAY. WE ARE HERE TO HELP WITH QUESTIONS. CALL 1-800-493-7562.

ACCOUNT SUMMARY

Beginning Balance	223,232.77	Average Collected Balance	223,232.77
Ending Balance	223,232.77	Annual Percentage Yield Earned	0.00%
		Days in Period	30

DAILY ACCOUNT ACTIVITY

No Transactions this Statement Period

Call 1-800-YES-2000 for 24-hour Direct Banking service

How to Balance your Account

Begin by adjusting your account register as follows:

- Subtract any services charges shown on this statement.
- Subtract any automatic payments, transfers or other electronic withdrawals not previously recorded.
- Add any interest earned if you have an interest-bearing account.
- Add any automatic deposit or overdraft line of credit.
- Review all withdrawals shown on this statement and check them off in your account register.
- Follow instructions 2-5 to verify your ending account balance.

1. Your ending balance shown on this statement is:
2. List below the amount of deposits or credit transfers which do not appear on this statement. Total the deposits and enter on Line 2.
3. Subtotal by adding lines 1 and 2.
4. List below the total amount of withdrawals that do not appear on this statement. Total the withdrawals and enter on Line 4.
5. Subtract Line 4 from 3. This adjusted balance should equal your account balance.

1	Ending Balance	223,232.77
2	Total Deposits	+
3	Sub Total	
4	Total Withdrawals	-
5	Adjusted Balance	

2	DEPOSITS NOT ON STATEMENT	DOLLARS	CENTS
	Total Deposits		

1	WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS
	Total Withdrawals		

	WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS
	Total Withdrawals		

FOR CONSUMER ACCOUNTS ONLY — IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:

If you need information about an electronic fund transfer or if you believe there is an error on your bank statement or receipt relating to an electronic fund transfer, telephone the bank immediately at the phone number listed on the front of your statement or write to:

TD Bank, N.A., Deposit Operations Dept, P.O. Box 1377, Lewiston, Maine 04243-1377

We must hear from you no later than sixty (60) calendar days after we sent you the first statement upon which the error or problem first appeared. When contacting the Bank, please explain as clearly as you can why you believe there is an error or why more information is needed. Please include:

- Your name and account number.
- A description of the error or transaction you are unsure about.
- The dollar amount and date of the suspected error.

When making a verbal inquiry, the Bank may ask that you send us your complaint in writing within ten (10) business days after the first telephone call.

We will investigate your complaint and will correct any error promptly. If we take more than ten (10) business days to do this, we will credit your account for the amount you think is in error, so that you have the use of the money during the time it takes to complete our investigation.

INTEREST NOTICE

Total interest credited by the Bank to you this year will be reported by the Bank to the Internal Revenue Service and State tax authorities. The amount to be reported will be reported separately to you by the Bank.

FOR CONSUMER LOAN ACCOUNTS ONLY — BILLING RIGHTS SUMMARY

In case of Errors or Questions About Your Bill:

If you think your bill is wrong, or if you need more information about a transaction on your bill, write us at P.O. Box 1377, Lewiston, Maine 04243-1377 as soon as possible. We must hear from you no later than sixty (60) days after we sent you the FIRST bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights. In your letter, give us the following information:

- Your name and account number..
- The dollar amount of the suspected error.
- Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

FINANCE CHARGES: Although the Bank uses the Daily Balance method to calculate the finance charge on your Moneyline/Overdraft Protection account (the term "OBP" or "OD" refers to Overdraft Protection), the Bank discloses the Average Daily Balance on the periodic statement as an easier method for you to calculate the finance charge. The finance charge begins to accrue on the date advances and other debits are posted to your account and will continue until the balance has been paid in full. To compute the fin

**BANK RECONCILIATION
TD BANK
OPERATING ACCOUNT
ACC # 1011 - 0126**

Acc# 4253331030

Purpose of the account: OPERATING ACCOUNT

GENERAL LEDGER BALANCE @ 4/29/2011	<u>\$ 421,330.44</u>
------------------------------------	----------------------

ADD: CUT CHECKS NOT CLEARED BY A BANK (See attachment of checks o/s)	348,967.29
---	------------

LESS:

BANK BALANCE @ 4/29/2011	<u>\$ 770,297.73</u>
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Note: See the attached worksheet.

PREPARED BY: Maria Cruz

APPROVED BY:

Maria Cruz
5/11/2011

Enter option number-- 1

North General Hospital Display Account Activity Processor

Wed May 04, 2011 01:31 pm

Entity : 01-NORTH GENERAL HOSPITAL Fiscal Year: 2011

Dept : 1011 - GENERAL FUND ACCOUNTS

Account: 01.26 - GFA-OPERATING ACCOUNT TD BANK

Per	Period Actual	Period Budget	Variance	YTD Actual
BB	\$3,892.13	\$0.00	\$3,892.13	\$3,892.13
01	\$21,864.35	\$0.00	\$21,864.35	\$25,756.48
02	\$1,114,319.44	\$0.00	\$1,114,319.44	\$1,140,075.92
03	\$294,226.18-	\$0.00	\$294,226.18-	\$845,849.74
04	\$424,519.30-	\$0.00	\$424,519.30-	\$421,330.44
05	\$180,303.80-	\$0.00	\$180,303.80-	\$241,026.64
06	\$0.00	\$0.00	\$0.00	\$241,026.64
07	\$0.00	\$0.00	\$0.00	\$241,026.64
08	\$0.00	\$0.00	\$0.00	\$241,026.64
09	\$0.00	\$0.00	\$0.00	\$241,026.64
10	\$0.00	\$0.00	\$0.00	\$241,026.64
11	\$0.00	\$0.00	\$0.00	\$241,026.64
12	\$0.00	\$0.00	\$0.00	\$241,026.64
YTD	\$241,026.64	\$0.00	\$241,026.64	\$241,026.64

Enter period number --

'/' next account or '/P' previous account

Check Code: 1 AP TRADE ACCOUNTS PAYABLE
Checking Account Number : 6301-489625-509
Bank Reconciliation Date: 04/30/2011

Fiscal Year/Period	Check Number	Check Date	Check Amount	Vendor Number	Vendor Name
2011 04	75360	04/01/2011	230.00	3047	NYC FIRE DEPARTMENT
2011 04	75365	04/01/2011	230.00	8178	WELLCARE OF NEW YORK INC
2011 04	75382	04/14/2011	504.00	3296	HIP
2011 04	75384	04/14/2011	965.20	376	INFINITY LIGHTING
2011 04	75397	04/20/2011	20,025.95	2399	BURNS INT'L SECURITY SERVICES
2011 04	75398	04/20/2011	2,400.00	8179	CITI STORAGE
2011 04	75406	04/26/2011	113.00	8191	1099SEIU NATIONAL BENEFIT FUND
2011 04	75407	04/26/2011	845.29	10	A D P AUTOMATIC DATA PROC
2011 04	75408	04/26/2011	105.33	6385	AFFINITY HEALTH PLAN
2011 04	75409	04/26/2011	675.00	8193	ALL HANDS SERVICES
2011 04	75410	04/26/2011	16,873.00	2399	BURNS INT'L SECURITY SERVICES
2011 04	75411	04/26/2011	85.00	8179	CITI STORAGE
2011 04	75412	04/26/2011	1,128.42	8192	CLEANING SYSTEMS
2011 04	75413	04/26/2011	13,750.00	6588	DELL MARKETING L.P.
2011 04	75414	04/26/2011	239,078.33	7885	HEALTHCARE MANAGEMENT SOLUTIONS, LLC
2011 04	75415	04/26/2011	164.65	7854	RP PRODUCTS CORPORATION
2011 04	75416	04/26/2011	11,925.23	103	NATIONAL BENEFIT FUND
2011 04	75417	04/26/2011	3,235.34	8166	NEW YORK STATE INSURANCE FUND
2011 04	75418	04/26/2011	935.25	6412	ROYAL WASTE SERVICES, INC.
2011 04	75419	04/26/2011	33,083.79	2598	TRANE
2011 04	75420	04/26/2011	2,430.51	7646	VERIZON BUSINESS
2011 04	75421	04/26/2011	184.00	8178	WELLCARE OF NEW YORK INC

Number of Outstanding Checks: 22
Total Dollar Amount Outstanding: 348,967.29

Entity Total of Outstanding Checks: 41
Entity Total of Dollar Amount Outstanding: 356,098.30

End of Report

numbers
CUSTOMER

T



474238 06DD1U21 1 010000
 NORTH GENERAL HOSPITAL
 OPERATING ACCOUNT
 DIP CASE#10-13553 DIST SDNY
 1879 MADISON AVENUE
 NEW YORK NY 10035

Page: 1 of 4
 Statement Period: Apr 01 2011-Apr 30 2011
 Cust Ref #: 4253331030-408-T-###
 Primary Account #: 425-3331030

Business Analysis

NORTH GENERAL HOSPITAL
 OPERATING ACCOUNT
 DIP CASE#10-13553 DIST SDNY

Account # 425-3331030

IMPORTANT INFORMATION REGARDING ONLINE BILL PAY

AS PART OF OUR ONGOING EFFORTS TO ENSURE THE HIGHEST LEVEL OF SECURITY ON YOUR ACCOUNTS, WE ARE MAKING A CHANGE TO THE LIMITS FOR ONLINE BILL PAYMENTS. EFFECTIVE APRIL 18, 2011, OUR TD ONLINE LIMITS WILL BE \$75,000/TRANSACTION AND \$100,000/DAY. EFFECTIVE MAY 18, 2011, FOR BUSINESS DIRECT CUSTOMERS, THE LIMITS WILL BE \$100,000/TRANSACTION AND \$200,000/DAY. WE ARE HERE TO HELP WITH QUESTIONS. CALL 1-800-493-7562.

ACCOUNT SUMMARY

Beginning Balance	960,026.20	Average Collected Balance	908,794.65
Deposits	381,224.65	Annual Percentage Yield Earned	0.00%
Electronic Deposits	79,257.64	Days in Period	30
Checks Paid	527,442.53		
Electronic Payments	122,768.23		
Ending Balance	770,297.73		

DAILY ACCOUNT ACTIVITY

Deposits

POSTING DATE	DESCRIPTION	SERIAL NO.	AMOUNT
4/5	DEPOSIT		30,751.55
4/5	DEPOSIT		3,835.00
4/5	DEPOSIT		1,272.00
4/5	DEPOSIT		1,073.14
4/7	DEPOSIT		60,037.50
4/7	DEPOSIT		1,250.00
4/11	DEPOSIT		14,979.51
4/11	DEPOSIT		14,429.47
4/11	DEPOSIT		1,915.00
4/11	DEPOSIT		895.00
4/15	DEPOSIT		134,961.16
4/15	DEPOSIT		32,212.00
4/20	DEPOSIT		2,428.21
4/21	DEPOSIT		62,345.35
4/21	DEPOSIT		1,268.00
4/22	DEPOSIT		759.00
4/27	DEPOSIT		11,665.38
4/27	DEPOSIT		518.80

Call 1-800-YES-2000 for 24-hour Direct Banking service

How to Balance your Account

Begin by adjusting your account register as follows:

- Subtract any services charges shown on this statement.
- Subtract any automatic payments, transfers or other electronic withdrawals not previously recorded.
- Add any interest earned if you have an interest-bearing account.
- Add any automatic deposit or overdraft line of credit.
- Review all withdrawals shown on this statement and check them off in your account register.
- Follow instructions 2-5 to verify your ending account balance.

1. Your ending balance shown on this statement is:
2. List below the amount of deposits or credit transfers which do not appear on this statement. Total the deposits and enter on Line 2.
3. Subtotal by adding lines 1 and 2.
4. List below the total amount of withdrawals that do not appear on this statement. Total the withdrawals and enter on Line 4.
5. Subtract Line 4 from 3. This adjusted balance should equal your account balance.

1	Ending Balance	770,297.73
2	Total Deposits	+
3	Sub Total	
4	Total Withdrawals	-
5	Adjusted Balance	

2	DEPOSITS NOT ON STATEMENT	DOLLARS	CENTS
	Total Deposits		

1	WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS
	Total Withdrawals		

	WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS
	Total Withdrawals		

FOR CONSUMER ACCOUNTS ONLY — IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:

If you need information about an electronic fund transfer or if you believe there is an error on your bank statement or receipt relating to an electronic fund transfer, telephone the bank immediately at the phone number listed on the front of your statement or write to:

TD Bank, N.A., Deposit Operations Dept, P.O. Box 1377, Lewiston, Maine 04243-1377

We must hear from you no later than sixty (60) calendar days after we sent you the first statement upon which the error or problem first appeared. When contacting the Bank, please explain as clearly as you can why you believe there is an error or why more information is needed. Please include:

- Your name and account number.
- A description of the error or transaction you are unsure about.
- The dollar amount and date of the suspected error.

When making a verbal inquiry, the Bank may ask that you send us your complaint in writing within ten (10) business days after the first telephone call.

We will investigate your complaint and will correct any error promptly. If we take more than ten (10) business days to do this, we will credit your account for the amount you think is in error, so that you have the use of the money during the time it takes to complete our investigation.

INTEREST NOTICE

Total interest credited by the Bank to you this year will be reported by the Bank to the Internal Revenue Service and State tax authorities. The amount to be reported will be reported separately to you by the Bank.

FOR CONSUMER LOAN ACCOUNTS ONLY — BILLING RIGHTS SUMMARY

In case of Errors or Questions About Your Bill:

If you think your bill is wrong, or if you need more information about a transaction on your bill, write us at P.O. Box 1377, Lewiston, Maine 04243-1377 as soon as possible. We must hear from you no later than sixty (60) days after we sent you the FIRST bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights. In your letter, give us the following information:

- Your name and account number.
- The dollar amount of the suspected error.
- Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

FINANCE CHARGES: Although the Bank uses the Daily Balance method to calculate the finance charge on your MoneyLine/Overdraft Protection account (the term "ODP" or "OD" refers to Overdraft Protection), the Bank discloses the Average Daily Balance on the periodic statement as an easier method for you to calculate the finance charge. The finance charge begins to accrue on the date advances and other debits are posted to your account and will continue until the balance has been paid in full. To compute the fin



NORTH GENERAL HOSPITAL
 OPERATING ACCOUNT
 DIP CASE#10-13553 DIST SDNY

Page: 3 of 4
 Statement Period: Apr 01 2011-Apr 30 2011
 Cust Ref #: 4253331030-408-T-###
 Primary Account #: 425-3331030

DAILY ACCOUNT ACTIVITY

Deposits (continued)

POSTING DATE	DESCRIPTION	SERIAL NO.	AMOUNT
4/27	DEPOSIT		458.25
4/29	DEPOSIT		3,621.33
4/29	DEPOSIT		549.00
Subtotal:			381,224.65

Electronic Deposits

POSTING DATE	DESCRIPTION	SERIAL NO.	AMOUNT
4/4	CCD DEPOSIT		13,045.97
	NYS DOH PAYMENTS	00355142	
4/4	CCD DEPOSIT		5,619.91
	NYS DOH PAYMENTS	02577993	
4/7	CCD DEPOSIT		36,773.26
	NYS DOH PAYMENTS	00355142	
4/7	CCD DEPOSIT		2,076.98
	NYS DOH PAYMENTS	02577993	
4/14	CCD DEPOSIT		10,107.35
	NYS DOH PAYMENTS	00355142	
4/14	CCD DEPOSIT		525.21
	NYS DOH PAYMENTS	02577993	
4/21	CCD DEPOSIT		3,983.25
	NYS DOH PAYMENTS	02577993	
4/21	CCD DEPOSIT		2,941.63
	NYS DOH PAYMENTS	00355142	
4/28	CCD DEPOSIT		3,067.56
	NYS DOH PAYMENTS	00355142	
4/28	CCD DEPOSIT		1,116.52
	NYS DOH PAYMENTS	02577993	
Subtotal:			79,257.64

Checks Paid

No. Checks: 51

*Indicates break in serial sequence or check processed electronically and listed under Electronic Payments

DATE	SERIAL NO.	AMOUNT	DATE	SERIAL NO.	AMOUNT
4/26	75335	50.00	4/8	75358	13,750.00
4/5	75349*	638.13	4/13	75359	3,235.33
4/11	75350	3,332.51	4/11	75361*	5,575.99
4/12	75351	176.11	4/8	75362	1,224.90
4/8	75352	1,715.00	4/21	75363	10,845.80
4/18	75353	140.00	4/11	75364	539.49
4/8	75354	34,537.12	4/12	75366*	1,187.17
4/11	75355	254.40	4/15	75367	15,024.70
4/8	75356	9,521.88	4/18	75368	13,750.00
4/8	75357	130.00	4/18	75369	7,000.00

Call 1-800-YES-2000 for 24-hour Direct Banking service

NORTH GENERAL HOSPITAL
 OPERATING ACCOUNT
 DIP CASE#10-13553 DIST SDNY

 Page: 4 of 4
 Statement Period: Apr 01 2011-Apr 30 2011
 Cust Ref #: 4253331030-408-T-###
 Primary Account #: 425-3331030

DAILY ACCOUNT ACTIVITY
Checks Paid (continued)

*Indicates break in serial sequence or check processed electronically and listed under Electronic Payments

DATE	SERIAL NO.	AMOUNT	DATE	SERIAL NO.	AMOUNT
4/18	75370	68,891.46	4/27	75388	1,534.45
4/14	75371	144,846.80	4/22	75389	59.87
4/19	75372	11,400.30	4/22	75390	2,495.35
4/22	75373	877.19	4/20	75391	1,273.35
4/22	75374	354.80	4/20	75392	325.95
4/22	75375	16,144.38	4/21	75393	278.98
4/21	75376	14,260.27	4/26	75394	27,319.21
4/22	75377	30.00	4/27	75395	212.33
4/25	75378	13,750.00	4/26	75396	1,715.00
4/20	75379	40.00	4/29	75399*	50,985.74
4/21	75380	4,089.56	4/25	75400	27,500.00
4/22	75381	292.04	4/27	75401	140.00
4/25	75383*	2,230.48	4/27	75402	5,579.79
4/20	75385*	588.04	4/27	75403	1,305.76
4/26	75386	50.00	4/26	75404	6,142.90
4/21	75387	100.00			

Subtotal: 527,442.53

Electronic Payments

POSTING DATE	DESCRIPTION	SERIAL NO.	AMOUNT
4/5	TREASURY DIRECT DEBIT To cover Payroll		50,000.00
4/15	TREASURY DIRECT DEBIT IFH FUND		12,768.23
4/19	TREASURY DIRECT DEBIT TO COVER PAYROLL		60,000.00

Subtotal: 122,768.23

DAILY BALANCE SUMMARY

DATE	BALANCE	DATE	BALANCE
3/31	960,026.20	4/18	937,546.99
4/4	978,692.08	4/19	866,146.69
4/5	964,985.64	4/20	866,347.56
4/7	1,065,123.38	4/21	907,311.18
4/8	1,004,244.48	4/22	887,816.55
4/11	1,026,761.07	4/25	844,336.07
4/12	1,025,397.79	4/26	809,058.96
4/13	1,022,162.46	4/27	812,929.06
4/14	887,948.22	4/28	817,113.14
4/15	1,027,328.45	4/29	770,297.73

Call 1-800-YES-2000 for 24-hour Direct Banking service

**NORTH GENERAL HOSPITAL
MHC - LOCK BOX
ACC# 1011-0099**

BANK: TD BANK
Account number: 7916181279
Purpose of account: For Medical House Call

GENERAL LEDGER BALANCE AS OF 4/29/2011

\$ -

BALANCE CONSISTS OF:

LESS:

TD BANK BALANCE AS OF 4/29/2011

\$ -

NOTE: BALANCE OF \$3,545.57 WAS TRANSFERRED TO THE TD BANK OPERATING ACCOUNT
IN NOVEMBER 2010.

PREPARED BY: Maria Cruz

APPROVED BY:

MT
5/11/2011



America's Most Convenient Bank®



STATEMENT OF ACCOUNT

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572053 06DD1U25 1 010000
NORTH GENERAL HOSPITAL LOCK BOX ACCOUNT
C/O PAULETTE SENIOR
DIP CASE#10-13553 SDNY
1879 MADISON AVE
NEW YORK NY 10035

Page: 1 of 2
Statement Period: Apr 01 2011-Apr 30 2011
Cust Ref #: 7916181279-039-T-***
Primary Account #: 791-6181279

Chapter 11 Checking

NORTH GENERAL HOSPITAL LOCK BOX ACCOUNT
C/O PAULETTE SENIOR
DIP CASE#10-13553 SDNY

Account # 791-6181279

IMPORTANT INFORMATION REGARDING ONLINE BILL PAY

AS PART OF OUR ONGOING EFFORTS TO ENSURE THE HIGHEST LEVEL OF SECURITY ON YOUR ACCOUNTS, WE ARE MAKING A CHANGE TO THE LIMITS FOR ONLINE BILL PAYMENTS. EFFECTIVE APRIL 18, 2011, OUR TD ONLINE LIMITS WILL BE \$75,000/TRANSACTION AND \$100,000/DAY. ANY TRANSACTIONS ABOVE THOSE LIMITS CAN CONTINUE TO BE PROCESSED THROUGH A CHECK OR WIRE PAYMENT. WE ARE HERE TO HELP WITH QUESTIONS. CALL US AT 1-800-493-7562.

ACCOUNT SUMMARY

Statement Balance as of 04/01	0.00
Plus 0 Deposits and Other Credits	0.00
Less 0 Checks and Other Debits	0.00
Statement Balance as of 04/30	0.00

DAILY ACCOUNT ACTIVITY

No Transactions this Statement Period

Call 1-800-YES-2000 for 24-hour Direct Banking service



How to Balance your Account

Begin by adjusting your account register as follows:

- Subtract any services charges shown on this statement.
- Subtract any automatic payments, transfers or other electronic withdrawals not previously recorded.
- Add any interest earned if you have an interest-bearing account.
- Add any automatic deposit or overdraft line of credit.
- Review all withdrawals shown on this statement and check them off in your account register.
- Follow instructions 2-5 to verify your ending account balance.

1. Your ending balance shown on this statement is:
2. List below the amount of deposits or credit transfers which do not appear on this statement. Total the deposits and enter on Line 2.
3. Subtotal by adding lines 1 and 2.
4. List below the total amount of withdrawals that do not appear on this statement. Total the withdrawals and enter on Line 4.
5. Subtract Line 4 from 3. This adjusted balance should equal your account balance.

1	Ending Balance	0.00
2	Total Deposits	+
3	Sub Total	
4	Total Withdrawals	-
5	Adjusted Balance	

2	DEPOSITS NOT ON STATEMENT	DOLLARS	CENTS
	Total Deposits		

3	WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS
	Total Withdrawals		

4	WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS
	Total Withdrawals		

FOR CONSUMER ACCOUNTS ONLY – IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:

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TD Bank, N.A., Deposit Operations Dept, P.O. Box 1377, Lewiston, Maine 04243-1377

We must hear from you no later than sixty (60) calendar days after we sent you the first statement upon which the error or problem first appeared. When contacting the Bank, please explain as clearly as you can why you believe there is an error or why more information is needed. Please include:

- Your name and account number.
- A description of the error or transaction you are unsure about.
- The dollar amount and date of the suspected error.

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We will investigate your complaint and will correct any error promptly. If we take more than ten (10) business days to do this, we will credit your account for the amount you think is in error, so that you have the use of the money during the time it takes to complete our investigation.

INTEREST NOTICE

Total interest credited by the Bank to you this year will be reported by the Bank to the Internal Revenue Service and State tax authorities. The amount to be reported will be reported separately to you by the Bank.

FOR CONSUMER LOAN ACCOUNTS ONLY – BILLING RIGHTS SUMMARY

In case of Errors or Questions About Your Bill:
 If you think your bill is wrong, or if you need more information about a transaction on your bill, write us at P.O. Box 1377, Lewiston, Maine 04243-1377 as soon as possible. We must hear from you no later than sixty (60) days after we sent you the FIRST bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights. In your letter, give us the following information:

- Your name and account number..
- The dollar amount of the suspected error.
- Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

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FINANCE CHARGES: Although the Bank uses the Daily Balance method to calculate the finance charge on your Moneyline/Overdraft Protection account (the term "ODP" or "OD" refers to Overdraft Protection), the Bank discloses the Average Daily Balance on the periodic statement as an easier method for you to calculate the finance charge. The finance charge begins to accrue on the date advances and other debits are posted to your account and will continue until the balance has been paid in full. To compute the fin

**BANK RECONCILIATION
TD BANK
SPECIAL OPERATING
ACC # 1011 - 0128**

Acc# 4253330975

Purpose of the account: Special Acc for Equipment Sold to Institute for FH

GENERAL LEDGER BALANCE @ 4/29/2011

\$ 127,768.23

ADD:

LESS:

BANK BALANCE @ 4/29/2011

\$ 127,768.23

Note: See the attached worksheet.

PREPARED BY: MARIA CRUZ

APPROVED BY:

Maria Cruz
5/11/2011

North General Hospital Display Account Activity Processor

Wed May 04, 2011 02:50 pm

Entity : 01-NORTH GENERAL HOSPITAL Fiscal Year: 2011

Dept : 1011 - GENERAL FUND ACCOUNTS

Account: 01.28 - GFA-SPECIAL OPERATING-IFH TD BANK

Per	Period Actual	Period Budget	Variance	YTD Actual
BB	\$40,000.00	\$0.00	\$40,000.00	\$40,000.00
01	\$10,000.00	\$0.00	\$10,000.00	\$50,000.00
02	\$10,000.00	\$0.00	\$10,000.00	\$60,000.00
03	\$10,000.00	\$0.00	\$10,000.00	\$70,000.00
04	\$57,768.23	\$0.00	\$57,768.23	\$127,768.23
05	\$0.00	\$0.00	\$0.00	\$127,768.23
06	\$0.00	\$0.00	\$0.00	\$127,768.23
07	\$0.00	\$0.00	\$0.00	\$127,768.23
08	\$0.00	\$0.00	\$0.00	\$127,768.23
09	\$0.00	\$0.00	\$0.00	\$127,768.23
10	\$0.00	\$0.00	\$0.00	\$127,768.23
11	\$0.00	\$0.00	\$0.00	\$127,768.23
12	\$0.00	\$0.00	\$0.00	\$127,768.23
YTD	\$127,768.23	\$0.00	\$127,768.23	\$127,768.23

Enter period number --

'/' next account or '/P' previous account

TD BANK - OPERATING ACCOUNT

BANK ACC# 4256661030

G/L ACC# 1011-0126

SUMMARY:

PERIOD:	DEPOSITS:	DEPOSITS	BANK INT.INC	WIRE	WITHDRAWALS	BANK BALANCE	NOTE:
2010							
DEC	40,000.00					40,000.00	
2011							
JAN	10,000.00					10,000.00	
FEB	10,000.00					10,000.00	
MAR	10,000.00					10,000.00	
APR	10,000.00	35,000.00			12,768.23	57,768.23	
MAY							
JUN							
JUL							
AUG							
TOTAL 2011	80,000.00	35,000.00	-	-	12,768.23	127,768.23	

Prepared by : Maria Cruz



America's Most Convenient Bank®

STATEMENT OF ACCOUNT



T



474236 06DD1U21 1 010000
NORTH GENERAL HOSPITAL
SPECIAL OPERATING
DIP CASE#10-13553 DIST SDNY
1879 MADISON AVENUE
NEW YORK NY 10035

Page: 1 of 2
Statement Period: Apr 01 2011-Apr 30 2011
Cust Ref #: 4253330975-408-T-###
Primary Account #: 425-3330975

Business Analysis

NORTH GENERAL HOSPITAL
SPECIAL OPERATING
DIP CASE#10-13553 DIST SDNY

Account # 425-3330975

IMPORTANT INFORMATION REGARDING ONLINE BILL PAY

AS PART OF OUR ONGOING EFFORTS TO ENSURE THE HIGHEST LEVEL OF SECURITY ON YOUR ACCOUNTS, WE ARE MAKING A CHANGE TO THE LIMITS FOR ONLINE BILL PAYMENTS. EFFECTIVE APRIL 18, 2011, OUR TD ONLINE LIMITS WILL BE \$75,000/TRANSACTION AND \$100,000/DAY. EFFECTIVE MAY 18, 2011, FOR BUSINESS DIRECT CUSTOMERS, THE LIMITS WILL BE \$100,000/TRANSACTION AND \$200,000/DAY. WE ARE HERE TO HELP WITH QUESTIONS. CALL 1-800-493-7562.

ACCOUNT SUMMARY

Beginning Balance	70,000.00	Average Collected Balance	93,653.05
Deposits	35,000.00	Annual Percentage Yield Earned	0.00%
Electronic Deposits	12,768.23	Days in Period	30
Other Credits	10,000.00		
Ending Balance	127,768.23		

DAILY ACCOUNT ACTIVITY

Deposits

POSTING DATE	DESCRIPTION	SERIAL NO.	AMOUNT
4/15	DEPOSIT		35,000.00
		Subtotal:	35,000.00

Electronic Deposits

POSTING DATE	DESCRIPTION	SERIAL NO.	AMOUNT
4/15	TREASURY DIRECT CREDIT IFH FUND		12,768.23
		Subtotal:	12,768.23

Other Credits

POSTING DATE	DESCRIPTION	SERIAL NO.	AMOUNT
4/26	WIRE TRANSFER INCOMING INSTITUTE FOR URBAN FAMILY HEALTH		10,000.00
		Subtotal:	10,000.00

DAILY BALANCE SUMMARY

DATE	BALANCE	DATE	BALANCE
3/31	70,000.00	4/26	127,768.23
4/15	117,768.23		

Call 1-800-YES-2000 for 24-hour Direct Banking service



How to Balance your Account

Begin by adjusting your account register as follows:

- Subtract any services charges shown on this statement.
- Subtract any automatic payments, transfers or other electronic withdrawals not previously recorded.
- Add any interest earned if you have an interest-bearing account.
- Add any automatic deposit or overdraft line of credit.
- Review all withdrawals shown on this statement and check them off in your account register.
- Follow instructions 2-5 to verify your ending account balance.

1. Your ending balance shown on this statement is:
2. List below the amount of deposits or credit transfers which do not appear on this statement. Total the deposits and enter on Line 2.
3. Subtotal by adding lines 1 and 2.
4. List below the total amount of withdrawals that do not appear on this statement. Total the withdrawals and enter on Line 4.
5. Subtract Line 4 from 3. This adjusted balance should equal your account balance.

1	Ending Balance	127,768.23
2	Total Deposits	+
3	Sub Total	
4	Total Withdrawals	-
5	Adjusted Balance	

2	DEPOSITS NOT ON STATEMENT	DOLLARS	CENTS
	Total Deposits		

3	WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS
	Total Withdrawals		

	WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS
	Total Withdrawals		

FOR CONSUMER ACCOUNTS ONLY — IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:

If you need information about an electronic fund transfer or if you believe there is an error on your bank statement or receipt relating to an electronic fund transfer, telephone the bank immediately at the phone number listed on the front of your statement or write to:

TD Bank, N.A., Deposit Operations Dept, P.O. Box 1377, Lewiston, Maine 04243-1377

We must hear from you no later than sixty (60) calendar days after we sent you the first statement upon which the error or problem first appeared. When contacting the Bank, please explain as clearly as you can why you believe there is an error or why more information is needed. Please include:

- Your name and account number.
- A description of the error or transaction you are unsure about.
- The dollar amount and date of the suspected error.

When making a verbal inquiry, the Bank may ask that you send us your complaint in writing within ten (10) business days after the first telephone call.

We will investigate your complaint and will correct any error promptly. If we take more than ten (10) business days to do this, we will credit your account for the amount you think is in error, so that you have the use of the money during the time it takes to complete our investigation.

INTEREST NOTICE

Total interest credited by the Bank to you this year will be reported by the Bank to the Internal Revenue Service and State tax authorities. The amount to be reported will be reported separately to you by the Bank.

FOR CONSUMER LOAN ACCOUNTS ONLY — BILLING RIGHTS SUMMARY

In case of Errors or Questions About Your Bill:

If you think your bill is wrong, or if you need more information about a transaction on your bill, write us at P.O. Box 1377, Lewiston, Maine 04243-1377 as soon as possible. We must hear from you no later than sixty (60) days after we sent you the FIRST bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights. In your letter, give us the following information:

- Your name and account number.
- The dollar amount of the suspected error.
- Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

FINANCE CHARGES: Although the Bank uses the Daily Balance method to calculate the finance charge on your Moneyline/Overdraft Protection account (the term "ODP" or "OD" refers to Overdraft Protection), the Bank discloses the Average Daily Balance on the periodic statement as an easier method for you to calculate the finance charge. The finance charge begins to accrue on the date advances and other debits are posted to your account and will continue until the balance has been paid in full. To compute the fin

NORTH GENERAL HOSPITAL FUND
TD BANK PREMIER MONEY MARKET GRANT
ACC# 1011-0107

A/C# 791-5340504

GENERAL LEDGER BALANCE @ APRIL 30, 2011

265,576.93

BALANCE PER BANK 04/30/11

265,576.93

PREPARED BY : MARIA CRUZ

APPROVED BY:

Monica Teu

5/11/2011

Enter option number-- 1

North General Hospital Display Account Activity Processor

Tue May 10, 2011 01:51 pm

Entity : 01-NORTH GENERAL HOSPITAL Fiscal Year: 2011

Dept : 1011 - GENERAL FUND ACCOUNTS

Account: 01.07 - GFA-COMMERCE NGH GRANTS

Per	Period Actual	Period Budget	Variance	YTD Actual
BB	\$265,533.27	\$0.00	\$265,533.27	\$265,533.27
01	\$11.28	\$0.00	\$11.28	\$265,544.55
02	\$10.19	\$0.00	\$10.19	\$265,554.74
03	\$11.28	\$0.00	\$11.28	\$265,566.02
04	\$10.91	\$0.00	\$10.91	\$265,576.93
05	\$0.00	\$0.00	\$0.00	\$265,576.93
06	\$0.00	\$0.00	\$0.00	\$265,576.93
07	\$0.00	\$0.00	\$0.00	\$265,576.93
08	\$0.00	\$0.00	\$0.00	\$265,576.93
09	\$0.00	\$0.00	\$0.00	\$265,576.93
10	\$0.00	\$0.00	\$0.00	\$265,576.93
11	\$0.00	\$0.00	\$0.00	\$265,576.93
12	\$0.00	\$0.00	\$0.00	\$265,576.93
YTD	\$265,576.93	\$0.00	\$265,576.93	\$265,576.93

Enter period number --

'/' next account or '/P' previous account



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STATEMENT OF ACCOUNT



T



570532 06DD1U25 1 010000
NORTH GENERAL HOSPITAL
GRANTS C/O PAULETTE SENIOR
DIP CASE#10-13553 SDNY
1879 MADISON AVE
NEW YORK NY 10035

Page: 1 of 2
Statement Period: Apr 01 2011-Apr 30 2011
Cust Ref #: 7915340504-041-T-***
Primary Account #: 791-5340504

Chapter 11 Money Market

NORTH GENERAL HOSPITAL
GRANTS C/O PAULETTE SENIOR
DIP CASE#10-13553 SDNY

Account # 791-5340504

IMPORTANT INFORMATION REGARDING ONLINE BILL PAY

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ACCOUNT SUMMARY

Statement Balance as of 04/01		265,566.02
Plus	0 Deposits and Other Credits	0.00
Plus	Interest Paid	10.91
Less	0 Checks and Other Debits	0.00
Statement Balance as of 04/30		265,576.93

ACCOUNT ACTIVITY

Transactions by Date

DATE	DESCRIPTION	DEBIT	CREDIT	BALANCE
4/29	INTEREST PAID		10.91	265,576.93

INTEREST SUMMARY

Beginning Interest Rate	0.05%
Number of Days in this Statement Period	30
Interest Earned this Statement Period	10.91
Annual Percentage Yield Earned this Statement Period (APY)	0.05%
Interest Paid Year to Date	43.66

Call 1-800-YES-2000 for 24-hour Direct Banking service



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- Add any automatic deposit or overdraft line of credit.
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3. Subtotal by adding lines 1 and 2.
4. List below the total amount of withdrawals that do not appear on this statement. Total the withdrawals and enter on Line 4.
5. Subtract Line 4 from 3. This adjusted balance should equal your account balance.

1	Ending Balance	265,576.93
2	Total Deposits	+
3	Sub Total	
4	Total Withdrawals	-
5	Adjusted Balance	

2	DEPOSITS NOT ON STATEMENT	DOLLARS	CENTS
	Total Deposits		

3	WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS
	Total Deposits		

4	WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS
	Total Withdrawals		

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- The dollar amount and date of the suspected error.

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We will investigate your complaint and will correct any error promptly. If we take more than ten (10) business days to do this, we will credit your account for the amount you think is in error, so that you have the use of the money during the time it takes to complete our investigation.

INTEREST NOTICE

Total interest credited by the Bank to you this year will be reported by the Bank to the Internal Revenue Service and State tax authorities. The amount to be reported will be reported separately to you by the Bank.

FOR CONSUMER LOAN ACCOUNTS ONLY — BILLING RIGHTS SUMMARY

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- The dollar amount of the suspected error.
- Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

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**BANK RECONCILIATION
NORTH GENERAL PHYSICIAN SERVICES, PLLC
TD BANK
ACC # 1011-0113**

Acc# 7918340626

Purpose of the account: To monitor the bank activity of NG Physician Services

GENERAL LEDGER BALANCE @ 4/29/2011

\$ 4,227.44

ADD:

LESS:

BANK BALANCE @ 4/29/2011

\$ 4,227.44

Note: See the attached worksheet.

PREPARED BY: MARIA CRUZ

APPROVED BY:

Maria Cruz
5/11/2011

North General Hospital Display Account Activity Processor

Wed May 04, 2011 02:50 pm

Entity : 01-NORTH GENERAL HOSPITAL
Dept : 1011 - GENERAL FUND ACCOUNTS
Account: 01.13 - GFA-CASH PHYSICIAN SERVICES

Fiscal Year: 2011

Per	Period Actual	Period Budget	Variance	YTD Actual
BB	\$4,225.35	\$0.00	\$4,225.35	\$4,225.35
01	\$0.54	\$0.00	\$0.54	\$4,225.89
02	\$0.49	\$0.00	\$0.49	\$4,226.38
03	\$0.54	\$0.00	\$0.54	\$4,226.92
04	\$0.52	\$0.00	\$0.52	\$4,227.44
05	\$0.00	\$0.00	\$0.00	\$4,227.44
06	\$0.00	\$0.00	\$0.00	\$4,227.44
07	\$0.00	\$0.00	\$0.00	\$4,227.44
08	\$0.00	\$0.00	\$0.00	\$4,227.44
09	\$0.00	\$0.00	\$0.00	\$4,227.44
10	\$0.00	\$0.00	\$0.00	\$4,227.44
11	\$0.00	\$0.00	\$0.00	\$4,227.44
12	\$0.00	\$0.00	\$0.00	\$4,227.44
YTD	\$4,227.44	\$0.00	\$4,227.44	\$4,227.44

Enter period number --

'/' next account or '/P' previous account



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STATEMENT OF ACCOUNT

T



574701 06DD1U25 1 010000
NORTH GENERAL PHYSICIANS SERVICES PLLC
DIP CASE#10-13558 SDNY
1879 MADISON AVE
NEW YORK NY 10035

Page: 1 of 2
Statement Period: Apr 01 2011-Apr 30 2011
Cust Ref #: 7918340626-401-T-***
Primary Account #: 791-8340626

NP 91 Day TBill Cap

NORTH GENERAL PHYSICIANS SERVICES PLLC
DIP CASE#10-13558 SDNY

Account # 791-8340626

IMPORTANT INFORMATION REGARDING ONLINE BILL PAY

AS PART OF OUR ONGOING EFFORTS TO ENSURE THE HIGHEST LEVEL OF SECURITY ON YOUR ACCOUNTS, WE ARE MAKING A CHANGE TO THE LIMITS FOR ONLINE BILL PAYMENTS. EFFECTIVE APRIL 18, 2011, OUR TD ONLINE LIMITS WILL BE \$75,000/TRANSACTION AND \$100,000/DAY. EFFECTIVE MAY 18, 2011, FOR BUSINESS DIRECT CUSTOMERS, THE LIMITS WILL BE \$100,000/TRANSACTION AND \$200,000/DAY. WE ARE HERE TO HELP WITH QUESTIONS. CALL 1-800-493-7562.

ACCOUNT SUMMARY

Statement Balance as of 04/01	4,226.92
Plus 0 Deposits and Other Credits	0.00
Plus Interest Paid	0.52
Less 0 Checks and Other Debits	0.00
Statement Balance as of 04/30	4,227.44

ACCOUNT ACTIVITY

Transactions by Date

DATE	DESCRIPTION	DEBIT	CREDIT	BALANCE
4/29	INTEREST PAID		0.52	4,227.44

INTEREST SUMMARY

Beginning Interest Rate	0.15%
Number of Days in this Statement Period	30
Interest Earned this Statement Period	0.52
Annual Percentage Yield Earned this Statement Period (APY)	0.15%
Interest Paid Year to Date	2.09

Call 1-800-YES-2000 for 24-hour Direct Banking service

BANK DEPOSITS FDIC INSURED



WWW.TDBANK.COM



V1.B.4js-1.474

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How to Balance your Account

Begin by adjusting your account register as follows:

- Subtract any services charges shown on this statement.
- Subtract any automatic payments, transfers or other electronic withdrawals not previously recorded.
- Add any interest earned if you have an interest-bearing account.
- Add any automatic deposit or overdraft line of credit.
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3. Subtotal by adding lines 1 and 2.
4. List below the total amount of withdrawals that do not appear on this statement. Total the withdrawals and enter on Line 4.
5. Subtract Line 4 from 3. This adjusted balance should equal your account balance.

1	Ending Balance	4,227.44
2	Total Deposits	+
3	Sub Total	
4	Total Withdrawals	-
5	Adjusted Balance	

2	DEPOSITS NOT ON STATEMENT	DOLLARS	CENTS
Total Deposits			2

1	WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS
Total Withdrawals			1

WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS
Total Withdrawals		1

FOR CONSUMER ACCOUNTS ONLY — IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:

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TD Bank, N.A., Deposit Operations Dept, P.O. Box 1377, Lewiston, Maine 04243-1377

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- Your name and account number.
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INTEREST NOTICE

Total interest credited by the Bank to you this year will be reported by the Bank to the Internal Revenue Service and State tax authorities. The amount to be reported will be reported separately to you by the Bank.

FOR CONSUMER LOAN ACCOUNTS ONLY — BILLING RIGHTS SUMMARY

In case of Errors or Questions About Your Bill:

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- Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

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NORTH GENERAL HOSPITAL
D & T CENTER LOCK BOX
ACC# 1011-0097

BANK: TD BANK
Account number: 7915810837
Purpose of account: For Diagnostic and Treatment Center

GENERAL LEDGER BALANCE AS OF 4/30/2011

\$ 1,757.80

ADD:

-

LESS:

-

TD BANK BALANCE AS OF 4/29/2011

\$ 1,757.80

PREPARED BY: MARIA CRUZ

APPROVED BY: *Maria Cruz*
5/11/2011

North General Hospital Display Account Activity Processor

Wed May 04, 2011 02:50 pm

Entity : 01-NORTH GENERAL HOSPITAL Fiscal Year: 2011
Dept : 1011 - GENERAL FUND ACCOUNTS
Account: 00.97 - GFA-D&TC LOCKBOX

Per	Period Actual	Period Budget	Variance	YTD Actual
BB	\$11,399.83	\$0.00	\$11,399.83	\$11,399.83
01	\$9,813.35-	\$0.00	\$9,813.35-	\$1,586.48
02	\$196.85-	\$0.00	\$196.85-	\$1,389.63
03	\$2,714.63	\$0.00	\$2,714.63	\$4,104.26
04	\$2,346.46-	\$0.00	\$2,346.46-	\$1,757.80
05	\$0.00	\$0.00	\$0.00	\$1,757.80
06	\$0.00	\$0.00	\$0.00	\$1,757.80
07	\$0.00	\$0.00	\$0.00	\$1,757.80
08	\$0.00	\$0.00	\$0.00	\$1,757.80
09	\$0.00	\$0.00	\$0.00	\$1,757.80
10	\$0.00	\$0.00	\$0.00	\$1,757.80
11	\$0.00	\$0.00	\$0.00	\$1,757.80
12	\$0.00	\$0.00	\$0.00	\$1,757.80
YTD	\$1,757.80	\$0.00	\$1,757.80	\$1,757.80

Enter period number --

'/' next account or '/P' previous account



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STATEMENT OF ACCOUNT

T



571322 06DD1U25 1 010000
NORTH GENERAL HOSPITAL
C/O PAULETTE SENIOR
DIP CASE#10-13553 SDNY
1879 MADISON AVE
NEW YORK NY 10035

Page: 1 of 2
Statement Period: Apr 01 2011-Apr 30 2011
Cust Ref #: 7915810837-039-T-***
Primary Account #: 791-5810837

Chapter 11 Checking

NORTH GENERAL HOSPITAL
C/O PAULETTE SENIOR
DIP CASE#10-13553 SDNY

Account # 791-5810837

IMPORTANT INFORMATION REGARDING ONLINE BILL PAY

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ACCOUNT SUMMARY

Statement Balance as of 04/01	4,104.26
Plus 5 Deposits and Other Credits	653.54
Less 1 Checks and Other Debits	3,000.00
Statement Balance as of 04/30	1,757.80

ACCOUNT ACTIVITY

Transactions by Date

DATE	DESCRIPTION	DEBIT	CREDIT	BALANCE
4/6	LOCKBOX DEPOSIT SER # 48231		95.32	4,199.58
4/7	LOCKBOX DEPOSIT SER # 48231		117.01	4,316.59
4/11	LOCKBOX DEPOSIT SER # 48231		184.00	4,500.59
4/13	LOCKBOX DEPOSIT SER # 48231		105.33	4,605.92
4/14	TREASURY DIRECT DEBIT To cover bank fee	3,000.00		1,605.92
4/21	LOCKBOX DEPOSIT SER # 48231		151.88	1,757.80

Call 1-800-YES-2000 for 24-hour Direct Banking service



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5. Subtract Line 4 from 3. This adjusted balance should equal your account balance.

1	Ending Balance	1,757.80
2	Total Deposits	+
3	Sub Total	
4	Total Withdrawals	-
5	Adjusted Balance	

2	DEPOSITS NOT ON STATEMENT	DOLLARS	CENTS
	Total Deposits		

3	WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS
	Total		

4	WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS
	Total		

FOR CONSUMER ACCOUNTS ONLY — IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:

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