UNITED STAT	ES BANKRU	PICYCOURI	
Eastern	DISTRICT OF	Washington	
In re: Yakima Home Care Holdings, LLC	\$ \$ \$	Case No. <u>19-01201</u> Lead Case No. <u>19-01189</u>	
Debtor(s)	3 §	⊠ Jointly Administered	
Post-confirmation Report			Chapter 11
Quarter Ending Date: 03/31/2021		Petition Date: 05/07/2019	
Plan Confirmed Date: <u>12/23/2020</u>		Plan Effective Date: 01/15/2021	
This Post-confirmation Report relates to: <ul> <li>Reorganiz</li> </ul>	ed Debtor		
○ Other Aut	horized Party or En	ntity:	

INITED OT A TEC DANIZDI IDTOV COLIDT

Name of Authorized Party or Entity

Maxwell Owens Signature of Responsible Party

08/25/2021

Date

Maxwell Owens Printed Name of Responsible Party

1806 Yakima Valley Hwy Suite B Sunnyside, WA 98944 Address

STATEMENT: This Periodic Report is associated with an open bankruptcy case; therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.



Pg 1 of 3

UST Form 11-PCR (06/07/2021) 19-01189-WLH11

Doc 2633 Filed 08/25/21 Entered 08/25/21 13:39:42

## Part 1: Summary of Post-confirmation Transfers

	Current Quarter	Total Since Effective Date
a. Total cash disbursements	\$0	\$0
b. Non-cash securities transferred	\$0	\$0
c. Other non-cash property transferred	\$0	\$0
d. Total transferred (a+b+c)	\$0	\$0

Part 2	: Preco	nfirmation Professional Fees a	and Expenses				
				Approved	Approved	Paid Current	Paid
				Current Quarter	Cumulative	Quarter	Cumulative
a.	Professional fees & expenses (bankruptcy) incurred by or on behalf of the debtor Aggregate Tota						
	Itemized Breakdown by Firm						
		Firm Name	Role				
	i						
	ii						

					Approved	Approved	Paid Current	Paid
					Current Quarter	Cumulative	Quarter	Cumulative
b.		Professional fees & expenses (nonbankruptcy) incurred by or on behalf of the debtor Aggregate Total						
	Item	ized Breakdown by Firm						
		Firm Name	Role					
	i							
	ii							
c.	All	professional fees and a	expenses (debtor a	& committees)				

## Part 3: Recoveries of the Holders of Claims and Interests under Confirmed Plan

	Total Anticipated Payments Under Plan	Paid Current Quarter	Paid Cumulative	Allowed Claims	% Paid of Allowed Claims
a. Administrative claims	\$0	\$0	\$0	\$0	0%
b. Secured claims	\$0	\$0	\$0	\$0	0%
c. Priority claims	\$0	\$0	\$0	\$0	0%
d. General unsecured claims	\$0	\$0	\$0	\$0	0%
e. Equity interests	\$0	\$0	\$0		

## Part 4: Questionnaire

a. Is this a final report?	Yes 🔿 No 💿
If yes, give date Final Decree was entered:	
If no, give date when the application for Final Decree is anticipated:	
b. Are you current with quarterly U.S. Trustee fees as set forth under 28 U.S.C. § 1930?	Yes 💿 No 🔿

#### **Privacy Act Statement**

28 U.S.C. § 589b authorizes the collection of this information and provision of this information is mandatory. The United States Trustee will use this information to calculate statutory fee assessments under 28 U.S.C. § 1930(a)(6) and to otherwise evaluate whether a reorganized chapter 11 debtor is performing as anticipated under a confirmed plan. Disclosure of this information may be to a bankruptcy trustee when the information is needed to perform the trustee's duties, or to the appropriate federal, state, local, regulatory, tribal, or foreign law enforcement agency when the information indicates a violation or potential violation of law. Other disclosures may be made for routine purposes. For a discussion of the types of routine disclosures that may be made, you may consult the Executive Office for United States Trustee's systems of records notice, UST-001, "Bankruptcy Case Files and Associated Records." *See* 71 Fed. Reg. 59,818 et seq. (Oct. 11, 2006). A copy of the notice may be obtained at the following link: http://www.justice.gov/ust/eo/ rules\_regulations/index.htm. Failure to provide this information could result in the dismissal or conversion of your bankruptcy case, or other action by the United States Trustee. 11 U.S.C. § 1112(b)(4)(F).

# <u>I declare under penalty of perjury that the foregoing Post-confirmation Report and its attachments, if</u> any, are true and correct and that I have been authorized to sign this report.

Maxwell Owens Signature of Responsible Party Senior Vice President & CFO Title

Maxwell Owens
Printed Name of Responsible Party
08/25/2021
Date