UNITED STATES BANKRUPTCY COURT DISTRICT OF

In re NORTH GENERAL HOSPITAL

Debtor

Case No. <u>10-13553</u> Reporting Period: <u>3/01/2011-3/31/2011</u>

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)	MOR-1 (CONT)	YES	
Copies of bank statements		YES	
Cash disbursements journals		YES	
Statement of Operations	MOR-2	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	and the	YES	
Accounts Receivable Reconciliation and Aging	MOR-5	YES	
Taxes Reconciliation and Aging	<u>MOR-5</u>	YES	
Payments to Insiders and Professional	MOR-6	YES	
Post Petition Status of Secured Notes, Leases Payable	MOR-6	YES ·	
Debtor Questionnaire	MOR-7	YES	

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

Signature of Debtor	Date
Signature of Authorized Individual Amost & Warth T. Ch. II Juck	Date 4/15/2011
Printed Name of Authorized Individual- James L. Garrily, JA	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.

Case No. <u>10-13553</u> Reporting Period: <u>4/1/2010 - 4/30/2010</u>

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-I (CON'T)]

	BANK ACCOUNTS							
ACCOUNT NUMBER (LAST. 0)	OPER - Acct #1929, 5509, 7874, 0392	PAYROLL - Acct #1395	Money Market - Acet # 2096	OTHER - Acct #3594, 1279, 0837, 0626	CURRENT MONTH ACTUAL (TOTAL OF ALL ACCOUNTS)			
CASH BEGINNING OF MONTH	1,011,706	14,608	0	12,684	1,038,998			
RECEIPTS			*2 · · · · · · · ·		5			
CASH SALES	•		-	-	•			
ACCOUNTS RECEIVABLE -	331,115		-	654	331,768			
PREPETITION					,			
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		the states in the						
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	425,371		•	-	425,371			
SERVICES								
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	(516,046)	(14,314)	0	(2,346)	(532,706			
(RECEIPTS LESS DISBURSEMENTS)	(;,,,,,,,,,,,,	(,	, i	(2,040)	(002,700			
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	(113,000)
POSSESSION ACCOUNTS	
PLUS: ESTATE DISBURSEMENTS MADE BY	
OUTSIDE SOURCES (i.e. from escrow accounts)	
TOTAL DISBURSEMENTS FOR CALCULATING U.S.	1,062,245
TRUSTEE QUARTERLY FEES	

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
	187,771.31

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

75362 40634 ROYAL WASTE SERVICES, INC. 1,224.90 75357 40634 DCI - DESIGN COMMUNICATIONS, INC 130.00 75352 40634 AKERIGROUP 140.00 75351 40634 AFERIRGOUP 140.00 75352 40634 AFF Pest Control 1,715.00 75351 40634 AFF Pest Control 3,332.51 75350 40634 AU TOMATIC DATA PROC 3,332.51 75369 40634 UNITED PARCEL SERVICE 638.13 75369 40641 DUNCAN ASSOCIATES, INC. 7,000.00 WIRE 40637 Bank Fees 3,05.80 WIRE 40537 Bank Fees 3,045.80 WIRE 4/15/2011 Bank Fees 3,045.80 WIRE 4/15/2011 WIRE FEES / NOC HEALTH) 2,495.35 75389 4/14/2011 RELW-HEALT FEES / NOC HEALTH) 2,495.35 75384 40647 INFINTY LIGHTING 965.20 75383 40647 INPANA 2,220.48 75374 40647 CROS-FIRE & SECURITY CO., INC. 30.00 75383	Check	. (Check/Wire Date	Vendor Name	Amount
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4/1/2011 DELL MARKETING LP.

AGUON NEWS

4/1/2011 BURNS INTEL SECURITY SERVICES

00'000'ETT 154'373'84 2,430.51 UTUTES (T2U HDATTA) A3HTO 00.000,01 (TZLI HOATTA) ASHID 00.ELL (TZU HDATTA) RIHTO 65.298 (T2U HDATTA) RIHTO EE.201 USD HOVLINE WITHOUT 00:579 (TRU HDATTA) RIHTO 00.28 1,128.42 OTHER (ATTACH UST) (T2U HOATTA) RIHTO 20.841 (T2U HDATTA) ABHTO 25.256 USI HOATTAL REHITO . 61.680,46 TIZLI HOATTAJ NJHTO TELZET 184.00 INSURANCE STIRINIA 15.229,11 STHENER DELETE STORATE CONTRACTION AND A CONCEPTION OF A CONC 13,750.00 ADMINISTRATIVE/OUTSOURCED SERVICES 239,078.33 ADMINISTRATIVE/OUTSOURCED SERVICES S31111110 PL'S86'05 240.00 UTITITI 530000 67.645'5 S3UUUU 06'5+1'9 (T2U HDATTA) ABHTO EE.SIS (T2U HDATTA) #3HTO 00.211,1 (T2U HDATTA) ABHTO 00.00%,2 (T2U HDATTA) ABHTO 35.205,1 (T2U HDATTA) RIHTO 35.021 SUIJINI 12'61E'22 20,025.95 ADMINISTRATIVE/OUTSOURCED SERVICES 23DIV932 03DRUO2TUO\3VITART2INIMIDA 00.002,75 57(°560'51_0UFUE รวมานก ระวะธร.เ 278.93 UTUTUS 40.00 PAROLL DEDUCTIONS SNOLLONG 30 TIONAVA PO'262 SNOILDINGED TIONAN NO.882 SNOTTOUG DEPUGLIONS 325.95 PAYROLL DEDUCTIONS (T2U HOATTA) RIHTO 61.558 (TEL HOATTA) RIHTO DB.AZE (TZLI HOATTA) RIHTO 00.05 (T2U HDATTA) R3HTO 00.402 (T2U HDATTA) REHTO BROES,S USI HOVER NIKIO OZ S96 (T2U HOATTAJ NIKIO 18.62 (T21) HOATTAJ RIHTO 26.264,2 TRU HOATTAL RIHTO RELETS, (T2U HDATTA) REHTO ES.867,76 (T211 HDATTA) R3HTO 08.204,6 SUH3N38 95'680'# STITIO 00.001 10, 144.38 DOMINISTRATTON AUTOURCED SERVICES 2321VA32 0323U02TU0\3VITATT2INIM0A 00.927,EE (T2L) HOATTAJ NJHTO 02.6E (TZU HOATTA) ABHTO 00.000,T (T21) HOATTAJ RIHTO 20.15 144,846.80 COURT COSTS/CLAIMS ST13M38 05.000,11 532JAM35 G323H005100/3AU149USINIWOV _ 21'281'1 2301/932 0304/00/100/3VITART2INIMGA 07.950,22 2301VR32 030/90/2010/3VITART21/MIM0A 00.027,61 231TUITU 88.152,6 \$3110110 00:052 23mmm 99.272,2,2 231TUITU 08.248,01 23/11/11/1 64-662 (T2U HDATTA) 93HTO EL 868 (TRU HOATTA) ABHTO IZZEE,E (TZIJ HDATTA) NJHTO II. JTI (TRU HDATTA) ABHTO 00.211,1 TRU HOATTA) RIHTO 00.041 (TZU HDATTA) ABHTO 00.0EL TT21 HDATTA) R3HTO 06.455,1 330'00 IRZONVICE S113N38 09'955 STITEMEN BENERGE 232/VR32 032/9/00/TUO/3VITART2/NUM0A S1.562,46 232/20 00 ADMINISTRATIVE/OUTSOURCED SERVICES

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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
Gross Revenues	9	DATE 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 Auto and Truck Expense	0	0
Bad Debts	0	() 49 1 44
		6,248,144
Contributions	0	4 200 000
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	
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
5028-5018 GRAN-EXPORT TRAINING	0	7
5028-5020 GRAN-AIDS HOUSING OV	2.268	, 33,775
5028-5022 GRAN-RESEARCH GRANT	2,200	(1,478)
5028-5022 GRAN-RESEARCH GRANT	0	(1,148)
5028-5024 GRAN-R 24 NIT GRANT	0	(2,367)
5035-5030 OTHE-CAFETERIA INCOM	0	(2,307)
	-	•
5035-5031 OTHE-PARKING LOT INCOME	11,743	13,041
5035-5033 OTHE-WORKERS COMPENSATION	0	0 4,428
5035-5037 OTHE-MEDICAL RECORD	0	•••
5035-5038 OHTE-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)		
,	7,000	
DEFERRED LITIGATION FEES	12,109	
COURT AND CLAIM	116,458	-
	135,567	

ASSETS BOOK VALUE CURRENT ASSETS Unrestricted Cash and Equivalents Restricted Cash and Equivalents (see continuation sheet) Accounts Receivable Accounts Receivable Inventories Prepaid Expenses Professional Retainers Other Current Assets (attach schedule) TOTAL CURRENT ASSETS PROPERTY & EQUIPMENT Real Property and Improvements Machinery and Equipment Eless: Furniture, Fixtures and Office Equipment Eless: Less: Accumulated Depreciation Other ASSETS OTAL PROPERTY & EQUIPMENT OTAL PROPERTY & EQUIPMENT OTAL ASSETS Vehicles Eless: Less: Accumulated Depreciation Other Assets (attach schedule) TOTAL OFFER ASSETS TOTAL AROPERTY & EQUIPMENT OTAL OTHER ASSETS TOTAL ASSETS Inventories Vehicles Eless: LLABILITIES AND OWNER EQUITY BOOK VALUE OF CLUB OF CL	AT END OF PORTING	4/1/2011-4/30/2011 BOOK VALUE AT END OF PRIOR REPORTING MONTH	BOOK VALUE ON
CURRENT ASSETS CURRENT ASSETS Unrestricted Cash and Equivalents Restricted Cash and Equivalents (see continuation sheet) Accounts Receivable (Net) Notes Receivable Inventories Prepaid Expenses Professional Retainers Other Current Assets (attach schedule) TOTAL CURRENT ASSETS PROPERT & EQUIPMENT Real Property and Improvements Machinery and Equipment Eases Addition and Equipment Less: Accumulated Depreciation OTAL CORPERTY & EQUIPMENT OTHAR ASSETS Vehicles Less: Accumulated Depreciation OTAL PROPERTY & EQUIPMENT OTHAR ASSETS TOTAL CONCERTY & EQUIPMENT OTHAR ASSETS TOTAL ASSETS TOTAL ASSETS TOTAL ASSETS TOTAL ASSETS TOTAL ASSETS DOWNER EQUITY BOOK VALL OF CLU DASSETS TOTAL ASSETS TOTAL ASSETS TOTAL OTHER ASSETS DOWNER EQUITY BOOK VALL	PORTING		
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Restricted Cash and Cash Equivalents (see continuation sheet) Accounts Receivable (Net) Notes Receivable Inventories Propaid Expenses Professional Retainers Dther Current Assets (attach schedule) TOTAL CURRENT ASSETS Real Property and Equipment Furniture, Fixtures and Office Equipment Leasehold Improvements Machinery and Equipment Furniture, Fixtures and Office Equipment Leasehold Improvements Vehicles Less: Accumulated Depreciation COTAL PROPERTY & EQUIPMENT DTHERASSITS Accounts due from Insiders* Other Assets (attach schedule) TOTAL OTHER ASSETS TOTAL ASSETS LLABILITIES AND OWNER EQUITY BOOK YALL OF CUL DEDOETIN LLABILITIES AND OWNER EQUITY BOOK YALL OF CUL DEDOETIN LLABILITIES AND OWNER EQUITY BOOK YALL OF CUL DEDOETIN Contar Sayable (refer to FORM MOR-4) Wages Payable (refer to FORM MOR-4) <	506,292	1,038,998	3,439,810
Accounts Receivable (Net) Notes Receivable Inventories Prepaid Expenses Professional Retainers Diber Current Assets (attach schedule) TOTAL CURRENT ASSETS PROPERT & EQUIPMENT Real Property and Improvements Machinery and Equipment Leasehold Improvements Vehicles Leasehold Improvements Vehicles Less: Accumulated Depreciation (G TOTAL OTHER ASSETS TOTAL PROPERTY & EQUIPMENT OTHERASSITS TOTAL PROPERTY & EQUIPMENT OTHERASSITS TOTAL ASSETS Diher Assets (attach schedule) TOTAL ASSETS TOTAL ASSETS TOTAL ASSETS LLABILITIES AND OWNER EQUITY BOOK VALA OF CU PEROPTIN PROPERTY & SUBJECT TO COMPROMISE (Pestpetition) Second Depreciation Accounts Payable Notes Payable Taxes Payable (refer to FORM MOR-4) Wages Payable Notes Payable Secured Debt / Adequate Protection Payments Professional Fees Amounts Due to Insiders* Amounts Due to Insiders* Other Post-petition Liabilities (attach schedule) TOTAL PRE-PETITION LIABILITIES IMBUTTESSUBJECT TO COMPROMISE (Pre-Petition)	616,578	558,799	417,202
Notes Receivable Inventories Prepaid Expenses Professional Retainers Other Current Assets (attach schedule) TOTAL CURRENT ASSETS PROFENT & EQUIPMENT Real Property and Improvements Machinery and Equipment Furniture, Fixtures and Office Equipment Lessehold Improvements Vehicles Vehicles Corrent Assets (attach schedule) TOTAL PROPERTY & EQUIPMENT OTHERASSTS Other Assets (attach schedule) TOTAL OTHER ASSETS Other Assets (attach schedule) TOTAL ASSETS ILABILITIES AND OWNER EQUITY BOOK VALU OF CU DEDOETX LABILITIES AND OWNER EQUITY BOOK VALU OF CU PEDOETX LIABILITIES AND OWNER EQUITY BOOK VALU OF CU DEDOETX LIABILITIES AND OWNER EQUITY BOOK VALU OF CU DEDOETX LIABILITIES AND OWNER EQUITY BOOK VALU OF CU	139,860	217,800	12,649,438
Inventories Prepaid Expenses Professional Retainers Other Current Assets (attach schedule) TOTAL CURRENT ASSETS ProPORATL & EQUIPMENT Real Property and Improvements Machinery and Equipment Furniture, Fixtures and Office Equipment Leasehold Improvements Vehicles Less: Accumulated Depreciation (CTOTAL PROPERTY & EQUIPMENT OTHER ASSETS COTHER ASSETS COT	137,232	146,809	12,049,490
Prepaid Expenses Professional Retainers Dther Current Assets (attach schedule) Professional Retainers Dther Current Assets (attach schedule) Professional Retainers Real Property and Improvements Real Property and Improvements Wachinery and Equipment Lassehold Improvements Vehicles Lass: Accumulated Depreciation (Control Property & EQUIPMENT OTHER ASSETS Dther Assets (attach schedule) TOTAL OTHER ASSETS Dther Assets (attach schedule) TOTAL OTHER ASSETS Dther Assets (attach schedule) TOTAL ASSETS Dther Assets (attach schedule) TOTAL ASSETS LIABILITIES AND OWNER EQUITY BOOK VALL OF CU, DEDOBATIS Accounts Payable Taxes Payable (refer to FORM MOR-4) Wages Payable Notes Payable Rent / Leases - Building/Equipment Secured Debt / Adequate Protection Payments Professional Fees Amounts Due to Insiders* Other Post-petition Liabilities (attach schedule) TOTAL POST-PETITION LIABILITIES LIABILITIES LIABILITIES TOTAL PRE-PETITION LIABILITIES Capital Stock Additional Paid-In Capital	137,232	140,007	491.052
Professional Retainers Other Current Assets (attach schedule) TOTAL CURRENT ASSETS PROPERTY & EQUIPMENT Real Property and Improvements Machinery and Equipment Firmiture, Fixtures and Office Equipment Leasehold Improvements Vehicles Uses: Accumulated Depreciation CTOTAL PROPERTY & EQUIPMENT OTHER ASSETS Definition Contents Uses: (attach schedule) TOTAL OTHER ASSETS ULABILITIES AND OWNER EQUITY BOOK VALL OF CU USED OF USED USED USED USED USED USED USED USED	83,472	97,799	275,498
Dther Current Assets (attach schedule) TOTAL CURRENT ASSETS PROPERT & EQUIPMENT Real Property and Improvements Machinery and Equipment Furniture, Fixtures and Office Equipment Leasehold Improvements Vehicles Improvements Vehicles Less: Accumulated Depreciation (TOTAL PROPERTY & EQUIPMENT OTHERASSETS Amounts due from Insiders* Other Assets (attach schedule) TOTAL OTHER ASSETS ITOTAL OTHER ASSETS ItABILITIES AND OWNER EQUITY BOOK VALLO OF CUL VENELITIES NOT SUBJECT TO COMPROMISE (Postpediam) Accounts Payable Taxes Payable (refer to FORM MOR-4) Wages Payable Notes Payable Rent / Leases - Building/Equipment Secured Debt / Adequate Protection Payments Professional Fees Amounts Due to Insiders* Other Post-petition Liabilities (attach schedule) TOTAL POST-PETITION LIABILITIES IMBLITIES SUBJECT TO COMPROMISE (Pre-Petition) Secured Debt Priority Debt Unsec	39,381	39,381	295,000
TOTAL CURRENT ASSETS PROPERT & EQUIPMENT Real Property and Improvements Machinery and Equipment Furniture, Fixtures and Office Equipment Leasehold Improvements Vehicles Less: Accumulated Depreciation (TOTAL PROPERTY & EQUIPMENT OTHERASSATS Amounts due from Insiders* Other Assets (attach schedule) TOTAL OTHER ASSETS ILLABILITIES AND OWNER EQUITY BOOK VALL OF CUL DEPOSITION Maccounts Payable Taxes Payable (refer to FORM MOR-4) Wages Payable Notes Payable Rent / Leases - Building/Equipment Secured Debt / Adequate Protection Payments Professional Fees Amounts Due to Insiders* Other Post-petition Liabilities (attach schedule) TOTAL PRE-PETITION LLABILITIES LABULTIES SUBJECT TO COMPROMISE (Pre-Perimen) Secured Debt TOTAL POST-PETITION LLABILITIES LABULTIES SUBJECT TO COMPROMISE (Pre-Perimen) Secured Debt TOTAL PRE-PETITION LLABILITIES LABULTIES SUBJECT TO COMPROMISE (Pre-Perimen)	12,859,580	12,882,817	15,498,271
PROPERT & EQUIPMENT Real Property and Improvements Machinery and Equipment Furniture, Fixtures and Office Equipment Leasehold Improvements Vehicles Less: Accumulated Depreciation (1) TOTAL PROPERTY & EQUIPMENT OTHR#ASSETS Amounts due from Insiders* Other Assets (attach schedule) TOTAL OTHER ASSETS TOTAL ASSETS LLABILITIES AND OWNER EQUITY BOOK VALI OF CUL DEFENDENCE Vehicles Payable Rent / Leases - Building/Equipment Secured Debt / Adequate Protection Payments Professional Fees Amounts Due to Insiders* Other Post-petition Liabilities (attach schedule) TOTAL POST-PETITION LIABILITIES LIABILITIES SUBJECT TO COMPROMISE (Pro-Petition) Secured Debt Priority Debt Unsecured Debt Priority Debt Unsecured Debt Priority Debt Unsecured Debt TOTAL LABILITIES OMAREY EQUITY	12,839,380	14,982,402	33,066,27
Real Property and Improvements Machinery and Equipment Furniture, Fixtures and Office Equipment Leasehold Improvements Vehicles Less: Accumulated Depreciation (1) TOTAL PROPERTY & EQUIPMENT OTHR#ASSETS Amounts due from Insiders* Other Assets (attach schedule) TOTAL OTHER ASSETS TOTAL ASSETS ILLABILITIES AND OWNER EQUITY BOOK VALI OF CUL DEPORTOR VELABILITIES NOT SUBJECT TO COMPROMISE (Progetition) Accounts Payable Taxes Payable (refer to FORM MOR-4) Wages Payable Rent / Leases - Building/Equipment Secured Debt / Adequate Protection Payments Professional Fees Amounts Due to Insiders* Other Post-petition Liabilities (attach schedule) TOTAL POST-PETITION LIABILITIES LIABILITIES SUBJECT TO COMPROMISE (Progetition) Secured Debt TOTAL LOST-PETITION LIABILITIES LIABILITIES SUBJECT TO COMPROMISE (Progetition) Secured Debt Priority Debt Unsecured Debt Prio			
Machinery and Equipment Furniture, Fixtures and Office Equipment Leasehold Improvements Vehicles Less: Accumulated Depreciation COTAL PROPERTY & EQUIPMENT OTHERASSETS Amounts due from Insiders* Other Assets (attach schedule) TOTAL OTHER ASSETS ItaBILITIES AND OWNER EQUITY BOOK VALL OF CUL DEFOORTING Mages Payable Taxes Payable Rent / Leases - Building/Equipment Secured Debt / Adequate Protection Payments Professional Fees Amounts Due to Insiders* Other Post-petition Liabilities (attach schedule) TOTAL POST-PETITION LIABILITIES LABUTIES SUBJECT TO COMPROMISE (Pro-Petition) Secured Debt Priority Debt Unsecured Debt TOTAL PRS-PETITION LIABILITIES LABUTIES SUBJECT TO COMPROMISE (Pro-Petition) Secured Debt Priority Debt Unsecured Debt Priority Debt Unsecured Debt TOTAL PRS-PETITION LIABILITIES DOMERES EQUITY Capital St			
Furniture, Fixtures and Office Equipment Leasehold Improvements Vehicles Less: Accumulated Depreciation (TOTAL PROPERTY & EQUIPMENT OTHERASSETS Amounts due from Insiders* Other Assets (attach schedule) TOTAL OTHER ASSETS Other Assets (attach schedule) TOTAL OTHER ASSETS ILABILITIES AND OWNER EQUITY BOOK VALL OF CUL DEPORTOR BOOK VALL Accounts Payable Taxes Payable (refer to FORM MOR-4) Wages Payable Rent / Leases - Building/Equipment S	58,713,960	58,713,960	58,713,960
Leasehold Improvements (Vehicles (<i>TOTAL PROPERTY & EQUIPMENT</i> (<i>OTHERASSETS</i> (<i>Amounts due from Insiders*</i> (Other Assets (attach schedule) (<i>TOTAL OTHER ASSETS</i> (<i>TOTAL OTHER ASSETS</i> (<i>TOTAL OTHER ASSETS</i> (<i>LIABILITIES AND OWNER EQUITY</i> BOOK VALUOF <i>Vehicles</i> (<i>LIABILITIES NOT SUBJECT TO COMPROMISE (Prospection)</i> (Accounts Payable (Taxes Payable (refer to FORM MOR-4) (Wages Payable (Notes Payable (Rent / Leases - Building/Equipment (Secured Debt / Adequate Protection Payments (Professional Fees (Amounts Due to Insiders* (Other Post-petition Liabilities (attach schedule) (<i>TOTAL POST-PETITION LIABILITIES</i> (<i>LIABILITIES SUBJECT TO COMPROMISE (Pro-Petition</i>) (Secured Debt (Priority Debt (Unsecured Debt (<i>TOTA</i>	49,777,540	49,777,540	49,940,609
Vehicles (1) Less: Accumulated Depreciation (1) TOTAL PROPERTY & EQUIPMENT (1) OTHERASSETS (1) Other Assets (attach schedule) (1) TOTAL OTHER ASSETS (1) TOTAL OTHER ASSETS (1) TOTAL OTHER ASSETS (1) TOTAL ASSETS (1) LIABILITIES AND OWNER EQUITY BOOK VALUOR CULT DEDORTING (1) LIABILITIES NOT SUBJECT TO COMPROMISE (Postpetition) (1) Accounts Payable (1) Taxes Payable (refer to FORM MOR-4) (1) Wages Payable (1) Notes Payable (1) Rent / Leases - Building/Equipment (1) Secured Debt / Adequate Protection Payments (1) Professional Fees (1) Amounts Due to Insiders* (1) Other Post-petition Liabilities (attach schedule) (1) TOTAL POST-PETITION LIABILITIES (1) LUBILITIES SUBJECT TO COMPROMISE (Pre-Petition) (2) Secured Debt (1) TOTAL PRE-PETITION LIABILITIES (2) TOTAL PRE-PETITION LIABILITI	34,800,358	34,800,358	34,689,404
Less: Accumulated Depreciation (() TOTAL PROPERTY & EQUIPMENT () OTHERASSETS () Amounts due from Insiders* () Other Assets (attach schedule) () TOTAL OTHER ASSETS () TOTAL OTHER ASSETS () TOTAL ASSETS () LLABILITIES AND OWNER EQUITY BOOK VALUOF CULTURE NOT SUBJECT TO COMPROMISE (Postpetition) Accounts Payable () Taxes Payable (refer to FORM MOR-4) () Wages Payable () Notes Payable () Rent / Leases - Building/Equipment () Secured Debt / Adequate Protection Payments () Professional Fees () Amounts Due to Insiders* () Other Post-petition Liabilities (attach schedule) () TOTAL POST-PETITION LIABILITIES () IABILITIES SUBJECT TO COMPROMISE (Pre-Petition) () Secured Debt () TOTAL POST-PETITION LIABILITIES () IDABLITIES SUBJECT TO COMPROMISE (Pre-Petition) () Secured Debt () TOTAL PRE-PETITION LIABILITIES () <td>873,883</td> <td>873,883</td> <td>873,883</td>	873,883	873,883	873,883
TOTAL PROPERTY & EQUIPMENT OTHERASSETS Amounts due from Insiders* Other Assets (attach schedule) TOTAL OTHER ASSETS TOTAL ASSETS ILLABILITIES AND OWNER EQUITY BOOK VALL OF CU DED OPTIN LIABILITIES NOT SUBJECT TO COMPROMISE (Postpectition) Accounts Payable Taxes Payable (refer to FORM MOR-4) Wages Payable Notes Payable Rent / Leases - Building/Equipment Secured Debt / Adequate Protection Payments Professional Fees Amounts Due to Insiders* Other Post-petition Liabilities (attach schedule) TOTAL POST-PETITION LIABILITIES LIABILITIESSUBJECT TO COMPROMISE (Provertion) Secured Debt Priority Debt Unsecured Debt Priority Debt Unsecured Debt Priority Debt Unsecured Debt TOTAL LIABILITIES Capital Stock Additional Paid-In Capital	-	· ·	-
OTHERASSETS Amounts due from Insiders* Other Assets (attach schedule) TOTAL OTHER ASSETS TOTAL ASSETS ILIABILITIES AND OWNER EQUITY BOOK VALL OF CU DEDOPTIN LIABILITIES AND OWNER EQUITY BOOK VALL OF CU DEDOPTIN LIABILITIES NOT SUBJECT TO COMPROMISE (Postpetition) Accounts Payable Taxes Payable (refer to FORM MOR-4) Wages Payable Notes Payable Rent / Leases - Building/Equipment Secured Debt / Adequate Protection Payments Professional Fees Amounts Due to Insiders* Other Post-petition Liabilities (attach schedule) TOTAL POST-PETITION LIABILITIES LIABILITIES SUBJECT TO COMPROMISE (Pro-Petition) Secured Debt Priority Debt Unsecured Debt Priority Debt Unsecured Debt TOTAL PRE-PETITION LIABILITIES TOTAL PRE-PETITION LIABILITIES OWNERS' EQUITY Capital Stock Additional Paid-In Capital	17,517,818)	(117,151,298)	(113,829,308
Amounts due from Insiders*	26,647,923	27,014,443	30,388,54
Other Assets (attach schedule) TOTAL OTHER ASSETS ILABILITIES AND OWNER EQUITY BOOK VALL OF CU DEDORTION LABILITIES NOT SUBJECT TO COMPROMISE (Postpecition) Accounts Payable Taxes Payable (refer to FORM MOR-4) Wages Payable Notes Payable Rent / Leases - Building/Equipment Secured Debt / Adequate Protection Payments Professional Fees Amounts Due to Insiders* Other Post-petition Liabilities (attach schedule) TOTAL POST-PETITION LIABILITIES LIABILITIES SUBJECT TO COMPROMISE (Pri-Petition) Secured Debt Priority Debt Unsecured Debt Priority Debt Unsecured Debt TOTAL LIABILITIES OWNERS EQUITY Capital Stock Additional Paid-In Capital	1477号为推进		· [1] [1] [1] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2
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TOTAL ASSETS LIABILITIES AND OWNER EQUITY BOOK VALL OF CUL DEDOPTING LIABILITIES NOT SUBJECT TO COMPROMISE (Postpetition) Accounts Payable Taxes Payable (refer to FORM MOR-4) Wages Payable Wages Payable Notes Payable Notes Payable Rent / Leases - Building/Equipment Secured Debt / Adequate Protection Payments Professional Fees Amounts Due to Insiders* Other Post-petition Liabilities (attach schedule) TOTAL POST-PETITION LIABILITIES IMBILITIES SUBJECT TO COMPROMISE (Pre-Petition) Secured Debt Priority Debt Unsecured Debt TOTAL PRE-PETITION LIABILITIES TOTAL IABILITIES TOTAL LIABILITIES OWNERS' EQUITY Capital Stock Additional Paid-In Capital Image: Paid Stock	1,677,257	1,690,850	1,817,56
LIABILITIES AND OWNER EQUITY BOOK VALL OF CUI DEDOPTING Accounts Payable EDOPTING Taxes Payable (refer to FORM MOR-4) Wages Payable Wages Payable Notes Payable Notes Payable Notes Payable Rent / Leases - Building/Equipment Secured Debt / Adequate Protection Payments Professional Fees Amounts Due to Insiders* Other Post-petition Liabilities (attach schedule) TOTAL POST-PETITION LIABILITIES LIABILITIES SUBJECT TO COMPROMISE (Pre-Petition) Secured Debt Priority Debt Unsecured Debt TOTAL PRE-PETITION LIABILITIES TOTAL PRE-PETITION LIABILITIES Capital Stock Additional Paid-In Capital	1,677,257	1,690,850	1,820,70
OF CUI PEDOPTIAL PEDOPTIAL PACCOUNT SUBJECT TO COMPROMISE (Postpetition) Accounts Payable Taxes Payable (refer to FORM MOR-4) Wages Payable Notes Payable Rent / Leases - Building/Equipment Secured Debt / Adequate Protection Payments Professional Fees Amounts Due to Insiders* Other Post-petition Liabilities (attach schedule) TOTAL POST-PETITION LIABILITIES LIABILITIES SUBJECT TO COMPROMISE (Pre-Petition) Secured Debt Priority Debt Unsecured Debt TOTAL PRE-PETITION LIABILITIES TOTAL LIABILITIES OWNERS' EQUITY Capital Stock Additional Paid-In Capital	42,707,573	43,687,694	65,275,53
OF CUI PEDOPTIAL PEDOPTIAL Accounts Payable Taxes Payable (refer to FORM MOR-4) Wages Payable Notes Payable Rent / Leases - Building/Equipment Secured Debt / Adequate Protection Payments Professional Fees Amounts Due to Insiders* Other Post-petition Liabilities (attach schedule) TOTAL POST-PETITION LIABILITIES LIABILITIES SUBJECT TO COMPROMISE (Pre-Petition) Secured Debt Priority Debt Unsecured Debt TOTAL PRE-PETITION LIABILITIES TOTAL PRE-PETITION LIABILITIES OWNERS' EQUITY Capital Stock Additional Paid-In Capital			
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LIABILITIES NOT SUBJECT TO COMPROMISE (Postgetition) Accounts Payable Taxes Payable (refer to FORM MOR-4) Wages Payable Notes Payable Rent / Leases - Building/Equipment Secured Debt / Adequate Protection Payments Professional Fees Amounts Due to Insiders* Other Post-petition Liabilities (attach schedule) TOTAL POST-PETITION LIABILITIES LIABILITIES SUBJECT TO COMPROMISE (Pre-Petition) Secured Debt Priority Debt Unsecured Debt TOTAL PRE-PETITION LIABILITIES TOTAL PRE-PETITION LIABILITIES Capital Stock Additional Paid-In Capital		OF PRIOR REPORTING	END OF PRIOR
Accounts Payable Image: Second Se	<u>2 MONTH</u>	MONTH	PEPOPTINC
Taxes Payable (refer to FORM MOR-4) Wages Payable Notes Payable Rent / Leases - Building/Equipment Secured Debt / Adequate Protection Payments Professional Fees Amounts Due to Insiders* Other Post-petition Liabilities (attach schedule) TOTAL POST-PETITION LIABILITIES LIABILITIES SUBJECT TO COMPROMISE (Pre-Petition) Secured Debt Priority Debt Unsecured Debt TOTAL PRE-PETITION LIABILITIES TOTAL PRE-PETITION LIABILITIES Capital Stock Additional Paid-In Capital	402,984	397,751	
Wages Payable Notes Payable Rent / Leases - Building/Equipment Secured Debt / Adequate Protection Payments Professional Fees Amounts Due to Insiders* Other Post-petition Liabilities (attach schedule) TOTAL POST-PETITION LIABILITIES IMABILITIES SUBJECT TO COMPROMISE (Pre-Petition) Secured Debt Priority Debt Unsecured Debt TOTAL PRE-PETITION LIABILITIES TOTAL PRE-PETITION LIABILITIES Capital Stock Additional Paid-In Capital	20,775	19,960	
Notes Payable Rent / Leases - Building/Equipment Secured Debt / Adequate Protection Payments Professional Fees Professional Fees Amounts Due to Insiders* Other Post-petition Liabilities (attach schedule) TOTAL POST-PETITION LIABILITIES IMABILITIESSUBJECT TO COMPROMISE (Pre-Petition) Secured Debt Priority Debt Unsecured Debt TOTAL PRE-PETITION LIABILITIES TOTAL PRE-PETITION LIABILITIES Capital Stock Additional Paid-In Capital	1,100,568	1,098,128	
Rent / Leases - Building/Equipment Secured Debt / Adequate Protection Payments Professional Fees Amounts Due to Insiders* Other Post-petition Liabilities (attach schedule) TOTAL POST-PETITION LIABILITIES LIABILITIESSUBJECT TO COMPROMISE (Pro-Petition) Secured Debt Priority Debt Unsecured Debt TOTAL PRE-PETITION LIABILITIES TOTAL PRE-PETITION LIABILITIES Capital Stock Additional Paid-In Capital	1,100,500	1,078,128	
Secured Debt / Adequate Protection Payments Professional Fees Amounts Due to Insiders* Other Post-petition Liabilities (attach schedule) TOTAL POST-PETITION LIABILITIES LLABILITIES SUBJECT TO COMPROMISE (Pro-Petition) Secured Debt Priority Debt Unsecured Debt TOTAL PRE-PETITION LIABILITIES TOTAL PRE-PETITION LIABILITIES TOTAL PRE-PETITION LIABILITIES Capital Stock Additional Paid-In Capital		· · ·	
Professional Fees	14 725 526		
Amounts Due to Insiders*	14,725,576	14,220,924	
Other Post-petition Liabilities (attach schedule) TOTAL POST-PETITION LIABILITIES LIABILITIES SUBJECT TO COMPROMISE (Pro-Petition) Secured Debt Priority Debt Unsecured Debt TOTAL PRE-PETITION LIABILITIES TOTAL LIABILITIES OWNERS EQUITY Capital Stock Additional Paid-In Capital	2,283,465	1,856,270	<u> </u>
TOTAL POST-PETITION LIABILITIES LIABILITIESSUBJECT TO COMPROMISE (Pro-Petition) Secured Debt Priority Debt Unsecured Debt TOTAL PRE-PETITION LIABILITIES TOTAL LIABILITIES OWNERS' EQUITY Capital Stock Additional Paid-In Capital	•	•	
LIABILITIES SUBJECT TO COMPROMISE (Pro-Peciaton) Secured Debt Priority Debt Unsecured Debt TOTAL PRE-PETITION LIABILITIES TOTAL LIABILITIES OWNERS' EQUITY Capital Stock Additional Paid-In Capital	2,033,657	2,354,392	
Secured Debt Priority Debt Unsecured Debt TOTAL PRE-PETITION LIABILITIES TOTAL LIABILITIES OWNERS' EQUITY Capital Stock Additional Paid-In Capital	20,567,025	19,947,426	•
Priority Debt Unsecured Debt TOTAL PRE-PETITION LIABILITIES TOTAL LIABILITIES OWNERS EQUITY Capital Stock Additional Paid-In Capital			
Unsecured Debt TOTAL PRE-PETITION LIABILITIES TOTAL LIABILITIES OWNERS' EQUITY Capital Stock Additional Paid-In Capital	210,793,304	210,815,424	210,998,44
TOTAL PRE-PETITION LIABILITIES TOTAL LIABILITIES OWNERS EQUITY Capital Stock Additional Paid-In Capital	1,562,254	1,562,254	1,562,25
TOTAL LIABILITIES OWNERS' EQUITY Capital Stock Additional Paid-In Capital	83,890,757	83,968,121	89,578,96
OWNERS' BOUITY Capital Stock Additional Paid-In Capital	296,246,315	296,345,799	302,139,65
Capital Stock Additional Paid-In Capital	316,813,339	316,293,224	302,139,65
Capital Stock Additional Paid-In Capital			
	-		
Partners' Canital Account	-	•	
araners Capital Account	-	•	
Owner's Equity Account			
Retained Earnings - Pre-Petition	-	· · ·	(236,864,12
	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		43,687,694	65,275,53

	BOOK VALUE AT END	BOOK VALUE AT END	BOOK VALUE ON
	OF CURRENT	OF PRIOR REPORTING	PETITION DATE
MOR #3	REPORTING MONTH	MONTH	OR SCHEDULED
Other Current Assets			
STOCK INVESTMENT	2,588	2,588	2,588
TRANSITCHEK EMPLOYEE	-	-	(12,018
NYC TRANSPORTATION	-	05 007	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	170,685
HRSA PALLIATIVE GRANT RECEIVABLE	28,658	36,021	36,02
RESEARCH CORE GRANT RECEIVABLE	3,977	3,977	20,20
WIC RECEIVABLE	-	-	126,64
REACH GRANT RECEIVABLE	-	-	11,69
DIABETES CENTER RECEIVABLE	•	-	4,324
NIH GRNAT RECEIVABLE		-	15,499
HIV RAPID TESTING RECEIVABLE	39,618	39,617	60,223
MHRA GRANTS RECEIVABLE		-	(83)
EXPORT GRANTS	1,626	1,626	4,64
2008 BAD DEBT CHARITY CARE POOL	-	-	(5
2009 BAD DEBT CHARITY CARE POOL	-	-	85,04
2010 BAD DEBT CHARITY CARE POOL	-		1,900,73
PREX-INSURANCE-WORKERS COMP	•	-	-
ACCOUNTS PAYABLE	(3)	43.761	384,49
CON EDISON DEPOSIT	-	-	249,11
INSURANCE-DIRECT	-	-	52,87
METRO CARDS	-	-	17,52
L&M MADISON OWNER	41,310	41,310	41,31
SODEXHO	75,000	75,000	75,00
1725 PARK AVE-		-	23,84
AUTOMOBILE INSURANCE			2,35
MALPRACTICE OTHER			10,30
UNREALIZED GAIN	27,817	27,817	40,81
FMP DEBT SERVICE ASSETS	11,758,287	11,758,287	11,758,28
CONSTRUCTION FUNDASSETS/ASSETS LIMITED	40,990	40,990	40,94
DEBT SERVICE FUND/ASSETS LIMITED	242	242	10
	12,859,580	12,882,817	15,498.278
Other Assets	BOOK VALUE AT END	BOOK VALUE AT	BOOKVALU
	OF CURRENT	END OF PRIOR REPORTING MONTH	ON PETITION
BOND ISSUANCE/DOH FEES	REPORTING MONTH 3,288,781	3,288,781	
BOND ISSUANCE/DOR FEES	(1,714,010)	(1,700,417)	
457 DEFERRED COMPENSATION	102,486	102.486	• • •
TOTAL CURRENT ASSETS	1,677,257	1,690,850	1,817.56
LIABILITIES AND OWNER EQUITY	BOOK VALUE AT END	BOOK VALUE AT	BOOK VALU
	OF CURRENT REPORTING MONTH	END OF PRIOR REPORTING MONTH	ON PETITION DATE
Other Post-petition Liabilities		WEGOWING MONTH	UAIL
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

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	VARJOUS	
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						
	Сипенt	0-30	31-60	61-90	Over 91	Total	
Accounts Payable		55,271	10,510	7,859	329,344	-102,984	
Wages Payable		1,100,568				1,100,565	
Taxes Payable		20.775				20.775	
Rent/Leases-Building						-	
Rent/Leases-Equipment						-	
Secured Debt/Adequate		504,652	504,652	504,652	13,211,621	14,725,576	
Protection Payments							
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	
Chain's Agent							
Other: Deferred Litigation		12,112	174,165	390,960	206,309	783,545	
Fees							
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.

402,984.24	329,343.88	097 <u>6</u> 58'L	20.902,01	60'12'99	405'8 <u>84'54</u>	_			TO EA DUIDA GA ROGNEV JATOT
(87.72)	(84.72)				(84.72)	0102/1/11	PP/348-6200	Vendor	NOZINIA
3.29	9 [.] 29				6Z'E	0102/8/2	PP882030	Vendor	UNITEX TEXTILE RENTAL SER
S6'6	56 .6				56'6	0102/8/2	PP682029	Vendor	AB2 JATINER BUITXET XETINU
96'6	96.6				96'6	0102/8/1	PP882028	Vendor	ABS JATNER BJITKET KETINU
2.00	5.00				2.00	0102/8/2	220288dd	Vendor	NUTEX TEXTILE RENTAL SER
65°C	69°C				65.5	0102/8/2	PP882026	Vendor	NUITEX TEXTILE RENTAL SER
99.72	99 29				99'25	0102/8/2	PP882025	Vendor	938 JATNER RENTAL SER
10.21	10.27				10.27	0102/8/7	PP682024	Vendor	932 JATNER BLITXET XETINU
CI.84	CL.85				£1.84	0102/8/2	PP682023	Vendor	938 JATNER BLITXET XETIUU
CC 991	66.881				22'9ST	0102/8/2	PP682022	Vendor	938 JATN39 JJITX3T X3TINU
14.72	57.41				27.41	0102/8/2	PP682021	Vendor	932 JATNER RENTAL SER
5 6.44	56'77				56'77	0102/8/2	PP882020	Vendor	AB2 JATNER BUTXET XETINU
67.0	67.0				64.0	0102/8/1	6102882d	Vendor	AB& JATNER RENTAL SER
55.65	55'77				22.44	0102/8/2	PP882018	Vendor	NAITEX TEXTILE RENTAL SER
56.7	96°2				26.7	0102/8/2	710288994	Vendor	UNITEX TEXTILE RENTAL SER
87.4	87.4				84.4	0102/8/2	PP882016	Vendor	UNITEX TEXTLE RENTAL SER
3.20	3'50				3'50	0102/8/2	PP882015	Vendor	UNITEX TEXTILE RENTAL SER
82.4	87.4				87.4	0102/8/2	PP682014	Vendor	UNITEX TEXTILE RENTAL SER
31.6	81.6				3.18	0102/8/2	E1028899	Vendor	NUITEX TEXTLE RENTAL SER
SE EE	33'36				33'36	0102/8/2	PP882012	Vendor	NAITEX TEXTILE RENTAL SER
95'169'1	95'169'1				957277	0102/01/2	0169760dd	Vendor	UNITEX TEXTILE RENTAL SER
62'88	62.88				62.88	1/8/2010	110288/dd	Vendor	NAITEX TEXTILE RENTAL SER
81.8	82.8				82.9	0102/8/2	PP/882008	Vendor	NATTER TEXTLE RENTAL SER
19'991	29.221				19.221	0102/8/2	PP/882007	Vendor	UNITEX TEXTILE RENTAL SER
511.74	211.74				211.74	0102/8/1	900288/dd	Vendor	UNITEX TEXTILE RENTAL SER
01'621	01'621				123-10	2/8/2010	PP/882005	Vendor	REALEST TEXTLE RENTAL SER
09 [°] 209	09'209				602.80	0102/0/2	S667816/99	Vendor	TRANSCARE NEW YORK, INC.
00'628	00'648				00.678	1/3/2010	2661818/992	Vendor	TRANSCARE NEW YORK, INC.
09'001'Z	09'601'Z				09'601'Z	1/3/2010	PP/9185937	Vendor	TRANSCARE NEW YORK, INC.
36,728.72	36,728.72				27.857,8£	0102/0/2	PP1000439665		SODEXHO MANAGEMENT, INC.
07'558 00'005'C	07'998				822'40	0102/11/01	PP/220333	Vendor	SODEXHO MANAGEMENT, INC.
3'430'00	3,430.00				00'021'5	0102/1/01	PP/220332	Vendor	SODEXHO MANAGEMENT, INC.
19,630.08	80.058,01				19,830,08	0102/2/01	PP/1000458241	Vendor	SODEXHO MANAGEMENT, INC.
34'181.60	24,787.60				34,787.60	0102/82/8	Ct12570001/dd	Vendor	SODEXHO MANAGEMENT, INC.
80'008'61	80.058,91				19,830.08	0102/21/8	PP/1000457142	Vendor	SODEXHO MANAGEMENT, INC.
(10.042,5)	(10.022,S)				(5,540,01)	0102/5/11	SS17270001/dd	Vendor	SODEXHO INC ENGINEERIN
31,766.20	31,766.20				31,766.20	0102/2/01	PP/1000458278	Vendor	SODEXHO INC. • ENGINEERIN
(5'233'24)	(F2.553.5)				(\$5.552,5)	8/8/2010	PP/1000453838	Vendor	SODEXHO INC ENGINEERIN
ST.TOT.BE	39.707,95				27.707,9E	0102/82/9	PP/1000452097	Vendor	SODEXHO INC ENGINEERIN
31,766.20	31,766.20				37,766.20	0102/10/2	PP/1000445499	Vendor	SODEXHO INC. • ENGINEERIN
31,766.20	31,766.20				31,766.20	0102/0/1	PP/1000439816	Vendor	SODEXHO INC - ENGINEERIN
¢'000'00	4,000.00				4,000.00	1102/11	PPAGH-BR08	Vendor	REIMBURSEMENT REVIEW ASSO
51.111	51.111				51.111	0102/10/2	PP/1073171495	Verdor	PACIFIC INTERPETERS
120.00	120.00				00.021	0102/2/1	PP-60500	Vendor	NUCLEAR DIAGNOSTIC PROD.
00.008			00.006		00.006	1102/22/0	PP/7001760052	Vendor	WCKESSON HBOC
76.816,1			7C 918.1		76.918,1	1102/51/6	07/95/100//22	Vendor	WOKESSON HBOC
00.817,8	00.817,8				00.817,8	1102/01/1	PP/7001726623	Vendor	WOKESSON HBOC
6,725.00	6.725.00				6,725.00	0102/91/2	01/01-1/2/dd ZZ88801/dd	Vendor Vendor	ANDISON AVENUE PHYSICIANS
00.079,52	2,970.00				00.076,2	10/14/2010		Vendor	
09'101	09'101				05'101	0102/01/8	PP/ 1086635		HEIDELL, PITTONI, MUPRHY
62.744	62.744				62.744	0102/01/8	PP/ 1066634	Vendor	HEIDELL, PITTONI, MUPRHY
00.008				00.008	00.000,02	1102/21/#	PP2011926	Vendor Vendor	DORNING YANDHING YANDHING DORNOU DORNOU DONOU
20,000,00	50,000,02			00:00		15/2/2010	PPJULY-DEC 10	Vendor	DELL MARKETING L.P.
00.067,61				00.037,61	00'052'ET 00'052'ET	4/15/2011	6012011SU0/99	Vendor	
00 092 01	07 817			00 092 64	00 032 11	4/32/3011 13/31/3010	PPL76023565109	Vendor	DEER PARK
07'617	07.817				07.617	11/20/2010	PPL76023555102	Vendor	DEER PARK
07'617	07.617				07.617	0102/10/01	PPJ7602355102	Vendor	DEER PARK
125.62	00000		152,82		28'SZ1	1102/#1/2	PP 17002356102	Vendor	DEER PARK
07'617		07.617	C0 3C1		07'617	1102/6/2	201235516102	Vendor	DEER PARK
07 617	07 617	07 Q17			07.617	8/30/5010	20199220821dd	Vendor	XAA ABBO
91.001,1				94.007,7	81.007.1	1102/91/9	2100180#6#/dd	Vendor	CONSOLIDATED EDISON
2,362.79	5,382,79				62.285,29	0102/62/2	PP/JULY10	Vendor	COMMITTEE OF INTERNS & RES
00.048,E		3'940'00			00'006'E	1102/1/2	PP/JAM-FEB	Vendor	CITY OF NEW YORK DIV REAL
3'200'00		3'200'00			00'005'E	5/1/2011	PP/JAM-FEB	Vendor	CITY OF NEW YORK DIV REAL
00.027,1		•		00'092'1	00'054'1	1102/92/1	YAM2071C/99	Vendor	CITY OF NEW YORK DIV REAL
00'092'1			00.027,1		00.0211	1102/1/2	HORAM2171769	Vendor	CITY OF NEW YORK DIV REAL
11.7228,1			11.728,1		11.728,1	1102/52/5	94A69715/44	Vendor	CITY OF NEW YORK DIV REAL
00'046'1				00.070,1	00 [.] 026'T	4/26/2011	YAM874CI/99	Vendor	CITY OF NEW YORK DIV REAL
00.070,1			00.070,1		00.079,1	1102/1/2	HD9AM8746 N99	Vendor	CITY OF NEW YORK DIV REAL
2'080'21			78.090.S		15.090,57	1102/52/2	94487461/99	Vendor	CITY OF NEW YORK DIV REAL
05.161	09.161		-		05'161	1/26/2010	01.JULY 10	Vendor	CIR, SEIU LOCAL 1857 HEAL
86'#\$1'2	86'191'2				86.461.7	8/11/2010	9696/dd	Vendor	BREA YANKOWITZ, PC
312,40				315 40	312.40	4/22/2011	9666613/dd	Vendor	AREAS INTLE SECURITY SERV
2,624,16				5,624,16	5,624,16	4/25/2011	58656613/dd		BURNS INTL SECURITY SERV
88.074				88.074 470.88	88.074	1102/22/5	b685681/dd 6885661/dd	Vendor Vondor	BURNS INTL SECURITY SERV BURNS INTL SECURITY SERV
68'Z+0'Z1	00'007			68.SH0,S1	15 [°] 045'86	11/7/2010	PP13300026831	Vendor	VERS VOITARTIBRA NACIREMA
200.00	00'00Z				00'002	0102/9/11	PP13300026821	Vendor	OSZA NOITAATIBAA NADIABMA
200'00	200'00				00'002	0102/0/11	bb13300056831	Vendor	OSZA NOITAATIBAA NADIARMA
500.00	500,00				00'002 00'002	0102/#/11	PP13300025801	Vendor	OSZA NOITAATIBAA NADIABMA
200'00	200'00				00'002 00'002	0102/#/11	191920000E1dd	Vendor	OSZA NOITARTIBRA NACIREMA
500°00	500'00 500'00				00'002 00'002	0102/9/11	17/92000221dl	Vendor	OSZA NOITAATTIBAA NADIABMA
500.00	500'00				00'002 00'002	0102/9/11	1272200025144	Vendor	OZZA NOITARTIBRA NADIRBMA
500.00	500.00				00'002 500'00	0102/9/11	16952000CE188	Vendor	O22A NOITATTIARA NACIRENA
200.00	200.00				200°002	0102/82/01	1762200055199	Vendor	OSZA NOITATTIBRA NACIREMA
200.00	200.00				200.00	0102/82/01	PP13300025191	Vendor	OSZA NOITATTIBRA NADIRBIMA
200.00	200.00				00 002 00:002	0102/82/01	PP13300026361	Vendor	OSZA NOITARTIBRA NACIRCIM
200.00	200.00				200,005	0102/82/01	PP13300025341	Vendor	OSZA NOITARTIBRA NACIRENIA
500.00	500,00				00'002	0102/82/01	PP13300018331	Vendor	OSZA NOITARTIBRA NACIRENA
200.00	500,00				00'002	0102/82/01	bb13300005833	Vendor	OSSA NOITAATIBRA NADIREILA
200.00	500,00				Z1/197	0102/16/01	bb/1850t	Vendor	AGFA CORPORTION
467.42	467.42 Over 91	06-19	-09-10	0-30-			Vendor Invoice Nb Vendor II	Edy T	OmsN tobneV
Total	101010	00.18	-09-15	05-0	Noice 0 mi	• • • •		•	

NORTH GENERAL HOSPITAL ACCOUNTS PAYABLE AGING

			ACCOUNT	MOR-4	SING				
Vendor Name	Туре	Vendor Invoice N	b 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		n PP/DEC.2010-B	1/26/2011	3,219.42	•			3,219.42	3,219.42
GARFUNKEL, WILD, & TRAVIS		PP/FEB.2011-A	3/29/2011	53,152.84		53,152.84			53,152.84
GARFUNKEL, WILD, & TRAVIS		PP/FEB.2011-B	3/29/2011	13,249.90		13,249.90			13,249.90
GARFUNKEL, WILD, & TRAVIS		PP/JAN.2011-A	2/22/2011	21,253.55			21,253.55		21,253.55
GARFUNKEL, WILD, & TRAVIS		PP/JAN.2011-B PP225238-240A	2/22/2011 12/16/2010	5,233.45 13,915.22			5,233.45	13,915.22	5,233.45 13,915.22
GARFUNKEL, WILD, & TRAVIS GARFUNKEL, WILD, & TRAVIS		1 PP225238-240A	12/16/2010	3,413.60				3,413.60	3,413.60
GARFUNKEL, WILD, & TRAVIS		PPJUL-OCTADJ	12/30/2010	3,081.00				3,081.00	3,081.00
GARFUNKEL, WILD, & TRAVIS		PPJUL-OCTBAL	12/30/2010	14,878.35				14,878.35	14,878.35
GARFUNKEL, WILD, & TRAVIS		PP/MAR2011A	4/25/2011	46,110.78	46,110.78				48,110.78
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			259,104.63		259,104.63
WINDELS MARX LANE & MITTE	Profession	PP/JAN.2011-8	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		PPJUL-OCTBAL	12/30/2010	157,455.30				157,455.30	157,455.30
WINDELS MARX LANE & MITTE		PPNOV 1-22B	11/24/2010	61,198.70				61,198.70	61,198.70
WINDELS MARX LANE & MITTE		PP/FEB2011A	4/25/2011	278,963.93	278,963.93				278,963.93
WINDELS MARX LANE & MITTE		PP/FEB2011B	4/25/2011	68,507.92	68,507.92				68,507.92
WINDELS MARX LANE & MITTE		PP/MAR2011A	4/25/2011	308,483.92	308,483.92				308,483.92
WINDELS MARX LANE & MITTE TOTAL VENDOR PROFESSIONAL		PP/MAR2011B	4/25/2011	75,686.68	75,886.68	66.402.74	757,052.89	270,814.67	75,686.68
TOTAL VERDOR PROPESSIONAL	WF Adiad	M3 OF #30/2011		1,003,403.13	108,184.00	00,402.74	101,002.08	210,014.01	1,003,403.13
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			78,497.63
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 d	el 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				22,663.65	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					15,678.30	15,878.30
ALSTON & BIRD LLP ALSTON & BIRD LLP	Court Court	PP/FEB.2011-A PP/FEB.2011-B	4/15/2011 4/15/2011	59,518.82	59,518.82				59,518.82
ALSTON & BIRD LLP	Court	PP/FEB.2011-61 de		14, 112.60 0.00	14,112.60				14,112.60
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
GARBARINI & SCHER, PC.	Court	PP/ 86152	10/6/2010					538.00	538.00
GARBARINI & SCHER, PC.	Court	PP/ 88154	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	6,212.18
GARBARINI & SCHER, PC.	Court	PP/DEC.2010-B	1/24/2011	1,521.80				1,521.60	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	PP1013553A	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	1,995.40	1,998.40				1,996.40
GARBARINI & SCHER, PC.	Court	PP/FEB.2011-B	4/18/2011	454.40	454.40				454.40
HEALTHCARE MANAGEMENT SOL HEALTHCARE MANAGEMENT SOL		PP/DEC.2010-B PP/FEB.2011-A	1/31/2011	30,410.80		108.049.48		30,410.60	30,410.80
HEALTHCARE MANAGEMENT SOL		PP/FEB.2011-A	3/28/2011 3/28/2011	106,049.48 25,362.44		25,362.44			106,049.48
HEALTHCARE MANAGEMENT SOL		PP/JAN.2011-B	2/14/2011	24,399.84		20,302.44	24,399,84		25,362.44 24 300 84
HEALTHCARE MANAGEMENT SOL		PP/NOV.2010-8	1/31/2011	23,835.54			24,300.04	23,836.54	24,399.84 23,836.54
HEALTHCARE MANAGEMENT SOL		PP/MAR201120%	4/20/2011		18,458.90			20,000.04	18,458.90
HEALTHCARE MANAGEMENT SOL		PP/MAR80%2011	4/20/2011		77,550.70				77,550.70
NHB FINANCIAL ADVISORS, I	Court	PP/DEC.FEES-B	1/31/2011					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 (•		-			-
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
NHB FINANCIAL ADVISORS, I NHB FINANCIAL ADVISORS, I	Court	PPFEEJUL-OCTC	12/30/2010					12,678.67	12,878.87
NHB FINANCIAL ADVISORS, I	Court	PP/MAR2010A	4/25/2011	14,144.76	14,144.78				14,144.78
NHB FINANCIAL ADVISORS, I	Court Court	PP/MAR2011C PP/MAR2011C	4/25/2011	3,480.75	3,480.75				3,480.75
BDO SEICMAN, LLP	Court	PP/MAR2011C	4/25/2011 12/7/2010	6,349.80	•				
BDO SEIDMAN, LLP	Court	PP226562B	12/7/2010	•				6,349.60	6,349.60
U.S. TRUSTEE PAYMENT CENT	Court	PP/JAN/FE/APR	4/26/2011	325.00	325.00			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/FEB/MA	4/26/2011	9,750.00	9,750.00				325.00 9,750.00
TOTAL VENDOR COURT A/P AGIN				805,112.29	269,970.00	289,754.03	49,113.49	198,274.76	805,112.26
TOTAL A/P AGING AS OF 4/30/201	1			3,091,561.65	1,114,435.92	366,666.84	614,025.78	798,433.31	3,091,581.65

CR# 4

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

Annania a constant and a constant and a constant of the				· ·····
Bank Name	TD Bank			
Account #: 7915911395		Payroll Account (USI		·- ·
1	Account name.		-	
Account Summary	Amount			
Opening Ledger (as of 04/01/2011)	\$34,831.65			
Total Credits	s110,000.00			
Total Debits	\$123,093.88			
Closing Ledger (as of 04/29/2011)	\$21,737.77			
Detail Credit Transactions	Amount Avail	ability Bank Ref.	Cust Ref. Deposit Item	Detail Notes
	\$50,000.00	-	0000000000	To cover
04/05/2011 ACH Credit	\$50,000.00	000010349	000000000	Payroli
04/19/2011 ACH Credit	\$60,000.00	000009283	000000000	TO
				PAYROLL
Item Count 2	\$110,000.00			
Detail Debit Transactions	Amount Ba	nk Ref. Cust Ref.	Notes	
04/06/2011 ACH Debit	\$28,196.84 68	10548029 0000000	000 AC-NORTH GENERAL ADPNATION	-PAYROLL -SETT-
04/07/2011 Outgoing Wire Transfer	\$361.54_70	0060553 0000000	000 ADP TAX SVCS INC. R	EV. WIRE IMPOUND
04/08/2011 Check Pald	\$1,881.85 20	2498695 00004542	255 CHECK CASHED	
04/08/2011 Outgoing Wire Transfer	\$22,233.37 70	0081641 0000000	000 ADP INC FUNDS MGM	т
04/11/2011 Check Paid	\$1,868.33 72	25874891 00004542	253 POD CHECK	
04/11/2011 Check Paid	\$1,201.33 50	1322937 00004542	248 CHECK	
04/11/2011 Check Paid	\$1,185.35 50	4909149 00004542	252 CHECK	
04/11/2011 Check Paid	\$1,101.32 50	4672841 00004542	246 CHECK	
04/11/2011 Check Paid	\$982.07 50	1322939 00004542	247 CHECK	
04/11/2011 Check Paid		01322941 00004542		
04/11/2011 Check Paid		5534981 00004542		
04/12/2011 Check Paid	\$1,146.14 50	5692261 00004542	250 CHECK	
04/13/2011 Check Paid	\$950.36 50	3036735 00004542	249 CHECK	
04/18/2011 Check Paid		5651203 00004542		
04/20/2011 ACH Debit		2794518 0000000	000 AC-NORTH GENERAL ADPNATION	-PAYROLL -SETT-
04/21/2011 Outgoing Wire Transfer	\$361.54 70	0060697 0000000	000 ADP TAX SVCS INC. R	EV. WIRE IMPOUND
04/22/2011 Check Paid	\$2,103.27 50	3338031 00004542	265 CHECK CASHED	
04/22/2011 Check Paid	\$1,869.63 10	7563134 00004542	267 CHECK CASHED	
04/22/2011 Check Paid	\$1,206.33 50	0814883 00004542	259 POD CHECK	
04/22/2011 Check Paid		3353657 00004542		
04/22/2011 Outgoing Wire Transfer	And a statement of the		000 ADP INC FUNDS MGM	т
04/25/2011 Check Paid		1087981 00004542		
04/25/2011 Check Paid		4131699 00004542		
04/25/2011 Check Pald		4375359 00004542		
04/25/2011 Check Paid		0976485 00004542		
04/27/2011 Check Paid	ar'oar'n' 20	3308803 00004542	204 POD CHECK	

https://treasurydirect.cpo.tdbank.com/bbw/flowctl.cfm?n=584470281348165342&event=sh... 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 hilled during the period consists of adjustments		

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					

Delitor

PAYMENTS TO INSIDERS AND PROFESSIONALS- MOR #6

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

INSIDERS						
NAME	TYPE OF PAYNENT	ANIOUNT PAID	TOTAL PAID TO DATE			
SAMUEL DANIEL	PAYROLL	-	92.372			
JOHN MAHER	PAYROLL	21,154	330,961			
JOHN MAHER	EXPENSE REIMBURSMENT	205	1,761			
	TOTAL PAYMENTS TO INSIDERS	21,359	425.095			

PROFESSIONALS							
NAME	DA'TE OF COURT ORDER AUTHORIZING PAYNENT	AMOUNTAPPROVED	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		
Infanle, 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 D 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	239,078.33	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		41		783,545.37		
	OTAL 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	SCHEDUIED MONTHLY PAYMENT DUE	AMOUNT PAUD DURING MONTH	TOTAL UNPAID POST PETITION	
	TOTAL PAYMENTS		-	

In re NORTH GENERAL HOSPITAL

Debtor

Case No. <u>10-13553</u> Reporting Period: <u>4/01/2011-4/30/2011</u>

DEBTOR QUESTIONNAIRE-MOR #7

	Must be completed each month. If the answer to any of the	Yes	No
	questions is "Yes", provide a detailed explanation of each item.		
	Attach additional sheets if necessary.		
	Have any assets been sold or transferred outside the normal course of		x
1	business this reporting period?		
-	Have any funds been disbursed from any account other than a debtor in		x
2	possession account this reporting period?		
•	Is the Debtor delinquent in the timely filing of any post-petition tax		x
د	returns?		
		x- Director and	
	Are workers compensation, general liability or other necessary insuran	e Officer	
4	coverages expired or cancelled, or has the debtor received notice of	Insurance was	
	expiration or cancellation of such policies?	not renewed	
_			x
3	Is the Debtor delinquent in paying any insurance premium payment?		
	Have any payments been made on pre-petition liabilities this reporting		x
6	period?		
_	Are any post petition receivables (accounts, notes or loans) due from	x	
7	related parties?		
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
			x Unemployment
11	Are any other post petition taxes past due?		not paid
			x
12	Have any pre-petition taxes been paid during this reporting period?		
13	Are any amounts owed to post petition creditors delinquent?	x *	
	Are any wage payments past due?		x
	Have any post petition loans been been received by the Debtor from any		x **
15	party?		
16	Is the Debtor delinquent in paying any U.S. Trustee fees?		x
	Is the Debtor delinquent with any court ordered payments to attorneys or		X
17	other professionals?		
	Have the owners or shareholders received any compensation outside of		x
18	the normal course of business?		

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:

5/11/2011

	North General Ho	spital Display Ac	count Activity Pro	cessor
			Wed May 04,	2011 01:31 pm
Entity :	01-NORTH GENERAL	HOSPITAL Fis	scal Year: 2011	
Dept :	1011 - GENERAL FU	ND 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

1



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

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00027798 CEN 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 April 26, 2011 -April 29, 2011

Page 1 of 1

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Account Number 000000032020392

Customer Service

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

Commercial Checking

Summary	A (<i>Amount</i> \$69,787.45	
Opening Ledger Balance	Number		
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.

CHASE 🗘

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

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 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.



Commercial Checking

Summary	A losente e u	A
Opening Ledger Balance	Number	Amount \$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

Ledger Date	Description	Amount
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

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

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

CHASE 🖨

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

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00000040 CEN 802 3J 10911 - NNN T 1 000000000 M1 0000

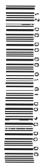
NORTH GENERAL HOSP GROSS RECEIPTS PLEDGE FUND ACCT PAULETTE SENIOR 1879 MADISON AVE NEW YORK NY 10035-2709 April 12, 2011 -April 18, 2011

Page 1 of 2

Account Number 000000032020392

Customer Service

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



Commercial Checking

Summary		
Opening Ledger Balance	Number	Amount \$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

Ledger Date	Description	Amount
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	\$173.83
04/13	NAME:0000NORTH GENERAL HO TRN: 1028973699TC ORIG CO NAME:TRACE 01784764 ORIG ID:1146013200 DESC DATE: CO ENTRY DESCR:NY ACH PMTSEC:CTX TRACE#:021000028761102 EED:110413 IND ID: IND	\$6,567.77
04/18	NAME:0000NORTH GENERAL HO TRN: 1038761102TC LOCKBOX NO: 26115 FOR 3 JTEMS 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

Ledger Date	Description	Amount
04/15	ACCOUNT ANALYSIS SETTLEMENT CHARGE	\$1,832.14
Total		\$1,832.14
Daily Ba		

Date	Ledger Balance	Date	Ledger Balance
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.

CHASE 🛈

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

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

April 05, 2011 -April 11, 2011

Page 1 of 2

Account Number 00000032020392

Customer Service

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



Commercial Checking

Summary

Cammary	Number	Amount
Opening Ledger Balance	Namber	\$48,237.74
Deposits and Credits	4	\$8,711.63
Withdrawals and Debits	1	\$21.95
Checks Paid	0	\$.00
Ending Ledger Balance		\$56,927.42

Ending Ledger Balance

Deposits and Credits

Ledger Date	Description	Amount
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:0000NORTH 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:0000NORTH GENERAL HO TRN: 1015965453TC	\$3,195.47

Total

\$8,711.63

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



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

Ledger Date	Description		Amount
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		
Total			\$21.95
Daily Ba	lance		
Date	Ledger Balance	Date	Ledger Balance
04/05 04/07	\$49,696.55 \$53,259.89	 04/11	\$56,927.42

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

CHASE 🛈

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

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

April 01, 2011 -April 04, 2011

Page 1 of 2

Account Number 00000032020392

Customer Service

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



Commercial Checking

Si	um	ma	rv

• anniar y	Number	Amount	
Opening Ledger Balance	Number	\$48,277.24	
Deposits and Credits	0	\$.00	
Withdrawals and Debits	1	\$39.50	
Checks Paid	0	\$.00	
Ending Ledger Balance		\$48,237.74	

Withdrawals and Debits

Ledger Date	Description		Amount
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:NORTI GENERAL HOSPITAL TRN: 0948162466TC		\$39.50
Total			\$39.50
Daily Ba	lance		
Date	Ledger Balance	Date	Ledger Balance
	\$48,237.74		

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.

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

Genera	2,278.38	
Add:	Outstanding Checks	7,131.01
Adiuste	ed Book Balance @ 4/30/2011	9,409.39

Bank Balance @ 4/30/2011

Adjusted Book Balance @ 4/30/2011

9,409.39

PREPARED BY : MARIA CRUZ

APPROVED BY:

Monia Tence 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	L HOSPITAL	Fiscal Year: 2011	
Dept :	1011 - GENERAL D	FUND ACCOUNTS		
Account:	01.11 - GFA-CASE	H IN SUNDRIES AC	COUNT	
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

հայիլուվիսովությունը հետությունը հետությունը

00002050 CEN 802 1 12011 - NNN 1 000000002 C2 0000

NORTH GENERAL HOSP PAULETTE SENIOR 1879 MADISON AVE NEW YORK NY 10035-2709 April 01, 2011 -April 29, 2011

Page 1 of 2

Account Number 0000000005041929

Customer Service

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



Commercial Checking

Summary

e anninar y	Number	Amount
Opening Ledger Balance	Number	\$9,820.62
Deposits and Credits	0	\$.00
Withdrawals and Debits	1	\$75.00
Checks Paid	2	\$336.23
Ending Ledger Balance		\$9,409.39

Withdrawals and Debits

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

Total

Checks Paid

Check	Date Paid	Amount	Check	Date Paid	Amount	Check	Date Paid	Amount
75405	04/22	\$150.26	75422*	04/29	\$185.97			

Total 2 check(s)

indicates gap in sequence

\$336.23

\$75.00

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April 01, 2011 -April 29, 2011

Page 2 of 2

Account Number 0000000005041929

NORTH GENERAL HOSP

Commercial Checking (continued)

Daily Balance

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

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

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

-

Report GAR8KC01

scal ear -	/Pen C	heck 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	B/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 SINA! 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	30.17	NYC FIRE DEPARTMENT
2010	6	74469	6/1/2010	300 00	300 00	8120	INSITUTO DE NEUROLOGIA Y NEUROCIRUO
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 COTTROL, MD
			Total CHASE	7,131 01	7,131.01	- 10 C	

CHASE **O**

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

المطالبة المسابلة والمسابلة والمسابلة والمسابلة والمسابلة والمساب

00000446 CEN 802 S 12011 - NNN 1 000000001 P4

NORTH GENERAL HOSIPTAL PAULETTE SENIOR 1879 MADISON AVE NEW YORK NY 10035-2709 April 01, 2011 -April 29, 2011

Page 1 of 3

Account Number 006301489625509

Customer Service

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



Commercial Checking

Summary

Cumma y	Number	Amount
Opening Ledger Balance	Hambor	\$.00
Opening Collected Balance		\$.00
Deposits and Credits	1	\$75.00
Withdrawals and Debits	0	\$.00
Checks Paid	1	\$75.00
Ending Ledger Balance Ending Collected Balance		\$.00 \$.00

Activity

Ledger Date	Value Date	Description	Debit	Amount
04/01 04/01		OPENING LEDGER BALANCE OPENING COLLECTED BALANCE	*** Balance *** *** Balance ***	\$.00 \$.00
04/26		FUNDING XFER FROM 000000005041929 TRN: 0190006493RJ	Dalarice	\$75.00 \$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

Ch	eck	Date Paid	Amount	Check	Date Paid	Amount	Check	Date Paid	Amount
		04/26	\$75.00	***************************************			••••••		

Please examine this statement of account at once. By continuing to use the account, you agree that: (1) the account is subject to the Bank's deposit account agreement, and (2) the Bank has no responsibility for any error in or improper charge to the account (including any unauthorized or 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 01, 2011 -April 29, 2011

Page 2 of 3

Account Number 006301489625509

NORTH GENERAL HOSIPTAL

•

Commercial Checking (continued)

Total 1 check(s)	\$75.00
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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	Sequence	Date	Renewal	Low Range or	High Range
Stop	Number	Entered	Date	Check Number	or Amount
_	0000098	07/27/2009	07/27/2011	69997	\$790.00

Authorized Signature:

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

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
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BALANCE PER BANK STATEMENT

\$ 267,032.92

PREPARED BY: MARIA CRUZ

APPROVED BY:

Mong Jew 511/2011

	North General Ho	spital Display Acco	unt Activity Pro	cessor
			Wed May 04,	2011 02:50 pm
Entity :	02-NORTH GENL HOS	PITAL FOUNDATIFisca	1 Year: 2011	
Dept :	1014 - CASH IN CO	MMERCE BANK		
Account:	10.09 - CASH-COMM	ERCE 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



DIP CASE#10-13553 DIST SDNY

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 Page:
 l of 2

 Statement Period: Apr 01 2011-Apr 30 2011

 Cust Ref #:
 7916199925-041-T-***

 Primary Account #:
 791-6199925

Chapter 11 Money Market

572093 06DD1U25 1 010000

1879 MADISON AVE NEW YORK NY 10035

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

NORTH GENERAL HOSPITAL FOUNDATION INC

FUNDRAISING C/O PAULETTE SENIOR

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	SUMMAR	Y			
Statemen	t Balance a	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
Statemen	t Balance	as of 04/30			267,032.92
ACCOUNT	ACTIVITY	1			
Transact DATE	ions by Da DESCRI		DEBIT	CREDIT	BALANCE
4/4	CCD D BAN	EBIT KCARD MTOT DISC 426696100004059	37.50		267,043.90
4/7	CCD D	EBIT DVATIVE MERCH IMS 426696100004059	21.95		267,021.95
4/29	INTER	REST PAID		10.97	267,032.92
INTERES	TSUMMA	py .			
	g Interest F				0.05%
Number of Days in this Statement Period					30
Interest E	Earned this	Statement Period			10.97
Annual P	ercentage	Yield Earned this Statement Period (APY)			0.05%
Interest F	Paid Year t	o Date			43.89

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



How to Balance your Account

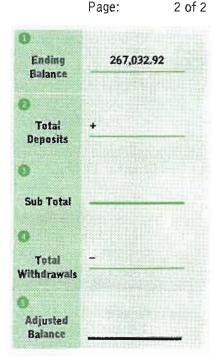
Begin by adjusting your account register as follows:

- · 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.

DEPOSITS NOT ON STATEMENT	DOLLARS	CENTS
Total Deposits		0

- 1. Your ending balance shown on this statement is:
- 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.
- Subtract Line 4 from 3. This adjusted balance should equal your account balance.

NTHDRAWALS NOT	DOLLARS	CENTS
	_	
	_	



WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS
Total Withdrawals		0

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 hank statement or receipt relating to an electronic fund transfer, telephone the hank 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 (en (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 ohligated to pay the parts of your hill 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 Dally 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 und other debits are posted to your account and will continue until the balance has been paid in full. To compute the fin

2 of 2

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

A/C#791-5002096

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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

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	North General	Hospital Displa	ay Account Activity	Processor
			Tue May	10, 2011 01:51 pm
Entity :	01-NORTH GENERA	AL HOSPITAL	Fiscal Year: 2011	
Dept :	1011 - GENERAL	FUND ACCOUNTS		
Account	01.08 - GFA-COM	MERCE NGH MONE	MARKET	
Per	Period Actual	Period Budge	et Variance	YTD Actual
BB	\$1,733,258.60	\$0.00) \$1,733,258.60	\$1,733,258.60
01	\$449,946.19-	\$0.0) \$449,946.19-	\$1,283,312.41
02	\$1,283,268.23-	\$0.00) \$1,283,268.23-	\$44.18
0З	\$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	\$0.0	\$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	\$0.0	\$0.00	\$0 .00
YTD	\$0.00	\$ 0 .0	\$0.00	\$0.00

Enter period number --'/' next account or '/P' previous account



America's Most Convenient Bank®



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 Page:
 l of 2

 Statement Period: Apr 01 2011-Apr 30 2011

 Cust Ref #:
 7915002096-041-T-***

 Primary Account #:
 791-5002096

STATEMENT OF ACCOUNT

Chapter 11 Money Market

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

570149 06DD1U25 1 010000 NORTH GENERAL HOSPITAL

C/O PAULETTE SENIOR

1879 MADISON AVE NEW YORK NY 10035

DIP CASE#10-13553 SDNY

Account # 791-5002096

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.

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

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





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.

DEPOSITS NOT ON STATEMENT	DOLLARS	CENTS
		-
Total Deposits		

- 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.
- List below the total amount of withdrawals that do not appear on this statement. Total the withdrawals and enter on Line 4.
- Subtract Line 4 from 3. This adjusted balance should equal your account balance.

NTTHDRAWALS NOT	DOLLARS	CENTS

WITHDRAWALS NOT	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 plonen number listed on the front of your statement or write to:

TO 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 You: 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 Dally Balance method to calculate the finance charge on your Moneyline/Overdrzft 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 comboue until the balance has been paid in full. To compute the fin

Page: 2 of 2

0.00

Ending Balance

Total

Deposits

Sub Total

Total

Withdrawals

Adjusted

Balance

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

GENERAL LEDGER BALANCE @ APRIL 30, 2011

BALANCE PER BANK 04/30/11

0.00

0.00

PREPARED BY : MARIA CRUZ

APPROVED BY:

Many Tem 5/11/2011



America's Most Convenient Bank®



1 of 2

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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

Chapter 11 Checking

NORTH GENERAL HOSP -ENTITLEMENT ACCOUNT C/O PAULETTE SENIOR DIP CASE# 10-13553 SDNY Primary Account #: 791-5963594

Statement Period: Apr 01 2011-Apr 30 2011

STATEMENT OF ACCOUNT

Page:

Cust Ref #:

Account # 791-5963594

7915963594-039-T-***

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		as of 04/30	0.00

No Transactions this Statement Period

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

C



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.

DOLLARS	CENTS
	DOLLARS

- 1. Your ending balance shown on this statement is:
- 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.
- List below the total amount of withdrawals that do not appear on this statement. Total the withdrawals and enter on Line 4.
- Subtract Line 4 from 3. This adjusted balance should equal your account balance.

TTHORAWALS NOT	DOLLARS	CENTS
	-	

TTHDRAWALS NOT	DOLLARS	CENTS
Total		

FOR CONSUMER ACCOUNTS ONLY — IN CASE OF ERRORS ON 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. Pleuse 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 mnney during the time it takes to complete our investigation.

INTEREST NOTICE

Total Interest credited by the Bank to yau 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 passible. 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:

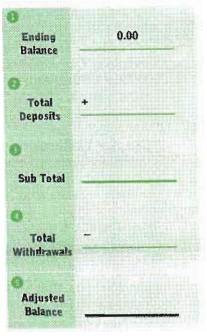
Withdrawals

- 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 Baily Balance on Use 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

Page: 2 of 2



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	FD Bank					
Account #: 7915317874	Account N	ame: Gross f	Receipts Acct	(USD)		
Account Summary Opening Ledger (as of 04/01/2011) Total Credits Total Debits Closing Ledger (as of 04/29/2011)	Amount \$837.87 \$3,000.00 \$1,573.66 \$2,264.21					
Detail Credit Transactions 04/14/2011 ACH Credit	Amount \$3,000.00	Availability		Cust Ref. 0000000000	Deposit Item Detail	Notes To cover
Item Count	1 \$3,000.00					bank fee
Detail Debit Transactions	Amount	Bank Ref.	Cust Ref.	Notes		
04/15/2011 Miscellaneous Fees	\$1,573.66 1 \$1,573.66		000000000	0 ANALYSIS	FEES	

	North General	Hospital Display Account	nt Activity 1	Processor
			Tue May 1	10, 2011 01:51 pm
Entity :	01-NORTH GENERA	L HOSPITAL Fiscal	Year: 2011	
Dept :	1011 - GENERAL	FUND ACCOUNTS		
Account:	01.05 - GFA-COM	MERCE 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
TD	\$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:

Mony Jew. 5/11/2011



OZ 01

Customer Service: 718.230.2900 www.carverbank.com

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

C/O MAZIE TRUSTY 1879 MADISON AVENUE 9494a NEW YORK NY 10035 01346

NORTH GENERAL HOSPITAL

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Non-Profit Business Checking - ACCOUNT SUMMARY - 509018305

Starting Balance	+	Deposits	+	Interest Paid	-	Withdrawals	-	Service Charge	=	Ending Balance
\$14,17 2.9 8		\$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 04-29 Eff. 04-30 Credit Interest		1.75	14,172.98 14,174.73
The amount of Interest earned be	etween 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

Note: See the attached worksheet.

PREPARED BY: MARIA CRUZ

APPROVED BY:

Monu Zeru 5/11/201*

\$ 4,352.72

	North General Ho	ospital Display Ac	count Activity P	rocessor
			Wed May 04	4, 2011 02:50 pm
Entity :	01-NORTH GENERAL	HOSPITAL Fig	scal Year: 2011	
Dept :	1011 - GENERAL FU	JND ACCOUNTS		
Account:	01.25 - GFA-WORKE	ERS 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



STATEMENT OF ACCOUNT



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

Page: l 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.

Т

ACCOUNT SUMMARY			
Beginning Balance	4,352.72	Average Collected Balance Annual Percentage Yield Earned	4,352.72 0.00%
Ending Balance	4,352.72	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.

DOLLARS

CENTS

DEPOSITS NOT

ON STATEMENT

Total Deposits

- 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.
- 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.

ITHDRAWALS NOT	DOLLARS	CENTS
	_	

WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS
Fotal Withdrawals		

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

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- 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

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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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Page: 2 of 2

4,352.72

Ending Balance

Total

Deposits

Sub Total

Total

Withdrawals

Adjusted

Balance

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 August reconciling difference	533.15 586.00
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 S/11/201/

DIFF:

0.00

	North General	Hospital Display Acc	count Activity Prod	cessor
			Fri May 06,	2011 02:13 pm
Entity :	01-NORTH GENERA	L HOSPITAL Fisc	al Year: 2011	
Dept :	1011 - GENERAL	FUND ACCOUNTS		
Account:	01.22 - GFA-PAY	ROLL 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

OUSTANDING CHECKS AS PER BANK LIST 4/29/2011

ADD: 0.00

LESS:

i

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

TOTAL OUTSTANDING

20,325.04

20,887.77

COMMERCE BANK-Outstanding Check List As of 04/30/11 Account #7915911395

4865	there is the second	
	562.73	9/4/09 This check s/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
440952	7.95	9/5/08
440952	611.53	9/26/08
441557		10/3/08
	0.19	
441656 442724	611.51	10/10/08
	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	

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Bank

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4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	C SERIAL D NUMBER	BANK ND. 0 ACCOUNT	2000 T
$\begin{array}{c} 562.73\\ 14.55\\ 314.63\\ 3.44.63\\ 3.67\\ 611.52\\ 611.52\\ 611.52\\ 611.52\\ 611.52\\ 611.52\\ 611.53\\ 611.53\\ 611.53\\ 611.53\\ 611.53\\ 611.53\\ 611.53\\ 611.53\\ 356.07\\ 1356.07\\ 3356.07\\ $	CHECK AMOUNT	0000004 TEAM NO. NO. 7915911395	
090409 022808 0222208 0222208 0222208 0222208 0222208 0222208 0222208 0222208 0222008 0222008 0222008 0222008 0222008 0222009 022608 0222009 022608 0222009 022608 0222009 022608 0222009 022608 0222009 022609 022609 022609 022609 022609 022609 022609 022609 022609 022610 022610 022610 022610 022610 022610 022610 021610 022610 021610 022610 021610 022610 021610 022610 021610 022610 021610 022610 021610 022610 021610 022610 021610 022610 021610 022610 021610 022610 021610 022610 021610 022610 021610 022610 021610 022610 021610 022610 021610 00000 0000	DATE DATE SEQ PD/PST ISSUED NO.	151 NORTH	
	D. IDENTIFICATION	GENERAL HOSPITAL	
	C SERIAL D NUMBER	RECONCILIATION REPORT	
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	CHECK AMOUNT PD/POST 0/S	EPORT CONSOLIDATE	
15GT PAID PAID PAID PAID PAID	DATE DATE D/PST ISSUE	ATED	
26, 283. 81	SEQ NO. ID	> 0	-
	PAYEE	DATE 05/02/11 AS OF 04-30-11	

C / D Legend

m = missing dieck or range 2 = canceled1 = curcent period paid no issue 3 = prior period paid no issue

4 = stopped, check has not been presented 5 = stopped, check has been presented

6 = force paid * = slop 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 Nan	ne: Payroll A	ccount (US	D)		
Account Summary	Amount					
Opening Ledger (as of 04/01/2011)	\$34,831.65					
Total Credits	s110,000.00					
Total Debits	\$123,093.88					
Closing Ledger (as of 04/29/2011)	\$21,737.77					
Detail Credit Transactions	Amount A	vailability B	ank Ref.	Cus	t Ref. Deposit Item Detail	Notes
04/05/2011 ACH Credit	\$50,000.00	C	00010549	000	0000000	To cover Payroll
04/19/2011 ACH Credit	\$60,000.00	C	00009283	000	0000000	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	0000000	000	AC-NORTH GENERAL -PAYROL ADPNATION	L -SETT-
04/07/2011 Outgoing Wire Transfer	\$361.54	700060553	0000000	000	ADP TAX SVCS INC. REV. WIR	E IMPOUND
04/08/2011 Check Paid	\$1,881.85	202498695	00004542	255	CHECK CASHED	
04/08/2011 Outgoing Wire Transfer	\$22,233.37	700081641	00000000	000	ADP INC FUNDS MGMT	
04/11/2011 Check Paid	\$1,868.33	725874891	00004542	253	POD CHECK	
04/11/2011 Check Paid	\$1,201.33	501322937	00004542	248	CHECK	
04/11/2011 Check Paid	\$1,185.35	504909149	00004542	252	CHECK	
04/11/2011 Check Paid	\$1,101.32	504672841	00004542	246	CHECK	
04/11/2011 Check Paid	\$982.07	501322939	00004542	247	СНЕСК	
04/11/2011 Check Paid	\$924.99	501322941	00004542	251	CHECK	
04/11/2011 Check Paid	\$762.46	105534981	00004542	256	CHECK CASHED	
04/12/2011 Check Paid	\$1,146.14	505692261	00004542	250	CHECK	
04/13/2011 Check Paid	\$950.36	503036735	00004542	249	CHECK	
04/18/2011 Check Paid	\$1,035.67	505651203	00004542	254	CHECK	
04/20/2011 ACH Debit	\$24,189.91	852794618	0000000	000	AC-NORTH GENERAL -PAYROL ADPNATION	L -SETT-
04/21/2011 Outgoing Wire Transfer	\$361.54	700060697	00000000	000	ADP TAX SVCS INC. REV. WIR	E IMPOUND
04/22/2011 Check Paid	\$2,103.27	503338031	00004542	265	CHECK CASHED	
04/22/2011 Check Paid	\$1,869.63	107563134	00004542	267	CHECK CASHED	
04/22/2011 Check Paid	\$1,206.33	500814883	00004542	259	POD CHECK	
04/22/2011 Check Paid	\$762.45	503353657	00004542	268	CHECK CASHED	
04/22/2011 Outgoing Wire Transfer	\$21,466.87	700082042	00000000	000	ADP INC FUNDS MGMT	
04/25/2011 Check Paid	\$1,504.31	501087981	00004542	263	CHECK	
04/25/2011 Check Paid	\$1,111.31	504131699	00004542	257	CHECK	
04/25/2011 Check Paid	\$987.07	504375359	00004542	258	CHECK	
04/25/2011 Check Paid	\$918.20	500976485	00004542	262	CHECK	
04/27/2011 Check Paid	\$1,691.07	503308803	00004542	264	POD CHECK	

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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:

Mones Zem 5/1/2011

	North General	Hospital Display Accou	nt Activity P	Processor
			Tue May 1	0, 2011 01:51 pm
Entity :	01-NORTH GENERA	AL HOSPITAL Fiscal	. Year: 2011	
Dept :	1011 - GENERAL	FUND ACCOUNTS		
Account:	01.27 - GFA-INS	SURANCE ACCOUNT TO BANK	τ	
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



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

Business Analysis

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



 Page:
 1 of 2

 Statement Period: Apr 01 2011-Apr 30 2011

 Cust Ref #:
 4253331022-408-T-###

 Primary Account #:
 425-3331022

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.

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ACCOUNT SUMMARY			
Beginning Balance	223,232.77	Average Collected Balance	223,232.77
		Annual Percentage Yield Earn	ed 0.00%
Ending Balance	223,232.77	Days in Period	30
DAILY ACCOUNT ACTIVITY			

No Transactions this Statement Period

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

V1.8.4|s-1

474237 06DD1U21 008231

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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.
- 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.

DEPOSITS NOT ON STATEMENT	DOLLARS	CENTS
Total Deposits		0

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

WITHDRAWALS NOT	DOLLARS	CENTS
	-	

Ending Balance	223,232.77
Total Deposits	+
0	
Sub Total	
0	
Total Withdrawals	-
Adjusted Balance	

WITHDRAWALS NOT	DOLLARS	CENTS
		-
Total Withdrawals		0

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 place 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 tea (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 blR 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 fetter, 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 flem 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 Moneylino/Overdraft Protection account (the term "OBP" or "OD" refers to Overdraft Protection), the Bank discloses the Average Daily Dalance 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

421,330.44 GENERAL LEDGER BALANCE @ 4/29/2011 \$ ADD: CUT CHECKS NOT CLEARED BY A BANK (See attachment of checks o/s)

LESS:

BANK BALANCE @ 4/29/2011

Note: See the attached worksheet.

PREPARED BY: Maria Crruz

APPROVED BY:

Moni Teru 5]11/2011

348,967.29

770,297.73 \$

	North General	Hospital Display A	Account Activity P	rocessor
			Wed May O	4, 2011 01:31 pm
Entity	01-NORTH GENERA	L HOSPITAL F	iscal Year: 2011	
Dept	: 1011 - GENERAL	FUND ACCOUNTS		
Account	: 01.26 - GFA-OPE	RATING 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

Date. 05/02/2011 Time 11.01am

Outstanding Check List For 05/02/2011 NORTH GENERAL HOSPITAL

Page : 2 Report: GARBKC01

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

Fiscal Yeat/P	fiscal fear/Period	Check Number	Check Date	Check Amount	Vendor Number Vendor Name	Vendor Name
2011	10	75360	04/01/2011	230.00	3047	NYC FIRE DEPARTMENT
2011	10	75365	64/01/2011	230.00	8178	WELLCARE OF NEW YORK INC
2011	40	75382	04/14/2011	504.00	3276	HIP .
2011	04	75384	04/14/2011	965.20	376	INFINITY LIGHTING
2011	04	75397	04/20/2012	20,025.95	2399	BURNS INT'L SECURITY SERVICES
2011	04	75398	04/20/2011	2,400.00	8179	CITI STORAGE
2011	0.4	75406	04/26/2011	113.00	0121	11995ETU NATIONAL DENEFIT FUND
2011	04	75407	04/26/2011	845.29	10	A D P AUTOMATIC DATA PROC
2011	10	75408	04/26/2011	105.33	6385	AFFINITY HEALTH PLAN
2011	04	75409	04/26/2011	675.00	6193	ALL HANDS SERVICES
2011	04	75410	04/26/2011	16,873.00	2399	BURNS INT'L SECURITY SERVICES
1102	04	112411	04/26/2011	85.00	8179	CITI STORAGE
2011	ŧ0	75412	04/26/2011	1,128.42	8192	CLEANING SYSTEMS
2011	70	1121	04/26/2011	13,750.00	6566	DELL MARKETING L.P.
2011	50	75414	04/26/2011	239,078 33	7885	HEALTHCARE MANAGEMENT SOLUTIONS, LLC
2011	94	75415	04/26/2011	164 65	7854	HP PRODUCTS CORPORATION
2011	10	75416	04/26/2011	11,925.23	163	NATIONAL BENEFIT FUND
2011	50	75417	04/26/2011	3,235.34	0166	NEW YORK STATE INSURANCE FUND
2011	04	75418	04/26/2011	935.25	6412	ROYAL WASTE SERVICES, INC.
2011	10	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

Total Dollar Amount Outstanding:

Number of Outstanding Checks:

348,967,29

Enury Total of Outstanding Checks: Enury Total of Dollar Amount Outstanding:

End of Report

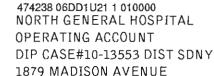
41 356,098.30

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NEW YORK NY 10035

Business Analysis

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



 Page:
 1 of 4

 Statement Period: Apr 01 2011-Apr 30 2011

 Cust Ref #:
 4253331030-408-T-###

 Primary Account #:
 425-3331030

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.

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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

O



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.

DEPOSITS NOT ON STATEMENT	DOLLARS	CENTS		
Total Deposits				

- Your ending balance shown on this statement is:
- 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.
- List below the total amount of withdrawals that do not appear on this statement. Total the withdrawals and enter on Line 4.
- Subtract Line 4 from 3. This adjusted balance should equal your account balance.

ITHDRAWALS NOT	DOLLARS	CENTS

0	
Ending Balance	770,297.73
O Total Deposits	•
Sub Total	
O Total Withdrawals	
O Adjusted Balance	

WITHDRAWALS NOT	DOLLARS	S CENTS	
Total Withdrawals		0	

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 fisted on the front of your statement or write to:

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

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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.
 When making a verbat 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

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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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FINANCE CHARGES:Although the Bank uses the Daily Balance method to calculate the finance charge on your Money(Ine/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



STATEMENT OF ACCOUNT



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

Subtotal:

DAILY ACCOUNT ACTIVI	TY			10.00	1000 CT. 1000 CT.
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		-

Checks Paid	No. Checks: 51	*Indicates break in serial	sequence or check processed	d electronically and listed under	er 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-)	/ES-2000 for	24-hour Direct Ban	king service		

BANK DEPOSITS FDIC INSURED

C



79,257.64



STATEMENT OF ACCOUNT

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

Checks Pair	d (continued) SERIAL NO.	*Indicates break in serial sequence	or check processed	electronically and listed unde SERIAL NO.	r Electronic Payments
1/18	75370	68,891.46	4/27	75388	1,534.45
¥/14	75371	144,846.80	4/22	75389	59.87
1/19	75372	11,400.30	4/22	75390	2,495.35
1/22	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
1/22	75377	30.00	4/27	75395	212.33
1/25	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					
POSTING DAT	TE	DESCRIPTION	SERIAL	40.	AMOUN
4/5		TREASURY DIRECT DEBIT			50,000.0
- /		To cover Payroll			
4/15		TREASURY DIRECT DEBIT			12,768.2
4/20		IFH FUND			(0.000.0
4/19		TREASURY DIRECT DEBIT TO COVER PAYROLL			60,000.0
	-			Subtotal:	122,768.2
	ANCE SUMMAR				
DATE		BALANCE	DATE		BALANC
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		887,816.5
4/11		1,026,761.07	4/25		844,336.07
4/12		1,025,397.79	4/26		809,058.9
4/13		1,022,162.46	4/27		812,929.0
4/14		887,948.22	4/28		817,113.1
4/15		1,027,328.45	4/29		770,297.7

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

BANK: Account number: Purpose of account: TD BANK 7916181279 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



STATEMENT OF ACCOUNT



 Page:
 1 of 2

 Statement Period: Apr 01 2011-Apr 30 2011

 Cust Ref #:
 7916181279-039-T-***

 Primary Account #:
 791-6181279

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

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.

Т

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

No Transactions this Statement Period

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



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.

DEPOSITS NOT ON STATEMENT	DOLLARS	CENTS
Total Deposits		

- 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.
- List below the total amount of withdrawals that do not appear on this statement. Total the withdrawals and enter on Line 4.
- Subtract Line 4 from 3. This adjusted balance should equal your account balance.

VITHDRAWALS NOT	DOLLARS	CENTS
	-	

VITHORAWALS NOT	DOLLARS	GENTS

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 alter 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 verhal 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:

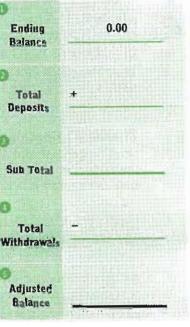
If you think your bill is wrong, or if you need more information about a transaction on your bill, write us at P.O. Box 1377, Lewiston, Maire 04243-1377 as soon as possible. We must hear from you no later than sixty (60) days after we sent you the FIRST bill on which the error or problem appeared. You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

Withdrawals

- 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 Mnncyline/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:

Mone Terus 5111/201

	North General	Hospital Display Acc	ount Activity Pro	ocessor
			Wed May 04	, 2011 02:50 pm
Entity :	01-NORTH GENERA	L HOSPITAL Fisc	al Year: 2011	
Dept :	1011 - GENERAL	FUND ACCOUNTS		
Account:	01.28 - GFA-SPE	CIAL OPERATING-IFH T	D 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

		TD BANK - BANK G/L	TD BANK - OPERATING ACCOUNT BANK ACC# 4256661030 G/L ACC# 1011-0126	CCOUNT 030 6				
SUMMARY: PERIOD	DEPOSITS	DEPOSITS	BANK INT INC WIRE		WITHDRAWALS	BANK BALANCE	NOTE	
2010 DEC	40,000.00					40,000.00		
2011 JAN FER	10,000.00					10,000.00		
MAR	10,000.00	35,000.00	; ; ; ; = i	12,768.23	1 1 1	57,768.23	! . , i,	· · · ·
MAY JUN	· · · ·	- - - -	+ - .		1.			1
AUG	· ·	, - , ,		· · ·	I L			I
TOTAL 2011	80,000.00	35,000.00		12,768.23	. •	127,768.23	 - 1	1
. 	·i	, ,	• 		1 I I I	· · ·		· .
Prepared by : Maria Cruz				•		•		

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

Business Analysis

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

 Page:
 1 of 2

 Statement Period: Apr 01 2011-Apr 30 2011

 Cust Ref #:
 4253330975-408-T-###

 Primary Account #:
 425-3330975

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.

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ACCOUNT SUMMARY				
Beginning Balance	70,000.00	Average Colle	cted Balance	93,653.05
Deposits	35,000.00	Annual Perce	ntage Yield Earned	0.00%
Electronic Deposits	12,768.23	Days in Perio	d	30
Other Credits	10,000.00			
Ending Balance	127,768.23			
DAILY ACCOUNT ACTIV	ITY			
Deposits POSTING DATE	DESCRIPTION	SERIAL NO.		AMOUNT
4/15	DEPOSIT	and the last		35,000.00
7/10	0210311			,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			10,000.00
	INSTITUTE FOR URBAN	FAMILY HEALTH		,
			Subtotal:	10,000.00
DAILY BALANCE SUMM	IARY			
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

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Begin by adjusting your account register as follows:

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- Add any automatic deposit or overdraft line of credit.
- Review all withdrawals shown on this statement and check them off in your account register.
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DEPOSITS NOT ON STATEMENT	DOLLARS	CENTS
Total Deposits		0

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

WITHDRAWALS NOT	DOLLARS	CENTS
	_	
		_
		_

Ending Balance	127,768.23
O Total Deposits	•
O Sub Total	
O Total Withdrawais	•
Adjusted Balance	

WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS
	111400010-000	
Total Withdrawals		0

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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 lowstigation.

INTEREST NOTICE

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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 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:

Monua Zeu 5/1/2011

	North General	Hospital I	Display	Account	Activity	Processor		
					Tue May	10, 2011	01:51	pm
Entity :	01-NORTH GENERA	AL HOSPITAL	: I	Fiscal Y	(ear: 2011			
Dept :	1011 - GENERAL	FUND ACCOU	INTS					
Account:	01.07 - GFA-COM	AMERCE NGH	GRANTS					
Per	Period Actual	Period	Budget		Variance	e YTD	Actua	1
BB	\$265,533.27		\$0.00	\$2	265,533.27		\$265,5	33.27
01	\$11.28		\$0.00		\$11.28		\$265,5	44.55
02	\$10.19		\$0.00		\$10.19		\$265,5	54.74
03	\$11.28		\$0.00		\$11.28		\$265,5	66.02
04	\$10.91		\$0.00		\$10.91		\$265,5	76.93
05	\$0.00		\$0.00		\$0.00		\$265,5	76.93
06	\$0.00		\$0.00		\$0.00		\$265,5	76.93
07	\$0.00		\$0.00		\$0.00		\$265,5	76.93
08	\$0.00		\$0.00		\$0.00		\$265,5	76.93
09	\$0.00		\$0.00		\$0.00		\$265,5	76.93
10	\$0.00		\$0.00		\$0.00		\$265,5	76.93
11	\$0.00		\$0.00		\$0.00		\$265,5	76.93
12	\$0.00		\$0.00		\$0.00		\$265,5	76.93
TD	\$265,576.93		\$0.00	\$2	265,576.93		\$265,5	76.93





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

Chapter 11 Money Market

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



 Page:
 1 of 2

 Statement Period: Apr 01 2011-Apr 30 2011

 Cust Ref #:
 7915340504-041-T-***

 Primary Account #:
 791-5340504

Account # 791-5340504

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.

Т

ACCOUNT	SUMMAR	Y			
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				
Transacti DATE	ons by Da DESCRI		DEBIT	CREDIT	BALANCE
4/29	INTER	EST PAID		10.91	265,576.93
INTEREST	SUMMAR	RA.			
Beginning	Interest R	Rate			0.05%
Number of Days in this Statement Period			30		
Interest Ea	arned this	Statement Period			10.91
Annual Pe	rcentage `	Yield Earned this Statement Period (APY)			0.05%
Interest Pa	aid Year to	o Date			43.66

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

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Begin by adjusting your account register as fellows:

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- 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.

DEPOSITS NOT	DOLLARS	CENTS
-		
Total Deposits		

- Your ending balance shown on this statement is:
- List below the amount of deposits or credit transfers which do not appear on this statement. Total the deposits and enter on Line 2.
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- List below the total amount of withdrawals that do not appear on this statement. Total the withdrawals and enter on Line 4.
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WITHDRAWALS NOT	DOLLARS	CENTS	

VITHORAWALS NOT	DOLLARS	CENTS

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

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INTEREST NOTICE

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FOR CONSUMER LOAN ACCOUNTS ONLY - BILLING RIGHTS SUMMARY

Total Withdrawals

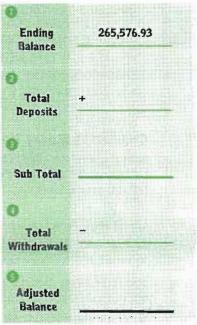
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- Describe the error and explain, If you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

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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:

Mary Zeu 5/11/201

	North General Ho	ospital Display Ad	count Activity Prod	cessor
				2011 02:50 pm
Entity :	01-NORTH GENERAL	HOSPITAL Fis	scal Year: 2011	-
Dept :	1011 - GENERAL FU	IND ACCOUNTS		
Account:	01.13 - GFA-CASH	PHYSICIAN SERVICE	IS	
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



Т



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

STATEMENT OF ACCOUNT

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

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ACCOUNTS	UMMAR	8 A	
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 E	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	
	the second se	

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



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DEPOSITS NOT ON STATEMENT	DOLLARS	CENTS	
Total Deposits			

- ¹⁴ Your ending balance shown on this statement is:
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- 5 Subtract Line 4 from 3. This adjusted balance should equal your account balance.

NITHDRAWALS NOT	DOLLARS	CENTS

0		
Ending Balance	4,227.44	
0		
Total Deposits	+	
0		
Sub Total	-	
0		
Total Withdrawals	-	
Adjusted Balance		

Page:

2 of 2

WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS
-		
Total Withdrawals		0

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

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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 Inance charge on your Moneyline/Overdraft Protection account (the term "ODP" or "DD" 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 **D & T CENTER LOCK BOX** ACC# 1011-0097

BANK: Account number:

TD BANK 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: Monue Teur 5/11/2011

	North General	Hospital Disp	ay Accour	nt Activity	Processor	-
					04, 2011	
Entity :	01-NORTH GENERA	L HOSPITAL	Fiscal	Year: 2011		
Dept :	1011 - GENERAL	FUND ACCOUNTS				
Account:	00.97 - GFA-D&T	C LOCKBOX				
Per	Period Actual	Period Budg	,et	Variance	e YTE	Actual
BB	\$11,399.83	\$0.0	00	\$11,399.83		\$11,399.83
01	\$9,813.35-	\$0.0	00	\$9,813.35-	-	\$1,586.48
02	\$196.85-	\$0.0	00	\$196.85-	-	\$1,389.63
03	\$2,714.63	\$0.0	00	\$2,714.63		\$4,104.26
04	\$2,346.46-	\$0.0	0	\$2,346.46-	-	\$1,757.80
05	\$0.00	\$0.0	0	\$0.00		\$1,757.80
06	\$0.00	\$0.0	0	\$0.00		\$1,757.80
07	\$0.00	\$0.0	0	\$0.00		\$1,757.80
08	\$0.00	\$0.0	00	\$0.00		\$1,757.80
09	\$0.00	\$0.0	00	\$0.00		\$1,757.80
10	\$0.00	\$0.0	0	\$0.00		\$1,757.80
11	\$0.00	\$0.0	00	\$0.00		\$1,757.80
12	\$0.00	\$0.0	00	\$0.00		\$1,757.80
YTD	\$1,757.80	\$0.0	00	\$1,757.80		\$1,757.80





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Chapter 11 Checking

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



Т

 Page:
 l of 2

 Statement Period: Apr 01 2011-Apr 30 2011

 Cust Ref #:
 7915810837-039-T-***

 Primary Account #:
 791-5810837

Account # 791-5810837

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.

ACCOUN	TSUMMARY			
Stateme	nt 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
Stateme	nt Balance as of 04/30			1,757.80
ACCOUN	TACTIVITY			
Transac DATE	tions by Date DESCRIPTION	DEBIT	CREDIT	BALANCE
4/6	LOCKBOX DEPOSIT		95.32	4,199.58
	SER # 48231			
4/7	LOCKBOX DEPOSIT		117.01	4,316.59
	SER # 48231			
4/11	LOCKBOX DEPOSIT		184.00	4,500.59
	SER # 48231			
4/13	LOCKBOX DEPOSIT		105.33	4,605.92
	SER # 48231			
4/14	TREASURY DIRECT DEBIT	3,000.00		1,605.92
	To cover bank fee			
4/21	LOCKBOX DEPOSIT		151.88	1,757.80
	SER # 48231			

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

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WWW.TDBANK.COM



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.

DEPOSITS NOT ON STATEMENT	DOLLARS	CENTS
Total Deposits		

- Your ending balance shown on this statement is:
- 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.
- List below the total amount of withdrawals that do not appear on this statement. Total the withdrawals and enter on Line 4.
- Subtract Line 4 from 3. This adjusted balance should equal your account balance.

DOLLARS	CENTS	
	DOLLARS	

WITHDRAWALS NOT ON STATEMENT	DOLLARS	CENTS
Total		

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, Malno 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 contracting 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 FIRS1 bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights. In your fetter, give us the following information:

Withdrawals

- 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 omount in question while we are investigating, but you are still abligated 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.

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