Trustee

U.S. Department of Justice
Office of the United States

Region 2
Southern District of New York

IN RE:	}	**CHAPTER 11**
	}	
Saint Francis Hospital, Poughkeepsie, New York	}	**CASE NO. 13-37725 (CGM)**
	}	
	}	
DEBTORS.	}	

DEBTOR'S POST-CONFIRMATION
QUARTERLY OPERATING REPORT
FOR THE PERIOD

FROM 1-Jan-17 **TO** 31-Mar-17

Comes now the above-named debtor and files its Post-Confirmation Quarterly Operating Report in accordance with the Guidelines established by the United States Trustee and FRBP 2015.

In accordance with 28 U.S.C. Section 1746, I declare under penalty of perjury that I have examined the information contained in this report and it is true and correct to the best of my knowledge.

Signed:: _____ Date: 6/12/2017

Chad Shandler
Print Name

Plan Administrator
Title

Debtor's Address
and Phone Number:
c/o CohnReznick LLP
1212 Sixth Avenue, 6th Floor
New York, NY 10036

Tel. 212-297-0400

Attorney's Address
and Phone Number:
Alston & Bird LLP
90 Park Avenue, Floor 15
New York, NY 10016

Tel: 212-210-9400

Note: The original Quarterly Operating Report is to be filed with the Court and a copy simultaneously provided to the United States Trustee. Quarterly Operating Reports must be filed by the 20th day of the following month.

QUESTIONNAIRE			
		YES*	NO
1.	Have any assets been sold or transferred outside the normal course of business, or outside the Plan of Reorganization during this reporting period?		X
2.	Are any post-confirmation sales or payroll taxes past due?		X
3.	Are any amounts owed to post-confirmation creditors/vendors over 90 days delinquent?		X
4.	Is the Debtor current on all post-confirmation plan payments?	X	

***If the answer to any of the above questions is "YES," provide a detailed explanation of each item on a separate sheet.**

INSURANCE INFORMATION			
		YES	NO*
1.	Are real and personal property, vehicle/auto, general liability, fire, theft, worker's compensation, and other necessary insurance coverages in effect?	X	
2.	Are all premium payments current?	X	

***If the answer to any of the above questions is "NO," provide a detailed explanation of each item on a separate sheet.**

CONFIRMATION OF INSURANCE				
	TYPE of POLICY and CARRIER	Period of Coverage	Payment Amount and Frequency	Delinquency Amount
1.	Directors & Officers Liability - Executive Risk Indemnity	6/5/2014 - 6/5/2017	$125,287 One Time Payment	
2.	Commercial Package - US Liability	N/A	$5,922 Annual	
3.	Bond Premium - Hartford Fire Insurance Co	5/9/2016 - 5/9/2017	$30,000 Annual	

DESCRIBE PERTINENT DEVELOPMENTS, EVENTS, AND MATTERS DURING THIS REPORTING PERIOD:

The Plan Administrator, his counsel, and his advisor have been working to reconcile administrative and pre-petition claims and researching potential causes of action. Pre-closing receivables have been processed and collected. Remaining assets are in the process of being marketed for sale. Payments on allowed administrative claims have been made.

CHAPTER 11 POST-CONFIRMATION
SCHEDULE OF RECEIPTS AND DISBURSEMENTS

Case Name:	Saint Francis Hospital, Poughkeepsie, New York
Case Number:	13-37725 (CGM)
Effective Date of Plan Confirmation: May 8, 2014	

		Q1-2017 Quarterly					
	Debtor	**St. Francis Hospital Poughkeepsie, New York**	**Saint Francis Health Care Foundation, Inc.**	**Saint Francis Home Care Services Corp**	**Saint Francis Preschool Program**	**SFH Ventures, Inc.**	**Total**
	Case	**13-37725**	**13-37726**	**13-37727**	**13-37728**	**13-37729**	
1.	**CASH (Beginning of Period)**	$6,422,419	$864,879	$0	$0	$0	$7,287,298
2.	**INCOME or RECEIPTS during the Period**						
	a. **Patient, Non-patient and Other Receipts**	1,367	0	0	0	0	1,367
	b. **Draw on Exit Financing**	0	0	0	0	0	0
	Total Income or Receipts	1,367	0	0	0	0	1,367
3.	**DISBURSEMENTS**						
	a. **Operating Expenses (Fees/Taxes):**						
	(i) U.S. Trustee Quarterly Fees	(16,907)	0	0	0	0	(16,907)
	(ii) Federal Taxes	(44,426)	0	0	0	0	(44,426)
	(iii) State Taxes	(10,605)	0	0	0	0	(10,605)
	(iv) Other Taxes	0	0	0	0	0	0
	b. **All Other Operating Expenses:**	(149,162)	0	0	0	0	(149,162)
	c. **Plan Payments:***						
	(i) Administrative Expenses	(147,294)	(300)	0	0	0	(147,594)
	(ii) General Unsecured Claim Distributions	(55,765)	0	0	0	0	(55,765)
	(iii) Funds Transfer pursuant to Cy Pres Motion	0	0	0	0	0	0
	(Attach additional pages as needed)						
	Exit Financing Paydown **	0	0	0	0	0	0
	Total Disbursements (Operating & Plan)***	(424,160)	(300)	0	0	0	(424,460)
	Intercompany Receipts	384,229	0	0	0	0	384,229
	Intercompany Disbursements	(384,229)	0	0	0	0	(384,229)
4.	**CASH (End of Period)**	$5,999,627	$864,579	$0	$0	$0	$6,864,206

* This includes any and all disbursements made under the plan of reorganization or in the ordinary course of the reorganized debtor's post-confirmation business, whether the disbursements are made through a trust, by a third party, or by the reorganized debtor.

** Westchester Medical Center, acting under the Management Agreement, has been collecting on St. Francis Hospital's receivables, applying the collections to pay down the exit financing. As of 12/31/2014, St. Francis Hospital has fully paid down the exit financing loan. During the reporting period, Westchester Medical Center has collected $1,134,063 on behalf of St. Francis Hospital. At 3/31/2017, St. Francis Hospital has an outstanding receivable balance from Westchester Medical Center.

*** To be used to calculate U. S. Trustee Fees

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CHAPTER 11 POST-CONFIRMATION
BANK ACCOUNT RECONCILIATIONS

St. Francis Hospital, Poughkeepsie, New York
Debtor

13-37725 (CGM)
Case Number

Debtor	St. Francis Hospital, Poughkeepsie, New York								
Case Number	13-37725								
	Bank Accounts								
Bank Account Information	**M&T Bank General**	**SFH Disbursements**	**SFH Commercial Receipts**	**M&T Bank SFH Payroll**	**Bank of America General Checking Account**	**Bank of America Money Market Account**	**Rabobank Trustee Money Market Account**	**Rabobank Trustee Checking Account**	**TOTAL BANK ACCOUNTS ***
Name of Bank:	**M&T**	**M&T**	**M&T**	**M&T**	**Bank of America**	**Bank of America**	**Rabobank**	**Rabobank**	
Account Number:	**8682**	**3411**	**3429**	**7125**	**4076**	**4089**	**7366**	**7367**	
Purpose of Account (Operating/Payroll/Tax)	**Operating**	**Operating**	**Operating**	**Payroll**	**Operating**	**Operating**	**Operating**	**Operating**	
Type of Account (e.g. checking)	**Receipt/Sweep**	**Checking**	**Receipt/Sweep**	**Checking**	**Checking**	**Money Market**	**Money Market**	**Trustee Checking**	
1. **Balance per Bank Statement**	$10	$8,986	$0	$0	$0	$0	$6,107,794	$197,289	$6,314,079
2. **ADD**: Deposits not credited	$1,550	$0	$125	$0	$0	$0	$0	$0	$1,675
3. **SUBTRACT**: Outstanding Checks	($2,278)	($51,564)	$0	($1,784)	$0	$0	$0	($260,501)	($316,127)
4. Other Reconciling Items	$0	$0	$0	$0	$0	$0	$0	$0	$0
5. **Month End Balance** (Must Agree with Books)	**($718)**	**($42,579)**	**$125**	**($1,784)**	**$0**	**$0**	**$6,107,794**	**($63,212)**	**$5,999,627**

Note: Attach copy of each bank statement and bank reconciliation.

* Investment accounts are no longer included as they were closed during a previous reporting period.

CHAPTER 11 POST-CONFIRMATION
CASH/DEBIT/CHECK DISBURSEMENTS DETAILS

Debtor	pital, Poughkeepsie, New York
Case Number	13-37725

U.S. TRUSTEE FEES

Bank Account	Check Number	Date of Transaction	Payee	Amount
7367	4447	1/6/2017	U.S. Trustee	($10,407)
7367	4450	1/27/2017	U.S. Trustee	(6,500)
			Total U.S. Trustee Quarterly Fees	**($16,907)**

FEDERAL TAXES

Bank Account	Check Number	Date of Transaction	Payee	Amount
7367	AUTODEBIT	1/19/2017	INTERNAL REVENUE SERVICE	($37,172)
7367	AUTODEBIT	2/14/2017	INTERNAL REVENUE SERVICE	(7,254)
			TOTAL FEDERAL TAXES	**($44,426)**

STATE TAXES

Bank Account	Check Number	Date of Transaction	Payee	Amount
7367	4449	1/18/2017	NYS DEPARTMENT OF TAX & FINANCE	($8,873)
7367	AUTODEBIT	2/10/2017	NYS DEPARTMENT OF TAX & FINANCE	(1,732)
			TOTAL STATE TAXES	**($10,605)**

OTHER OPERATING EXPENSES

Bank Account	Check Number	Date of Transaction	Payee	Amount
7367	WIRE	1/17/2017	CohnReznick, LLP	($53,764)
7367	4453	2/16/2017	Blumberg Ribner, Inc.	(6,148)
7367	4455	3/8/2017	The Leahy Company, Inc.	(23,939)
7367	WIRE	3/27/2017	CohnReznick, LLP	(45,818)
7367	WIRE	3/27/2017	Alston & Bird LLP	(19,494)
			TOTAL OTHER OPERATING EXPENSES	**($149,162)**

ADMINISTRATIVE EXPENSES

Bank Account	Check Number	Date of Transaction	Payee	Amount
3411	AUTODEBIT	1/3/2017	BANK CHARGE	($805)
3411	AUTODEBIT	1/4/2017	BANK CHARGE	(114)
3411	AUTODEBIT	1/10/2017	BANK CHARGE	(5,272)
7367	4452	1/31/2017	Claim: Kristin Cash-Holland	(10,391)
7367	4451	1/31/2017	503(b)(9) Claim: WB Mason Co.	(12,776)
3411	AUTODEBIT	2/2/2017	BANK CHARGE	(106)
3411	AUTODEBIT	2/2/2017	BANK CHARGE	(748)
3411	AUTODEBIT	2/8/2017	BANK CHARGE	(5,329)
3411	AUTODEBIT	3/2/2017	BANK CHARGE	(101)
3411	AUTODEBIT	3/2/2017	BANK CHARGE	(748)
7367	4454	3/8/2017	Administrative Claim #975: Restorix Health (Delaware), LLC	(105,468)
3411	AUTODEBIT	3/8/2017	BANK CHARGE	(5,437)
			TOTAL ADMINISTRATIVE EXPENSES	**($147,294)**

CHAPTER 11 POST-CONFIRMATION
CASH/DEBIT/CHECK DISBURSEMENTS DETAILS

Debtor	pital, Poughkeepsie, New York
Case Number	13-37725

GENERAL UNSECURED CLAIM DISTRIBUTIONS

Bank Account	Check Number	Date of Transaction	Payee	Amount
7367	4418	1/6/2017	Claim# 313: GIBSON, VIVIEN	($24)
7367	4419	1/6/2017	Claim# 397: LIDSTONE, MONIKA	(104)
7367	4420	1/6/2017	Claim# 515: LOUCKS, JOHN	(22)
7367	4421	1/6/2017	Claim# 564: GALLAGHER, WILLIAM	(23)
7367	4422	1/6/2017	Claim# 585: BROWN-HAFFENDEN, JACQUELINE	(316)
7367	4423	1/6/2017	Claim# 596: SOMORIN, SADE	(82)
7367	4424	1/6/2017	Claim# 307: SORIANO, GAUDENCIA	(203)
7367	4425	1/6/2017	Claim# 609: BELMONT, KIMBERLY	(24)
7367	4426	1/6/2017	Claim# 650: SAVAGE, ROBERT L	(20,411)
7367	4427	1/6/2017	Claim# 666: RINAUDO, HELEN	(14,080)
7367	4428	1/6/2017	Claim# 667: NOCKET, PATRICIA	(3,598)
7367	4429	1/6/2017	Claim# 781: JONES, GAIL	(206)
7367	4430	1/6/2017	Claim# 858: AQUINO-WOYCH, ESTELLA	(36)
7367	4431	1/6/2017	Claim# 915: CONNOR, JESSICA	(120)
7367	4432	1/6/2017	Claim# 951: CAMPBELL, CATHY	(182)
7367	4433	1/6/2017	Claim# 1016: ORTIZ, MONIQUE	(4,185)
7367	4434	1/6/2017	Claim# 1034: NARU, BARBARA	(1,804)
7367	4435	1/6/2017	Claim# s1468: BARLOW, JASON	(6,540)
7367	4436	1/6/2017	Claim# s2378: CRAIG, JOHN	(66)
7367	4437	1/6/2017	Claim# s2489: FACCHIN, LAURA	(22)
7367	4438	1/6/2017	Claim# s2551: GARDNER, TARIN	(53)
7367	4439	1/6/2017	Claim# s2635: HAYLES, SIBYL	(153)
7367	4440	1/6/2017	Claim# s2913: MONTIEL, GABRIEL	(295)
7367	4441	1/6/2017	Claim# s3067: RAMAYANI, ANITA	(22)
7367	4442	1/6/2017	Claim# s3073: RAY, TIFFANY	(45)
7367	4443	1/6/2017	Claim# s3109: ROKITNICKI, NANCY	(166)
7367	4444	1/6/2017	Claim# s3121: ROSPOND, LOIS	(29)
7367	4445	1/6/2017	Claim# s3131: RUSCITTI, JANE	(21)
7367	4446	1/6/2017	Claim# s3269: TICE, KAREN	(415)
7367	4448	1/18/2017	Claim# 462: NY Imaging	(2,517)
			TOTAL GENERAL UNSECURED CLAIM DISTRIBUTIONS	**($55,765)**

INTERCOMPANY DISBURSEMENTS

Bank Account	Check Number	Date of Transaction	Payee	Amount
7367	TRANSFER	1/1/2017	Rabobank: SFH - Trustee Checking #7366	($27,336)
7366	TRANSFER	1/3/2017	M&T Bank: SFH - Commercial Receipts #3429	(825)
7366	TRANSFER	1/6/2017	Rabobank: SFH - Trustee Checking #7367	(10,407)
7366	TRANSFER	1/11/2017	M&T Bank: SFH - Disbursements #3411	(5,000)
7366	TRANSFER	1/18/2017	Rabobank: SFH - Trustee Checking #7367	(5,154)
7366	TRANSFER	1/18/2017	Rabobank: SFH - Trustee Checking #7367	(60,000)
7366	TRANSFER	1/27/2017	Rabobank: SFH - Trustee Checking #7367	(6,500)
7366	TRANSFER	1/31/2017	Rabobank: SFH - Trustee Checking #7367	(23,168)
7366	TRANSFER	2/10/2017	M&T Bank: SFH - Disbursements #3411	(10,000)
7366	TRANSFER	2/16/2017	Rabobank: SFH - Trustee Checking #7367	(6,148)
4076	1157	2/28/2017	Rabobank: SFH - Money Market #7366	(14,691)
7366	TRANSFER	3/8/2017	Rabobank: SFH - Trustee Checking #7367	(130,000)
7366	TRANSFER	3/10/2017	M&T Bank: SFH - Disbursements #3411	(10,000)
7366	TRANSFER	3/27/2017	Rabobank: SFH - Trustee Checking #7367	(75,000)
			TOTAL INTERCOMPANY DISBURSEMENTS	**($384,229)**

CHAPTER 11 POST-CONFIRMATION
BANK ACCOUNT RECONCILIATIONS

St. Francis Hospital, Poughkeepsie, New York
Debtor

13-37725 (CGM)
Case Number

Debtor	Saint Francis Health Care Foundation, Inc.			
Case Number	13-37726			
	Bank Accounts			
Bank Account Information	**SF Healthcare Foundation Operating Account**	**Sr. M. Ann Elizabeth Employee Assistance Fund RESTRICTED**	**M&T Foundation RESTRICTED**	**Medical Staff Restricted Fund RESTRICTED**
Name of Bank:	**M&T**	**M&T**	**M&T**	**M&T**
Account Number:	**3445**	**3437**	**8807**	**3452**
Purpose of Account (Operating/Payroll/Tax)	**Operating**	**Restricted for Employee Assistance**	**Restricted**	**Restricted for Medical Staff**
Type of Account (e.g. checking)	**Restricted**	**Restricted**	**Restricted**	**Restricted**
1. **Balance per Bank Statement**	$319,445	$31,793	$272,758	$240,583
2. **ADD**: Deposits not credited	$0	$0	$0	$0
3. **SUBTRACT**: Outstanding Checks	$0	$0	$0	$0
4. Other Reconciling Items	$0	$0	$0	$0
5. **Month End Balance** (Must Agree with Books)	$319,445	$31,793	$272,758	$240,583

Note: Attach copy of each bank statement and bank reconciliation.

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CHAPTER 11 POST-CONFIRMATION
BANK ACCOUNT RECONCILIATIONS

St. Francis Hospital, Poughkeepsie, New York
Debtor

13-37725 (CGM)
Case Number

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

	Bank Accounts											
Bank Account Information	**Morgan Stanley Conklin Fund RESTRICTED**	**Morgan Stanley Zorzoli (Bond Account) RESTRICTED**	**Morgan Stanley Zorzoli (Stock Account) RESTRICTED**	**Morgan Stanley Panichi Family RESTRICTED**	**Morgan Stanley Whalen Fund RESTRICTED**	**Morgan Stanley Dobo RESTRICTED**	**Morgan Stanley Scholarship Trust RESTRICTED**	**Morgan Stanley Lynch RESTRICTED**	**Stifel Foundation Bond Account RESTRICTED**	**Foundation and Mary Ritz Nursing RESTRICTED**	**Stifel Solutions Management Account RESTRICTED**	**TOTAL BANK AND INVESTMENT ACCOUNTS**
Name of Bank:	Morgan Stanley	Morgan Stanley	Morgan Stanley	Morgan Stanley	Morgan Stanley	Morgan Stanley	Morgan Stanley	Morgan Stanley	Stifel Nicolaus	Morgan Stanley	Stifel Nicolaus	
Account Number:	7895-100	6619-100	7890-100	8458-100	7894-024	7891-024	7693-024	8465-024	8927	5898-024	6699	
Purpose of Account (Operating/Payroll/Tax)	Investment	Investment	Investment	Investment	Investment	Investment	Investment	Investment	Investment	Investment	Investment	
Type of Account (e.g. checking)	Money Market	Money Market	Money Market	Money Market	Money Market	Money Market	Money Market	Money Market	Money Market	Money Market	Money Market	
1. **Balance per Bank Statement**	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 864,579
2. **ADD**: Deposits not credited												$ -
3. **SUBTRACT**: Outstanding Checks												$ -
4. Other Reconciling Items												$ -
5. **Month End Balance** (Must Agree with Books)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 864,579

Note: Attach copy of each bank statement and bank reconciliation.

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CHAPTER 11 POST-CONFIRMATION
CASH/DEBIT/CHECK DISBURSEMENTS DETAILS

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

ADMINSTRATIVE EXPENSES

Bank Account Number	Check Number	Date of Transaction	Payee	Amount
8807	AUTODEBIT	1/4/2017	TRANSMODUSCORP	($100)
8807	AUTODEBIT	2/2/2017	TRANSMODUSCORP	(100)
8807	AUTODEBIT	3/2/2017	TRANSMODUSCORP	(100)
			TOTAL ADMINISTRATIVE EXPENSES	**($300)**

CHAPTER 11 POST-CONFIRMATION
BANK ACCOUNT RECONCILIATIONS

St. Francis Hospital, Poughkeepsie, New York — Debtor

13-37725 (CGM) — Case Number

Debtor	Saint Francis Home Care Services Corporation		
Case Number	13-37727		
	Bank Accounts		
Bank Account Information	**M&T Bank HC General**	**M&T Bank HC Payroll**	**TOTAL BANK AND INVESTMENT ACCOUNTS**
Name of Bank:	**M&T**	**M&T**	
Account Number:	**8708 ***	**8716 ****	
Purpose of Account (Operating/Payroll/Tax)	**Operating**	**Payroll**	
Type of Account (e.g. checking)	**Checking**	**Checking**	
1. **Balance per Bank Statement**	$0	$0	$0
2. **ADD**: Deposits not credited	$0	$0	$0
3. **SUBTRACT**: Outstanding Checks	$0	$0	$0
4. Other Reconciling Items	$0	$0	$0
5. **Month End Balance** (Must Agree with Books)	$0	$0	$0

Note: Attach copy of each bank statement and bank reconciliation.

* No activities incurred during the reporting period for the M&T account ending #8708.
** No activities incurred during the reporting period for the M&T account ending #8716.

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CHAPTER 11 POST-CONFIRMATION
BANK ACCOUNT RECONCILIATIONS

St. Francis Hospital, Poughkeepsie, New York
Debtor

13-37725 (CGM)
Case Number

Debtor	SFH Ventures		
Case Number	13-37726		
	Bank Accounts		
Bank Account Information	**M&T Hearing Works Operating Account**	**M&T Ventures Holding Account**	**TOTAL BANK AND INVESTMENT ACCOUNTS**
Name of Bank:	**M&T**	**M&T**	
Account Number:	**2088 ***	**8690 ****	
Purpose of Account (Operating/Payroll/Tax)	**Operating**	**Holding**	
Type of Account (e.g. checking)	**Checking**	**Checking**	
1. **Balance per Bank Statement**	$0	$0	$0
2. **ADD**: Deposits not credited	$0	$0	$0
3. **SUBTRACT**: Outstanding Checks	$0	$0	$0
4. Other Reconciling Items	$0	$0	$0
5. **Month End Balance** (Must Agree with Books)	$0	$0	$0

Note: Attach copy of each bank statement and bank reconciliation.

* Account ending #2088 was closed on 7/31/2015.

** Account ending #8690 was closed on 5/29/2015.

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