

JAMES L. DAY (WSBA #20474)
BUSH KORNFELD LLP
601 Union Street, Suite 5000
Seattle, WA 98101
Tel: (206) 521-3858
Email: jday@bskd.com

HONORABLE FRANK L. KURTZ

SAMUEL R. MAIZEL (Admitted *Pro Hac Vice*)
DENTONS US LLP
601 South Figueroa Street, Suite 2500
Los Angeles, California 90017-5704
Tel: (213) 623-9300
Fax: (213) 623-9924
Email: samuel.maizel@dentons.com

SAM J. ALBERTS (WSBA #22255)
DENTONS US LLP
1900 K. Street, NW
Washington, DC 20006
Tel: (202) 496-7500
Fax: (202) 496-7756
Email: sam.alberts@dentons.com

Proposed Attorneys for the Chapter 11 Debtors and Debtors In Possession

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF WASHINGTON**

In re:

ASTRIA HEALTH, *et al.*,

Debtors and Debtors in Possession.¹

Chapter 11

Lead Case No. 19-01189-11

Jointly Administered

GENERAL GLOBAL NOTES AND STATEMENT OF LIMITATIONS, METHODOLOGY AND DISCLAIMERS REGARDING THE DEBTORS' SCHEDULES OF ASSETS AND LIABILITIES AND STATEMENTS OF FINANCIAL AFFAIRS

¹ The Debtors, along with their case numbers, are as follows: Astria Health (19-01189-11), Glacier Canyon, LLC (19-01193-11), Kitchen and Bath Furnishings, LLC (19-01194-11), Oxbow Summit, LLC (19-01195-11), SHC Holdco, LLC (19-01196-11), SHC Medical Center - Toppenish (19-01190-11), SHC Medical Center - Yakima (19-01192-11), Sunnyside Community Hospital Association (19-01191-11), Sunnyside Community Hospital Home Medical Supply, LLC (19-01197-11), Sunnyside Home Health (19-01198-11), Sunnyside Professional Services, LLC (19-01199-11), Yakima Home Care Holdings, LLC (19-01201-11), and Yakima HMA Home Health, LLC (19-01200-11).

GLOBAL NOTES

112627699V-6

601



T 213-623-9

190120019062000000000001

T 206 292 2110 / F 206 292 2104

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21

I.

**GENERAL GLOBAL NOTES AND STATEMENT OF LIMITATIONS,
METHODOLOGY AND DISCLAIMERS REGARDING THE DEBTORS'
SCHEDULES OF ASSETS AND LIABILITIES AND STATEMENTS OF
FINANCIAL AFFAIRS**

On May 6, 2019 (the "Petition Date"), Astria Health, a Washington nonprofit public benefit corporation ("Astria"), and the above-referenced affiliated debtors and debtors in possession (the "Debtors") in these chapter 11 cases (the "Chapter 11 Cases"), filed a voluntary petition under chapter 11 of title 11 of the United States Code (the "Bankruptcy Code").² The Debtors continue to operate their businesses and manage their properties as debtors and debtors in possession, pursuant to §§ 1107(a) and 1108. The Chapter 11 Cases are being jointly administered under lead case number 19-01189-11 in the United States Bankruptcy Court for the Eastern District of Washington (the "Bankruptcy Court").

The Schedules of Assets and Liabilities (the "Schedules") and the Statements of Financial Affairs (the "SOFAs") filed by the Debtors in the Bankruptcy Court were prepared pursuant to § 521 and Rule 1007 of the Federal Rules of Bankruptcy Procedure (the "Bankruptcy Rules") by the Debtors' management, with the assistance of their advisors and professionals, with unaudited information available as of the Petition Date. The Schedules and SOFAs do not purport to represent

² All references to "sections" or "§" herein are to sections of the United States Bankruptcy Code, 11 U.S.C. §§ 101-1532.

1 financial statements prepared in accordance with generally accepted accounting
2 principles in the United States (“GAAP”), and they are not intended to be fully
3 reconciled to the Debtors’ financial statements.

4 The Schedules and SOFAs have been signed by an authorized representative
5 of each of the Debtors. In reviewing and signing the Schedules and SOFAs, these
6 representatives relied upon the efforts, statements and representations of the
7 Debtors’ personnel and their advisors and professionals. These authorized
8 representatives have not (and could not have) personally verified the accuracy of
9 each such statement and representation, including, for example, statements and
10 representations concerning amounts owed to creditors and their addresses.

11 These General Global Notes and Statement of Limitations, Methodology and
12 Disclaimer Regarding Debtors’ Schedules of Assets and Liabilities and Statement of
13 Financial Affairs (the “General Notes”) are incorporated by reference in, and
14 comprise an integral part of, each of the Debtors’ Schedules and SOFAs, and should
15 be referred to and reviewed in connection with any review of the Schedules and
16 SOFAs.

17
18
19
20
21

II.

GENERAL NOTES

1
2
3 1. **Reservation of Rights.** The Debtors’ Chapter 11 Cases are large and
4 complex. Although management of the Debtors, with the assistance of their
5 advisors and professionals, have made every reasonable effort to ensure that the
6 Schedules and SOFAs are as accurate and complete as possible, based on the
7 information that was available to them at the time of preparation, subsequent
8 information or discovery may result in material changes to these Schedules and
9 SOFAs, and inadvertent errors or omissions may have occurred. Because the
10 Schedules and SOFAs contain unaudited information, which is subject to further
11 review, verification, and potential adjustment, these Schedules and SOFAs may be
12 inaccurate and/or incomplete.

13 2. **No Waiver.** Nothing contained in the Schedules and SOFAs or these
14 General Notes shall constitute an admission or a waiver of any of the Debtors’ rights
15 to assert any claims or defenses. For the avoidance of doubt, listing a claim on
16 Schedule D as “secured,” on Schedule E/F as “priority,” on Schedule E/F as
17 “unsecured nonpriority,” or listing a contract or lease on Schedule G as “executory”
18 or “unexpired,” does not constitute an admission by the Debtors of the legal rights
19 of the claimant, or a waiver of the Debtors’ right to recharacterize or reclassify such
20 claim or contract. Any failure to designate a claim on the Debtors’ Schedules and
21 SOFAs as “disputed,” “contingent,” or “unliquidated” does not constitute an

1 admission by the Debtors that such amount is not “disputed,” “contingent” or
2 “unliquidated.” The Debtors reserve all of their rights to dispute, or to assert offsets
3 or defenses to, any claim reflected on the Schedules and SOFAs as to amount,
4 liability, priority, secured or unsecured status, classification or any other grounds or
5 to otherwise subsequently designate any claim as “contingent,” “unliquidated” or
6 “disputed.” The Debtors reserve all of their rights to amend their Schedules and
7 SOFAs as necessary and appropriate, including, but not limited to, with respect to
8 claim description and designation.

9 **3. Reporting Date.** The asset information provided herein, except as
10 otherwise noted, represents the asset data of the Debtor as of April 30, 2019 and the
11 liability information provided herein, except as otherwise noted, represents the
12 liability data of the Debtor as of April 30, 2019.

13 **4. Confidentiality.** Specific disclosure of certain claims, names, addresses
14 or amounts may be subject to certain disclosure restrictions contained in the Health
15 Insurance Portability and Accountability Act of 1996 (“HIPAA”), or otherwise, and
16 in any event, are of a particularly personal and private nature. To the extent the
17 Debtors believe a claim, name, address or amount falls under the purview of HIPAA
18 or includes information that is personal or private in nature, such claims, name,
19 address or amount (as applicable) are not included in these Schedules and SOFAs.

20 **5. Estimates and Assumptions.** The preparation of the Schedules and
21 SOFAs required the Debtors to make estimates and assumptions that affected the

1 reported amounts of assets and liabilities, the disclosure of contingent assets and
2 liabilities and the reported amounts of revenue and expense. Actual results could
3 differ materially from these estimates.

4 **6. Asset Presentation and Valuation.** The Debtors do not have current
5 market valuations for all of their assets. It would be prohibitively expensive, unduly
6 burdensome and an inefficient use of estate resources for the Debtors to obtain
7 current market valuations for all of their assets. Wherever possible, unless
8 otherwise indicated, book values are as of the April 30, 2019, inclusive of any
9 applicable depreciation. When necessary, the Debtors have indicated that the value
10 of certain assets is “Unknown” or “Undetermined.” Amounts ultimately realized
11 may vary from whatever value was ascribed and such variance may be material.
12 Accordingly, the Debtors reserve all of their rights to amend, supplement, or adjust
13 the value of each asset set forth herein. Also, goods received by the Debtors within
14 20 days of the Petition Date are subject to use and depletion and may not have been
15 on hand on the Petition Date.

16 **7. Liabilities.** Certain of the liabilities are scheduled unknown, contingent
17 and/or unliquidated at this time. Accordingly, the Schedules and the SOFAs do not
18 accurately reflect the aggregate amount of the Debtors’ total liabilities.

19 **8. Accounts Payable and Disbursements System.** The financial affairs
20 and business of the Debtors are complex. The Debtors use a centralized cash
21 management system to collect and transfer funds from numerous sources and

1 accounts and disburse funds to satisfy obligations arising from the daily operation of
2 their business as well as invest funds pursuant to the Debtors' investment guidelines,
3 making payments on behalf of each other and their nondebtor subsidiaries and
4 affiliates through cash accounts in the cash management system. Generally these
5 payments will result in an intercompany balance on the Debtors' books and records.

6 **9. Intercompany Transactions.** Prior to the Petition Date (and
7 subsequent to the Petition Date pursuant to Bankruptcy Court approval), the Debtors
8 routinely engaged (and continue to engage) in intercompany transactions with both
9 Debtors and nondebtor subsidiaries and affiliates. These intercompany transactions
10 are not included in the respective Debtor entities' Schedules and SOFAs. The
11 Debtors each reserve all rights with respect to claims against and debts owed to
12 other Debtors.

13 **10. Recharacterization.** The Debtors have made reasonable efforts to
14 characterize, classify, categorize or designate the claims, assets, executory contracts,
15 unexpired leases and other items reported in the Schedules and SOFAs correctly.
16 Due to the complexity and size of the Debtors' businesses, however, the Debtors
17 may have improperly characterized, classified, categorized or designated certain
18 items. Further, the designation of a category is not meant to be wholly inclusive or
19 descriptive of the rights or obligations represented by such item.

20 **11. Undetermined or Unknown Amounts.** The description of an amount
21 as "Undetermined" or "Unknown" is not intended to reflect upon the materiality of

1 such amount. Certain amounts may be clarified over the period of the bankruptcy
2 proceedings and certain amounts may depend on contractual obligations to be
3 assumed or rejected as part of a sale in a bankruptcy proceeding under § 363.

4 **12. Bankruptcy Court First-Day Orders.** The Bankruptcy Court has
5 entered certain orders (the “Orders”) authorizing the Debtors to pay various
6 outstanding prepetition claims, including, but not limited to, payments relating to
7 employee compensation and benefits. In general, claims paid pursuant to the Orders
8 are not reflected in the Schedules and SOFAs.

9 **13. Contingent Assets and Causes of Action.** Despite their reasonable
10 efforts to identify all known assets, the Debtors may not have listed all of their
11 causes of action or potential causes of action against third parties as assets in their
12 Schedules and SOFAs, including, but not limited to, avoidance actions arising under
13 chapter 5 of the Bankruptcy Code and actions under other relevant non-bankruptcy
14 laws to recover assets. The Debtors reserve all of their rights with respect to any
15 claims, causes of action, or avoidance actions they may have, and neither these
16 General Notes nor the Schedules and SOFAs shall be deemed a waiver of any such
17 claims, causes of actions, or avoidance actions or in any way prejudice or impair the
18 assertion of such claims. The value of any claim against a collection party is an
19 estimate and held by all operating Debtors.

20 The Debtors may also possess contingent and unliquidated claims against
21 affiliated entities (both Debtor and nondebtor) for various financial accommodations

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21

- a. Schedule A/B. The Debtors’ assets on Schedule A/B are listed at book value based on the Debtors’ reasonable best efforts as of April 30, 2019, and may not necessarily reflect the market or recoverable value of these assets as of the Petition Date. As such, the balances presented in Schedule A/B are subject to further revision and change.

- b. Schedule D. The descriptions provided on Schedule D are intended only as a summary. Reference to the applicable loan agreements and related documents is necessary for a complete description of the collateral and the nature, extent, and priority of any liens. Nothing in these Global Notes or in the Schedules and SOFAs shall be deemed a modification or interpretation of the terms of such agreements or related documents. To the extent the value of the collateral securing a claim listed on Schedule D is insufficient to satisfy the full amount such claim, the holder of such undersecured claim will have an unsecured deficiency claim against the Debtors for the remaining amount. Such unsecured deficiency claims are not listed on Schedule E/F.

The general capital structure of the Debtors as of the Petition Date is as follows:

Sunnyside Community Hospital Association (“Sunnyside”) was indebted to Banner Bank in the approximate principal amount of \$10.6 million and provided Banner Bank a first priority lien (the “Banner Bank Liens”) on all personal property and certain real property of Sunnyside (the “Banner Bank Collateral”).

MidCap Financial Trust was owed \$10.7 million and had a first priority lien (the “MidCap Liens”) on accounts receivable of SHC Medical Center - Toppenish (“Toppenish”) and SHC Medical Center - Yakima (“Yakima”) as well as certain other assets of SHC Holdco, LLC, Yakima, Toppenish, Yakima Home Care Holdings, LLC, and Yakima HMA Home Health, LLC (the “MidCap Collateral”).

Lapis Advisers, LP was owed \$10 million in principal and \$300,000 in interest and held a lien on all assets of the Debtors (the “Lapis Liens”).

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21

UMB Bank, N.A. was owed \$35,400,000 in principal and \$885,000 in interest and held a lien on all assets of the Debtors (the “UMB Liens”).

The Lapis Liens and the UMB Liens were subject to and subordinate only to the Banner Bank Liens on the Banner Bank Collateral, the MidCap Liens on the MidCap Collateral and valid and perfected purchase money security interests of record.

c. Schedule E/F. The Debtors have made reasonable efforts to report all priority and general unsecured claims against the Debtors on Schedule E/F based on the Debtors’ books and records as of the Petition Date. The claims listed on Schedule E/F arose or were incurred on various dates. In certain instances, the date on which a claim arose may be unknown or subject to dispute. Although reasonable efforts have been made to determine the date upon which claims listed on Schedule E/F were incurred or arose, fixing that date for each claim on Schedule E/F would be unduly burdensome and cost prohibitive and, therefore, the Debtors have not listed a date for each claim listed on Schedule E/F.

Certain tax claims are, or may in the future be, subject to audit, and the Debtors are unable to determine with certainty the amount of certain tax claims listed on Schedule E/F. Therefore, the Debtors have listed such claims as “Unliquidated” in amount, pending final resolution of any ongoing or future audits or outstanding issues. In addition, there may be other contingent, unliquidated claims from state and local taxing authorities, not all of which are listed.

The listing of any priority claim on Schedule E/F does not constitute an admission by the Debtors that such claim is entitled to priority treatment under § 507. The Debtors reserve the right to take the position that any claim listed on Schedule E/F is not entitled to priority.

Schedule E/F also contains the information available to the Debtors as of the Petition Date regarding pending litigation involving the Debtors. The inclusion of any legal action in the Schedules and SOFAs does not constitute an admission by the

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21

Debtors of any liability, the validity of any litigation, the amount of any potential claim that may result with respect to any legal action, or the amount and treatment of any potential claim resulting from any legal action currently pending or that may arise in the future.

Schedule E/F does not include certain deferred liabilities, accruals, or general reserves. Such amounts are general estimates and do not represent specific claims as of the Petition Date for each respective Debtor.

In the ordinary course of business, the Debtors generally receive invoices for goods and services after the delivery of such goods or services. As of the filing of the Schedules and SOFA, the Debtors have not received all invoices for payables, expenses, or liabilities that may have accrued before the Petition Date. Accordingly, the information contained in Schedules E/F may be incomplete. The Debtors reserve the right, but are not required, to amend Schedule E/F if and as it receives such invoices. The claims of individual creditors are generally listed at the amounts recorded on the Debtors' books and records and may not reflect credits or allowances due from the creditor. The Debtors reserve all of their rights concerning credits or allowances.

d. Schedule G. While reasonable efforts have been made to ensure the accuracy of the Schedule of Executory Contracts and Unexpired Leases, inadvertent errors or omissions may have occurred. The Debtors hereby reserve all of their rights to dispute the validity, status or enforceability of any contract, agreement or lease set forth on Schedule G and to amend or supplement such Schedule as necessary. The contracts, agreements and leases listed on Schedule G may have expired or may have been modified, amended or supplemented from time to time by various amendments, restatements, waivers, estoppel certificates, letter and other documents, instruments and agreements which may not be listed therein. Certain of the executory agreements may not have been memorialized and could be subject to dispute. The Debtors reserve all of their rights, claims and causes of action with respect to the contracts and agreements listed on these Schedules and SOFAs, including

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21

the right to dispute or challenge the characterization or the structure of any transaction, document or instrument.

- e. Schedule H. Codefendants in litigation matters involving the Debtors are not listed in Schedule H.

17. General Conventions Relating to the SOFAs. The Debtors adopted

the following conventions in connection with the preparation of the SOFAs:

- a. SOFA Question 2. Interest income includes interest earned on loans, investment securities, escrow balances, and other interest-earning assets.
- b. SOFA Question 4. Certain insiders of the Debtors are employed and paid by nondebtor AHM, Inc. (“AHM”) but provide management services to the Debtors. Transfers from AHM to these insiders are not listed in SOFA Question 4.
- c. SOFA Question 5. The Debtors are unaware of any repossessions, foreclosures or returns other than returns of damaged or defective goods to vendors in the ordinary course of business.
- d. SOFA Question 11. All payments related to bankruptcy were made by Astria on behalf of itself and its Debtor affiliates and are reflected in Astria’s response.
- e. SOFA Question 19d. The Debtors provide various financial statements in the ordinary course of their business to parties for business, statutory, credit financing and other reasons. Past recipients of financial statements include regulatory agencies, financial institutions, vendors and other parties, as requested. In the ordinary course of their businesses, the Debtors have not maintained records of the entities the Debtors have provided with financial statements.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21

III.

CONCLUSION

18. Limitation of Liability. The Debtors and their officers, employees, agents, attorneys, and financial advisors do not guarantee or warrant the accuracy or completeness of the data that is provided herein and shall not be liable for any loss or injury arising out of or caused, in whole or in part, by the acts, errors, or omissions, whether negligent or otherwise, in procuring, compiling, collecting, interpreting, reporting, communicating, or delivering the information contained herein. The Debtors and their officers, employees, agents, attorneys, and financial advisors expressly do not undertake any obligation to update, modify, revise, or re-categorize the information provided herein or to notify any third party should the information be updated, modified, revised or recategorized. In no event shall the Debtors or their officers, employees, agents, attorneys, and financial advisors be liable to any third party for any direct, indirect, incidental, consequential, or special damages (including, but not limited to, damages arising from the disallowance of a potential claim against the Debtors or damages to business reputation, lost business, or lost profits), whether foreseeable or not and however caused.

DENTONS US LLP
300 SOUTH GRAND AVENUE, 14TH FLOOR
LOS ANGELES, CALIFORNIA 90071-3124
(213) 688-1000

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21

Dated: June 19, 2019

/s/ Sam J. Alberts
SAMUEL R. MAIZEL (Admitted *Pro Hac Vice*)
SAM J. ALBERTS (WSBA #22255)
DENTONS US LLP

JAMES L. DAY (WSBA #20474)
BUSH KORNFELD LLP

*Proposed Attorneys for the Chapter 11 Debtors
and Debtors In Possession*

Fill in this information to identify the case:

Debtor name Yakima HMA Home Health, LLC

United States Bankruptcy Court for the: Eastern District of WA
(State)

Case number (If known): 19-01200-11

Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. Schedule A/B: Assets—Real and Personal Property (Official Form 206A/B)

1a. Real property:

Copy line 88 from Schedule A/B.....

\$ 168,576.00

1b. Total personal property:

Copy line 91A from Schedule A/B.....

\$ 528,550.05

1c. Total of all property:

Copy line 92 from Schedule A/B.....

\$ 697,125.06

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)

Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D.....

\$ 57,285,000.00

3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)

3a. Total claim amounts of priority unsecured claims:

Copy the total claims from Part 1 from line 5a of Schedule E/F.....

\$ 0.00

3b. Total amount of claims of nonpriority amount of unsecured claims:

Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F.....

+ \$ 502,845.31

4. Total liabilities.....

Lines 2 + 3a + 3b

\$ 57,787,845.31

Fill in this information to identify the case:

Debtor name Yakima HMA Home Health, LLC
 United States Bankruptcy Court for the: Eastern District of WA
(State)
 Case number (if known): 19-01200-11

Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets — Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- No. Go to Part 2.
- Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

2. Cash on hand

\$ 0.00

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. <u>Wells Fargo Bank</u>	<u>Deposit</u>	<u>6034</u>	\$ <u>0.00</u>
3.2. _____	_____	_____	\$ _____

4. Other cash equivalents (Identify all)

4.1. _____ \$ _____
 4.2. _____ \$ _____

5. Total of Part 1

\$ 0.00

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

Part 2: Deposits and prepayments

6. Does the debtor have any deposits or prepayments?

- No. Go to Part 3.
- Yes. Fill in the information below.

Current value of debtor's interest

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit	
7.1. _____	\$ _____
7.2. _____	\$ _____

Debtor Yakima HMA Home Health, LLC
Name

Case number (if known) 19-01200-11

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

8.1. _____ \$ _____
8.2. _____ \$ _____

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$ 0.00

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- No. Go to Part 4.
 Yes. Fill in the information below.

Current value of debtor's interest

11. Accounts receivable

11a. 90 days old or less: \$547,343.47 - \$207,842.59 = → \$ 339,500.88
face amount doubtful or uncollectible accounts
11b. Over 90 days old: \$505,599.85 - \$316,550.89 = → \$ 189,049.17
face amount doubtful or uncollectible accounts

12. Total of Part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$ 528,550.05

Part 4: Investments

13. Does the debtor own any investments?

- No. Go to Part 5.
 Yes. Fill in the information below.

Valuation method used for current value

Current value of debtor's interest

14. Mutual funds or publicly traded stocks not included in Part 1

Name of fund or stock:

14.1. _____ \$ _____
14.2. _____ \$ _____

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity:

% of ownership:

15.1. _____ % _____ \$ _____
15.2. _____ % _____ \$ _____

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

16.1. _____ \$ _____
16.2. _____ \$ _____

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

\$ 0.00

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- No. Go to Part 6.
 Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials	_____ MM / DD / YYYY	\$ _____	_____	\$ _____
20. Work in progress	_____ MM / DD / YYYY	\$ _____	_____	\$ _____
21. Finished goods, including goods held for resale	_____ MM / DD / YYYY	\$ _____	_____	\$ _____
22. Other inventory or supplies	_____ MM / DD / YYYY	\$ _____	_____	\$ _____
23. Total of Part 5 Add lines 19 through 22. Copy the total to line 84.				\$ <u>0.00</u>

24. Is any of the property listed in Part 5 perishable?

- No
 Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- No
 Yes. Book value _____ Valuation method _____ Current value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- No
 Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- No. Go to Part 7.
 Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops—either planted or harvested	\$ _____	_____	\$ _____
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish	\$ _____	_____	\$ _____
30. Farm machinery and equipment (Other than titled motor vehicles)	\$ _____	_____	\$ _____
31. Farm and fishing supplies, chemicals, and feed	\$ _____	_____	\$ _____
32. Other farming and fishing-related property not already listed in Part 6	\$ _____	_____	\$ _____

33. **Total of Part 6.**

Add lines 28 through 32. Copy the total to line 85.

\$ <u>0.00</u>

34. **Is the debtor a member of an agricultural cooperative?**

- No
 Yes. Is any of the debtor's property stored at the cooperative?
 No
 Yes

35. **Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**

- No
 Yes. Book value \$ _____ Valuation method _____ Current value \$ _____

36. **Is a depreciation schedule available for any of the property listed in Part 6?**

- No
 Yes

37. **Has any of the property listed in Part 6 been appraised by a professional within the last year?**

- No
 Yes

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- No. Go to Part 8.
 Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture _____	\$ _____	_____	\$ _____
40. Office fixtures _____	\$ _____	_____	\$ _____
41. Office equipment, including all computer equipment and communication systems equipment and software _____	\$ _____	_____	\$ _____
42. Collectibles <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1 _____	\$ _____	_____	\$ _____
42.2 _____	\$ _____	_____	\$ _____
42.3 _____	\$ _____	_____	\$ _____

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$ <u>0.00</u>

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

- No
 Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

- No
 Yes

Debtor

Yakima HMA Home Health, LLC
Name

Case number (if known) 19-01200-11

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

No. Go to Part 9.

Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
--	--	---	------------------------------------

47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles

47.1 _____	\$ _____	_____	\$ _____
47.2 _____	\$ _____	_____	\$ _____
47.3 _____	\$ _____	_____	\$ _____
47.4 _____	\$ _____	_____	\$ _____

48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

48.1 _____	\$ _____	_____	\$ _____
48.2 _____	\$ _____	_____	\$ _____

49. Aircraft and accessories

49.1 _____	\$ _____	_____	\$ _____
49.2 _____	\$ _____	_____	\$ _____

50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

_____	\$ _____	_____	\$ _____
-------	----------	-------	----------

51. Total of Part 8.

Add lines 47 through 50. Copy the total to line 87.

\$ _____	0.00
----------	------

52. Is a depreciation schedule available for any of the property listed in Part 8?

No

Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

No

Yes

Part 9: Real property

54. Does the debtor own or lease any real property?

- No. Go to Part 10.
 Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property <small>Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.</small>	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1 <u>7 S. 10th Avenue, Yakima, WA</u>	<u>100%</u>	<u>\$ 137,932.77</u>	<u>Book</u>	<u>\$ 137,932.77</u>
55.2 <u>210S. 11th Avenue, Yakima, WA</u>	<u>100%</u>	<u>\$ 30,643.23</u>	<u>Book</u>	<u>\$ 30,643.23</u>
55.3 _____	_____	<u>\$ _____</u>	_____	<u>\$ _____</u>
55.4 _____	_____	<u>\$ _____</u>	_____	<u>\$ _____</u>
55.5 _____	_____	<u>\$ _____</u>	_____	<u>\$ _____</u>
55.6 _____	_____	<u>\$ _____</u>	_____	<u>\$ _____</u>

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

<u>\$ 168,576.00</u>

57. Is a depreciation schedule available for any of the property listed in Part 9?

- No
 Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- No
 Yes

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- No. Go to Part 11.
 Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets	<u>\$ _____</u>	_____	<u>\$ _____</u>
61. Internet domain names and websites	<u>\$ _____</u>	_____	<u>\$ _____</u>
62. Licenses, franchises, and royalties	<u>\$ _____</u>	_____	<u>\$ _____</u>
63. Customer lists, mailing lists, or other compilations	<u>\$ _____</u>	_____	<u>\$ _____</u>
64. Other intangibles, or intellectual property	<u>\$ _____</u>	_____	<u>\$ _____</u>
65. Goodwill	<u>\$ _____</u>	_____	<u>\$ _____</u>

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

<u>\$ 0.00</u>

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- No
- Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- No
- Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- No
- Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- No. Go to Part 12.
- Yes. Fill in the information below.

Current value of debtor's interest

71. Notes receivable

Description (include name of obligor)

_____ Total face amount - _____ doubtful or uncollectible amount = => \$ _____

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

_____ Tax year _____ \$ _____
_____ Tax year _____ \$ _____
_____ Tax year _____ \$ _____

73. Interests in insurance policies or annuities

_____ \$ _____

74. Causes of action against third parties (whether or not a lawsuit has been filed)

_____ \$ _____

Nature of claim _____

Amount requested \$ _____

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

_____ \$ _____

Nature of claim _____

Amount requested \$ _____

76. Trusts, equitable or future interests in property

_____ \$ _____

77. Other property of any kind not already listed Examples: Season tickets, country club membership

_____ \$ _____

_____ \$ _____

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$ 0.00

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- No
- Yes

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	\$ <u>0.00</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$ <u>0.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$ <u>528,550.05</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	\$ <u>0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$ <u>0.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$ <u>0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$ <u>0.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$ <u>0.00</u>	
88. Real property. <i>Copy line 56, Part 9.</i>	→	\$ 168,576.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$ <u>0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$ <u>0.00</u>	
91. Total. Add lines 80 through 90 for each column.91a.	\$ 528,550.05	+ 91b. \$ 168,576.00
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.		\$ 697,126.05

Fill in this information to identify the case:

Debtor name Yakima HMA Home Health, LLC
 United States Bankruptcy Court for the: Eastern District of WA
(State)
 Case number (if known): 19-01200-11

Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
 Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

<i>Column A</i>	<i>Column B</i>
Amount of claim	Value of collateral that supports this claim
<small>Do not deduct the value of collateral.</small>	

<p>2.1 Creditor's name <u>Lapis Advisers, LP</u></p> <p>Creditor's mailing address <u>265 Magnolia Avenue</u> <u>Suite 100, Larkspur, CA 94939</u></p> <p>Creditor's email address, if known _____</p> <p>Date debt was incurred <u>1/18/19</u></p> <p>Last 4 digits of account number _____</p> <p>Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority. _____</p>	<p>Describe debtor's property that is subject to a lien <u>All Assets</u></p> <p>Describe the lien <u>UCC 2019-018-4153-6</u></p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).</p> <p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p>\$ <u>10,300,000.00</u></p> <p>\$ <u>120,000,000.00</u></p>
--	---	--

<p>2.2 Creditor's name <u>MidCap Funding IV Trust</u></p> <p>Creditor's mailing address <u>7255 Woodmont Avenue, Suite</u> <u>200, Bethesda, MD 20814</u></p> <p>Creditor's email address, if known _____</p> <p>Date debt was incurred <u>9/18/17</u></p> <p>Last 4 digits of account number _____</p> <p>Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____</p>	<p>Describe debtor's property that is subject to a lien <u>All accounts, cash, contracts, securities</u> <u>health care permits and general intangibles</u></p> <p>Describe the lien <u>UCC 2017-261-2423-4</u></p> <p>Is the creditor an insider or related party? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).</p> <p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p>\$ <u>10,700,000.00</u></p> <p>\$ <u>42,000,000.00</u></p>
---	---	---

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. \$ 57,285,000.00

Debtor

Yakima HMA Home Health, LLC
Name

Case number (if known) 19-01200-11

Part 1: Additional Page

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.3 Creditor's name UMB Bank, N.A. Describe debtor's property that is subject to a lien All Assets \$ 36,285,000.00 \$ 120,000,000.0

Creditor's mailing address
120 S Sixth Street, Suite 1400
Minneapolis, MN 55402

Creditor's email address, if known _____

Date debt was incurred 11/1/17 Is the creditor an insider or related party?
 No
 Yes

Last 4 digits of account number _____ Is anyone else liable on this claim?
 No
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

Do multiple creditors have an interest in the same property?
 No
 Yes. Have you already specified the relative priority?
 No. Specify each creditor, including this creditor, and its relative priority.

Yes. The relative priority of creditors is specified on lines _____

Describe the lien
UCC 2017-243-8177-6

As of the petition filing date, the claim is:
Check all that apply.
 Contingent
 Unliquidated
 Disputed

2. Creditor's name _____ Describe debtor's property that is subject to a lien _____ \$ _____ \$ _____

Creditor's mailing address _____

Creditor's email address, if known _____

Date debt was incurred _____ Is the creditor an insider or related party?
 No
 Yes

Last 4 digits of account number _____ Is anyone else liable on this claim?
 No
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

Do multiple creditors have an interest in the same property?
 No
 Yes. Have you already specified the relative priority?
 No. Specify each creditor, including this creditor, and its relative priority.

Yes. The relative priority of creditors is specified on lines _____

Describe the lien _____

As of the petition filing date, the claim is:
Check all that apply.
 Contingent
 Unliquidated
 Disputed

Fill in this information to identify the case:

Debtor Yakima HMA Home Health, LLC
United States Bankruptcy Court for the: Eastern District of WA
(State)
Case number 19-01200-11
(If known)

Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

- 1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).
 No. Go to Part 2.
 Yes. Go to line 2.

- 2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

2.1 Priority creditor's name and mailing address: _____
As of the petition filing date, the claim is: \$ _____ Total claim \$ _____ Priority amount 0.00
Check all that apply.
 Contingent
 Unliquidated
 Disputed
Date or dates debt was incurred: _____ Basis for the claim: _____
Last 4 digits of account number: _____ Is the claim subject to offset?
 No
 Yes
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)

2.2 Priority creditor's name and mailing address: _____
As of the petition filing date, the claim is: \$ _____ Total claim \$ _____
Check all that apply.
 Contingent
 Unliquidated
 Disputed
Date or dates debt was incurred: _____ Basis for the claim: _____
Last 4 digits of account number: _____ Is the claim subject to offset?
 No
 Yes
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (qqqqq)

2.3 Priority creditor's name and mailing address: _____
As of the petition filing date, the claim is: \$ _____ Total claim \$ _____
Check all that apply.
 Contingent
 Unliquidated
 Disputed
Date or dates debt was incurred: _____ Basis for the claim: _____
Last 4 digits of account number: _____ Is the claim subject to offset?
 No
 Yes
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address See Attached Chart Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: _____ <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes \$ 502,845.31
3.2	Nonpriority creditor's name and mailing address Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: _____ <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____
3.3	Nonpriority creditor's name and mailing address Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: _____ <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____
3.4	Nonpriority creditor's name and mailing address Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: _____ <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____
3.5	Nonpriority creditor's name and mailing address Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: _____ <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____
3.6	Nonpriority creditor's name and mailing address Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: _____ <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____

Debtor Yakima HMA Home Health, LLC
Name

Case number (if known) 19-01200-11

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

		Total of claim amounts
5a. Total claims from Part 1	5a.	\$ <u>0.00</u>
5b. Total claims from Part 2	5b. +	\$ <u>502,845.31</u>
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	\$ <u>502,845.31</u>

**Yakima Home Health
Schedule F**

Vendor Name	Vendor Address	Cont/Unliq/Disp			Total
		C	U	D	
ABILITY NETWORK INC	PO BOX 856015 MINNEAPOLIS, MN 554856015				1,158.31
ADVANCED LIFE SYSTEMS	2106 W WASHINGTON #3 YAKIMA, WA 989030000				2,183.42
Almost Family	9510 Ormsby.Station Rd Louisville, KY 40223				124,885.53
CLASSIC PRINTING INC	104 S 5TH AVE YAKIMA, WA 989020000				3.16
DINGUS ZARECOR & ASSOCIATES	12015 E MAIN SPOKANE, WA 992060000				2,000.00
EMERALD CARE	209 N AHTANUM AVE WAPATO, WA 989510000				41,580.63
EMPRINT MORAN PRINTING INC	P.O. BOX 54023 NEW ORLEANS, LA 701544023				585.73
FERGUSON ENTERPRISES, INC FEI #3007	P.O. BOX 847411 Dallas, TX 75284-7411				48.48
Garden Village	206 S 10th Ave Yakima, WA 98902				26,889.02
GOOD SAMARITAN	HEALTH CARE CENTER 702 N 16TH AVE YAKIMA, WA 989020000				31,970.94
HOWARDS MEDICAL SUPPLY	1101 N 16TH AVE STE 104 YAKIMA, WA 989020000				53,415.38
HUMANA PHARMACY SOLUTIONS INC	PO BOX 223882 PITTSBURG, PA 152512882				114.41
Journeys-hospice foundation	1707 L. Street NW, Suite 220 Washington, DC 20036				682.00
KONICA MINOLTA	PO BOX 100706 PASADENA, CA 911890706				9,612.05
LANDMARK CARE CENTER	710 N 39TH AVE YAKIMA, WA 98902				29,891.28
MEDEFIS CONSOLIDATED	PO BOX 5068 NEW YORK, NY 100875068				129,364.52
MEDFORMS INC	PO BOX 40333 NASHVILLE, TN 37204-0333				4,465.96
MEDLINE INDUSTRIES INC	DEPT 1080 PO BOX 121080 DALLAS, TX 753121080				1,852.74
MID-STATE COMMUNICATIONS	504 HILLSBORO BLVD MANCHESTER, TN 373550000				1,323.54
MIDWEST HEALTH CARE INC	300 S MT AUBURN RD STE 100 CAPE GIRARDEAU, MO 637030000				150.00
NORTHWEST VITAL RECORDS CENTER	PO BOX 2199 SPOKANE, WA 99210-2199				2,245.32
OPTUMINSIGHT INC OPTUM360	28454 NETWORK PLACE CHICAGO, IL 606731284				26,781.61
OXARC	PO BOX 2605 SPOKANE, WA 99220-2605				379.24
PACIFIC POWER	PO BOX 26000 PORTLAND, OR 972560001				1,199.92
PATHOLOGY ASSOC MEDICAL LABS	P.O. BOX 2720 SPOKANE, WA 99220-4002				14.50
PROFILE DISPLAY	4614 WILGROVE-MINT HILL RD, STE B PO BOX 23780 CHARLOTTE, NC 282270000				544.00
SILVERSCRIPT INSURANCE COMPANY	PO BOX 840240 DALLAS, TX 752840240				4.74
SPECIAL CLEANING SERVICES/A	2002 ENGLEWOOD AVE SUITE E YAKIMA, WA 98902				1,207.95
STANDARD REGISTER, INC	DBA TAYLOR COMMUNICATION PO BOX 91047 CHICAGO, IL 606930000				418.41
STANLEY CONVERGENT SECURITY SO	DEPT CH 10651 PALATINE, IL 600550000				186.38
STRATUS AUDIO	PO BOX 675007 DETROIT, MI 482675007				2,273.00
WSHPCO	P.O. Box 361 Camas, WA 98607				300.00
Yakima MPO	Attn. Postmaster 205 W. Washington Ave Yakima , WA 98903-9998				235.00
YAKIMA SPECIALITIES INC	1819 WEST J ST YAKIMA, WA 989020000				1,527.24
Yakima Valley Memorial Hospital Home Care	302 S. 10th Ave Yakima, WA 98902				1,930.00
YAKIMA VALLEY RADIOLOGY	PO BOX 2925 YAKIMA, WA 989072925				934.00
YORK'S PEST CONTROL INC	402 W WASHINGTON AVE SUITE A UNION GAP, WA 989030000				486.90
					502,845.31

Fill in this information to identify the case:

Debtor name Yakima HMA Home Health, LLC
United States Bankruptcy Court for the: Eastern District of WA
(State)
Case number (if known): 19-01200-11 Chapter 11

Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1	State what the contract or lease is for and the nature of the debtor's interest	See Attached Chart	
	State the term remaining		
	List the contract number of any government contract		
2.2	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		
2.3	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		
2.4	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		
2.5	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		

Yakima HMA Home Health
Schedule G

CONTRACT NAME	ADDRESS	CITY	STATE	ZIP
ASTRIA HOME MEDICAL SUPPLY	812 MILLER AVE, STE G	SUNNYSIDE	WA	98944
EMERALD CARE	209 NORTH AHTANUM AVE.	WAPATO	WA	98951
GARDEN VILLAGE	206 SOUTH 10TH AVE	YAKIMA	WA	98902
GOOD SAMARITAN HEALTHCARE CENTER	702 N. 16TH AVENUE	YAKIMA	WA	98902
HILLCREST MANOR-SUNNYSIDE PRESTIGE	721 OTIS AVENUE	SUNNYSIDE	WA	98944
LANDMARK CARE CENTER	710 N. 39TH AVENUE	YAKIMA	WA	98902
LIVING CARE RETIREMENT COMM.	3801 SUMMITVIEW AVE.	YAKIMA	WA	98902
PARKSIDE NURSING CENTER	308 W. EMMMA STREET	YAKIMA	WA	98903
SELAH CARE AND REHAB	203 W. NACHES AVENUE	SELAH	WA	98942
TOPPENISH NURSING & REHAB CENTER	802 WEST 3RD STREET	TOPPENISH	WA	98948
WILLOW SPRINGS	4007 TIETON DRIVE	YAKIMA	WA	98908
YAKIMA HMA PHYSICIAN MANAGEMENT	732 SUMMITVIEW AVE. #621	YAKIMA	WA	98902
YAKIMA REGIONAL MEDICAL&CARDIAC CTR	110 S. 9TH AVENUE	YAKIMA	WA	98902
YAKIMA VALLEY COTTAGE IN MEADOWS	302 S. 10TH AVENUE	YAKIMA	WA	98902
MANAGEMENT SERVICES AGREEMENT-YAKIMA HH & Hospice	2550 MERIDIAN BLVD	FRANKLIN	TN	37067
MANAGEMENT SERVICES AGREEMENT-SUNNYSIDE HH	2550 MERIDIAN BLVD	FRANKLIN	TN	37067
MID-STATE COMMUNICATIONS	504 HILLSBORO BLVD.	MANACHESTER	TN	37355
STRATUS AUDIO, INC.	PO BOX 675007	DETROIT	MI	48267

Fill in this information to identify the case:

Debtor name Yakima HMA Home Health, LLC
United States Bankruptcy Court for the: Eastern District of WA
(State)
Case number (if known): 19-01200-11

Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name	Mailing address	Name	Check all schedules that apply:
2.1	See Attached Street City State ZIP Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2	Street City State ZIP Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3	Street City State ZIP Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4	Street City State ZIP Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5	Street City State ZIP Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.6	Street City State ZIP Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Schedule H
Co-Debtors

Debtor	Case Number	Lapis Advisors	UMB Bank	Mid-Cap Financial	VK Powell Construction	MBI		Stryker Corporation
						Construction Services	Fidelity Title	
Astria Health	(19-01189-11)	x			x		x	
Glacier Canyon, LLC	(19-01193-11)	x	x					
Kitchen and Bath Furnishings, LLC	(19-01194-11)	x	x					
Oxbow Summit, LLC	(19-01195-11)	x	x					
SHC Holdco, LLC	(19-01196-11)	x	x	x				
SHC Medical Center-Toppenish	(19-01190-11)	x	x	x	x		x	x
SHC Medical Center-Yakima	(19-01192-11)	x	x	x	x		x	x
Sunnyside Community Hospital Association	(19-01191-11)	x	x					
Sunnyside Community Hospital Home Medical Supply, LLC	(19-01197-11)	x	x					
Sunnyside Home Health	(19-01198-11)	x	x					
Sunnyside Professional Services, LLC	(19-01199-11)							
Yakima Home Care Holdings, LLC	(19-01201-11)	x	x	x				
Yakima HMA Home Health, LLC	(19-01200-11)	x	x	x				

Each "X" signifies a co-debtor of the respective creditor.

Fill in this information to identify the case and this filing:

Debtor Name Yakima HMA Home Health, LLC

United States Bankruptcy Court for the: Eastern District of WA
State:

Case number (if known): 19-01200-11

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

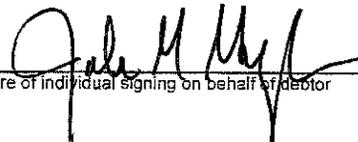
I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets-Real and Personal Property (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)
- Schedule H: Codebtors (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)
- Amended Schedule _____
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 6/19/2019
MM / DD / YYYY

x 
Signature of individual signing on behalf of debtor

John M. Gallagher
Printed name

President & CEO
Position or relationship to debtor