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GENERAL GLOBAL NOTES AND STATEMENT OF LIMITATIONS, OF ASSETS AND LIABILITIES AND STATEMENTS OF FINANCIAL AFFAIRS

I.

On August 31, 2018 (the "Petition Date"), Verity Health System Of California, Inc. ("VHS") and the above-referenced affiliated debtors (collectively, the "Debtors"), the debtors and debtors in possession in the above-captioned chapter 11 bankruptcy cases (collectively, the "Cases"), each filed a voluntary case under chapter 11 of title 11, United States Code (the "Bankruptcy Code"). The Debtors continue to operate their businesses and manage their properties as debtors and debtors in possession, pursuant to §§ 1107(a) and 1108 of the Bankruptcy Code. The Debtors' Cases are being jointly administered under lead case number 18-20151-ER in the United States Bankruptcy Court for the Central District of California, Los Angeles Division (the "Bankruptcy Court").

The Schedules of Assets and Liabilities and Statements of Financial Affairs (the "Schedules and SOFAs") filed by the Debtors in the Bankruptcy Court were prepared pursuant to § 521 of the Bankruptcy Code and Rule 1007 of the Federal Rules of Bankruptcy Procedure (the "Bankruptcy Rules") by management of the Debtors with unaudited information available as of the Petition Date. The Schedules and SOFAs do not purport to represent financial statements prepared in accordance with generally accepted accounting principles in the United States ("GAAP") and they are not intended to be fully reconciled to the Debtors' financial statements.

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

These General Global Notes and Statement of Limitations, Methodology and Disclaimer Regarding Debtors' Schedules and SOFAs (the "General Notes") are incorporated by reference in,

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and comprise an integral part of, each of the Debtors' Schedules and SOFAs, and should be referred to and reviewed in connection with any review of the Schedules and SOFAs.

II.

GENERAL NOTES

- 1. Reservation of Rights. The Debtors' chapter 11 cases are large and complex. Although management of the Debtors have made every reasonable effort to ensure that the Schedules and SOFAs are as accurate and complete as possible, based on the information that was available to them at the time of preparation, subsequent information or discovery may result in material changes to these Schedules and SOFAs, and inadvertent errors or omissions may have occurred. Because the Schedules and SOFAs contain unaudited information, which is subject to further review, verification, and potential adjustment, these Schedules and SOFAs may be inaccurate and/or incomplete.
- 2. No Waiver. Nothing contained in the Schedules and SOFAs or these General Notes shall constitute an admission or a waiver of any of the Debtors' rights to assert any claims or defenses. For the avoidance of doubt, listing a claim on Schedule D as "secured," on Schedule E/F as "priority," on Schedule E/F as "unsecured nonpriority," or listing a contract or lease on Schedule G as "executory" or "unexpired," does not constitute an admission by the Debtors of the legal rights of the claimant, or a waiver of the Debtors' right to recharacterize or reclassify such claim or contract. Failure to designate a claim on a given Debtor's Schedules as "disputed," "contingent," or "unliquidated" does not constitute an admission by the Debtor that such amount is not "disputed," "contingent" or "unliquidated."
- **Reporting Date.** All asset and liability information, except where otherwise noted, 3. is provided as of the Petition Date.
- 4. Confidentiality. Specific disclosure of certain claims, names, addresses or amounts may be subject to certain disclosure restrictions contained in the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), or otherwise, and in any event, are of a particularly personal and private nature. To the extent the Debtors believe a claim, name, address or amount falls under the purview of HIPAA or includes information that is personal or private in nature,

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such claims, name, address or amount (as applicable) is not included in these Schedules and SOFAs.

- 5. Estimates and Assumptions. The preparation of the Schedules and SOFAs required the Debtors to make estimates and assumptions that affected the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities and the reported amounts of revenue and expense. Actual results could differ materially from these estimates.
- 6. Asset Presentation and Valuation. The Debtors do not have current market valuations for all of their assets. It would be prohibitively expensive, unduly burdensome and an inefficient use of estate assets, for the Debtors to obtain current market valuations for all of their assets. Wherever possible, unless otherwise indicated, net book values and fair market value as of the Petition Date are presented. When necessary, the Debtors have indicated that the value of certain assets is "Unknown" or "Undetermined." Amounts ultimately realized may vary from whatever value was ascribed and such variance may be material. Accordingly, the Debtors reserve all of their rights to amend, supplement, or adjust the value of each asset set forth herein.
- 7. Liabilities. Certain of the liabilities are scheduled unknown, contingent and/or unliquidated at this time. Accordingly, the Schedules and the SOFAs do not accurately reflect the aggregate amount of the Debtors' total liabilities.
- 8. Accounts Payable and Disbursements System. The financial affairs and business of the Debtors are complex. The Debtors use a centralized cash management system to (a) collect and transfer funds from numerous sources and accounts, (b) disburse funds to satisfy obligations arising from the daily operation of their business, (c) invest funds pursuant to the Debtors' investment guidelines, and (d) make payments on behalf of each other and their nondebtor subsidiaries and affiliates through cash accounts in the cash management system. Generally, these payments will result in an intercompany balance on the Debtors' books and records.
- 9. Intercompany Transactions. Prior to the Petition Date (and subsequent to the Petition Date pursuant to Bankruptcy Court approval), the Debtors routinely engaged (and continue to engage) in intercompany transactions with both Debtor and nondebtor subsidiaries and affiliates. The respective intercompany accounts payable and receivable as of the Petition Date, if

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10. Recharacterization. The Debtors have made reasonable efforts to characterize, classify, categorize or designate the claims, assets, executory contracts, unexpired leases and other items reported in the Schedules and SOFAs correctly. Due to the complexity and size of the Debtors' business, however, the Debtors may have improperly characterized, classified, categorized or designated certain items. Further, the designation of a category is not meant to be

wholly inclusive or descriptive of the rights or obligations represented by such item.

any, are reflected in the respective Debtor entities' Schedules and SOFAs, as discussed in Note 7.

The Debtors each reserve all rights with respect to claims against and debts owed to other Debtors.

- 11. Claim Description. Any failure to designate a claim on the Debtors' Schedules and SOFAs as "contingent," "unliquidated" or "disputed" does not constitute an admission by the Debtors that such claim is not "contingent," "unliquidated" or "disputed." The Debtors reserve all of their rights to dispute, or to assert offsets or defenses to, any claim reflected on the Schedules and SOFAs as to amount, liability, priority, secured or unsecured status, classification or any other grounds or to otherwise subsequently designate any claim as "contingent," "unliquidated" or "disputed." The Debtors reserve all of their rights to amend their Schedules and SOFAs as necessary and appropriate, including, but not limited to, with respect to claim description and designation.
- **12.** Undetermined or Unknown Amounts. The description of an amount as "Undetermined" or "Unknown" is not intended to reflect upon the materiality of such amount. Certain amounts may be clarified over the period of the bankruptcy proceedings and certain amounts may depend on contractual obligations to be assumed or rejected as part of a sale in a bankruptcy proceeding under § 363 of the Bankruptcy Code.
- 13. Bankruptcy Court First-Day Orders. The Bankruptcy Court has entered certain orders (the "Orders") authorizing the Debtors to pay various outstanding prepetition claims, including, but not limited to, payments relating to employee compensation, benefits, and reimbursable business expenses and critical vendors. In general, claims paid pursuant to the Orders are not reflected in the Schedules and SOFAs.

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14. Contingent Assets and Causes of Action. Despite their reasonable efforts to identify all known assets, the Debtors may not have listed all of their causes of action or potential causes of action against third parties as assets in their Schedules and SOFAs, including, but not limited to, avoidance actions arising under chapter 5 of the Bankruptcy Code and actions under other relevant non-bankruptcy laws to recover assets. The Debtors reserve all of their rights with respect to any claims, causes of action, or avoidance actions they may have, and neither these General Notes nor the Schedules and SOFAs shall be deemed a waiver of any such claims, causes of actions, or avoidance actions or in any way prejudice or impair the assertion of such claims.

15. Certain Funds Not Property of the Debtors' Estates. The Debtors received certain donations and grants, testamentary or otherwise, which were provided subject to restrictions (contractual or otherwise) on the use of such funds. These funds may not be property of the Debtors' estates, and, as a consequence, the Debtors have not listed any of the donors or grantors that may have an interest in these funds as creditors of their estates in the Schedules and Statements.

In the ordinary course of operating its skilled nursing facility, Seton Coastside (operating under the same license as Debtor Seton Medical Center) offers certain long-term patients the ability to fund patient trust accounts to have convenient access to funds they can use while in residence. The funds in the patient trust accounts are not property of the Debtors' estates. Accordingly, the Debtors have not listed the long-term care patients that may have an interest in the patient trust accounts as creditors in the Schedules and SOFAs.

16. Unknown Addresses. The Debtors have made and continue to make their best efforts to collect all addresses for all parties in interest; not all addresses for parties on these Schedules and SOFAs have been obtained. The Debtors continue to pursue complete notice information and will provide updated information as reasonable practicable.

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III.

SCHEDULES AND SOFAs

17. Assumptions Used to Prepare Specific Schedules or SOFA Questions:

- <u>SOFA Question #1</u>. Gross revenues for hospital foundation Debtors (O'Connor Hospital Foundation, Saint Louise Regional Hospital Foundation, St. Francis Medical Center of Lynwood Foundation, St. Vincent Foundation, and Seton Medical Center Foundation (each, a "<u>Foundation Debtor</u>")) exclude donor-restricted contributions received by such Debtors. Donor-restricted contributions are recorded as temporarily or permanently restricted net assets at each Foundation Debtor and are recorded as gross revenues (contribution revenues) by the respective Debtor hospital affiliate in the period that such amounts are released from restriction and contributed to such hospital affiliate. Please refer to SOFA Question #9 for a listing of contributions made by each Foundation Debtor to its respective hospital affiliate in the two years preceding the Petition Date.
- <u>SOFA Question #2</u>. Interest income includes interest earned on loans, investment securities, escrow balances, and other interest-earning assets.
- <u>SOFA Question #3</u>. Debtor St. Francis Medical Center and Debtor St. Vincent Medical Center have entered into contracts with health plans where the hospital assumes the risk for all hospital services to a defined patient population, whether those hospital services are rendered at St. Francis Medical Center, St. Vincent Medical Center, an "out of network" hospital or other healthcare provider. Third-party management companies administer those payments through a risk pool account. The risk pool account is funded by the applicable Debtor hospital. SOFA #3 sets forth the aggregate amount Debtor St. Francis Medical Center and Debtor St. Vincent Medical Center have paid into such risk pool accounts, which are identified as "Risk Pool Claims." The amounts the individual "out of network" hospitals or healthcare providers were paid are not listed, as those records are maintained by the applicable third party management company.
- <u>SOFA Question #4</u>. Each Debtor has included all known payroll distributions and travel and entertainment expense reimbursement made over the twelve months preceding the filing to any individual the Debtors have determined to be an Insider. To the extent that the Debtors have determined that former officers do not qualify as Insiders as defined above, such benefits and payments are not included in the Schedules and SOFAs. The listing of a party as an "Insider," however, is not intended to be, nor shall be, construed as a legal characterization or determination of such party as an actual insider and does not act as an admission of any fact, claim, right or defense, and all such rights, claims, and defenses are hereby expressly reserved.

Intercompany transfers between Debtors are not reflected in SOFA #4.

- <u>SOFA Question #11</u>. All payments related to bankruptcy were made by Debtor VHS on behalf of itself and its Debtor affiliates and are reflected in VHS's response.
 - <u>SOFA Question #14</u>. Addresses for ancillary facilities, such as storage facilities and clinics are not included in this response.
 - <u>SOFA Question #21</u>. As generally discussed above in General Note #14 and SOFA #1, each Foundation Debtor receives certain donor-restricted contributions. Each Foundation Debtor holds these contributions in trust, and, thus, have indicated the same in SOFA #21. These funds may not be property of the Debtors' estates. Consequently, the Debtors have not listed any of the donors or grantors that may have an interest in these funds in SOFA #21.

Seton Coastside (operating under the same license as Debtor Seton Medical Center) has two patient trust accounts. The patients' names and information are not being disclosed because of the confidentiality concerns explained in Global Note #3.

- <u>SOFA Question #26(d)</u>. As many of the Debtors are nonprofit organizations and tax exempt as described in 26 U.S.C. § 501, the Debtors' financial statements and Forms 990 as filed with the Internal Revenue Service are available online at www.Guidestar.org. Consequently, the Debtors do not have records of the parties who requested or obtained copies of their financial statements. These reports were also provided to various counterparties of the Debtors as required under various contractual arrangements (e.g., lenders under certain of the Debtors' debt arrangements) and are publicly reported at https://emma.msrb.org.
- <u>Schedule A/B, Part 1</u>. Cash accounts are presented at book value, unless otherwise noted.
- <u>Schedule A/B #25</u>. The Debtors' § 503(b)(9) of the Bankruptcy Code reconciliation process is still in progress. Accordingly, no responses are provided to this question for any Debtor.
- <u>Schedule A/B #55</u>. Where available, the Debtors listed the "Current value of debtor's interest" using that available in the most recent appraisal or broker opinion of value.
- <u>Schedule A/B #74</u>. In the ordinary course of business, the Debtors routinely request reversals of, or changes to, various Medicare and Medi-Cal policies that impact payment, such as hospital "disproportionate share" payment calculations. These so-called "appeals" may be made by individual Debtor hospitals alone or, more likely, as part of a national group of hospitals. If successful, the Debtors may realize additional revenue but outcomes related to such appeals are speculative.
- <u>Schedule A/B #77</u>. Included in the response to #77 are "Construction in Progress" assets. Construction in progress assets represent costs associated with ongoing

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capital projects that have not yet been completed and placed into service. These projects are primarily associated with in progress software development and implementation-related costs, building improvements, and other costs incurred prior to medical equipment being placed into service.

- **Schedule D.** Except as otherwise agreed pursuant to a stipulation or agreed order or general order entered by the Bankruptcy Court, the Debtors reserve their rights to dispute or challenge validity, perfection or immunity from avoidance of any lien purported to be granted or perfected in any specific asset to a secured creditor listed Moreover, although the Debtors may have on Schedule D of any Debtor. scheduled claims of various creditors as secured claims, the Debtors reserve all rights to dispute or challenge the secured nature of any such creditor's claim or the characterization of the structure of any such transaction or any document or instrument (including, without limitation, any intercompany agreement) related to such creditor's claim. In certain instances, a Debtor may be a co-obligor, comortgagor or guarantor with respect to scheduled claims of other Debtors, and no claim set forth on Schedule D of any Debtor is intended to acknowledge claims of creditors that are otherwise satisfied or discharged by other entities. descriptions provided in 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 the General Notes or the Schedules and SOFAs shall be deemed a modification or interpretation of the terms of such agreements.
- Schedule E/F. Pursuant to orders of the Bankruptcy Court, the Debtors were permitted to pay certain prepetition wages and salaries and to honor and pay employee benefits and other workforce obligations. The Debtors made the aforementioned payments, and, thus, the respective employee claims are not listed in Schedule E.

The Debtors scheduled only claims and executory contracts for which the Debtors may be contractually and/or directly liable. No claims have been scheduled for which a Debtor may have benefited indirectly from a contractual relationship to which a Debtor was not a named party.

The Debtors have used their best efforts to report all general unsecured claims against each Debtor on Schedule F based upon the Debtors' existing books and records. The following is a non-exhaustive list of items which were among those included in the population disclosed for this schedule: unsecured debt outstanding, accounts payable outstanding, travel and entertainment expenses, bonuses earned but yet not paid to employees, lease obligations, litigation, guarantees and vendors with whom we have executory contracts under which amounts may be due. Schedule F does not include certain deferred liabilities, accruals or general reserves. Such amounts are, however, reflected on the Debtors' books and records as required in accordance with GAAP. Such accruals are general estimates of liabilities and do not represent specific claims as of the Petition Date.

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

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To the extent any amounts in respect of prepetition claims have been paid through the date hereof pursuant to Orders of the Bankruptcy Court, such amount have been excluded. No claim set forth on Schedule E/F of any Debtor is intended to acknowledge claims of claimholders that are or may be otherwise satisfied or discharged.

Patient Refund Claims: In accordance with patient information confidentiality restrictions, see Note #3 above, each Debtor has aggregated all patient refund claims in a single response. Detail is available upon request, provided such request may be complied with in a manner compliant with all applicable patient privacy laws and regulations.

Insurance Refund Claims: As part of the Debtors' normal business operations, insurance companies from time to time overpay amounts due to the Debtors. Only the estimated amount of such overpayments are recorded in the Debtors' accounting records because determination of the exact amount of such overpayments is a time consuming manual process. The Debtors only calculate the exact amount of the insurance company overpayments if and when the payer requests a refund.

SEIU Employees: The Service Employees International Union Collective Bargaining Agreement (the "SEIU CBA") provides for a full time employment commitment for certain member nurses. This commitment resets every six months. As of the Petition Date, the Debtors party to the SEIU CBA have potential liability in respect of the full time employment commitment for July and August 2018. The amount of this liability is not calculated until December 2018 and, as such, claims in respect of July and August 2018 are contingent and unliquidated as of the Petition Date.

Schedule G. The businesses of the Debtors are complex. While the Debtors' existing records and information systems have been relied upon to identify and schedule executory contracts at each of the Debtors and every effort has 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 contracts, agreements or leases set forth in 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, letters, conduct/course of business, memoranda and other documents, instruments and agreements which may not be listed therein. Certain of the real property leases listed on Schedule G may contain renewal options, guarantees of payments, options to purchase, rights of first refusal, rights to lease additional space and other miscellaneous rights. Such rights, powers, duties and obligations are not set forth on Schedule G. Certain of the agreements listed on Schedule G may be in the nature of conditional sales agreements or secured financings. The presence of a contract or agreement on Schedule G does not

constitute an admission that such contract or agreement is an executory contract or unexpired lease. The Debtors reserve all of their rights, claims and causes of action with respect to the contracts and agreements listed on the Schedule, including the rights to dispute or challenge the characterization or the structure of any transaction document or instrument. Certain executory agreements may not have been memorialized and could be subject to dispute. Generally, executory agreements that are oral in nature have not been included in the Schedule.

• Schedule H. In the ordinary course of their business, the Debtors may be involved in pending or threatened litigation and claims. These matters may involve multiple plaintiffs and defendants, some or all of whom may assert cross-claims and counterclaims against other parties. Because all such claims are "contingent," "unliquidated" or "disputed", such claims have not been set forth individually on Schedule H. The Debtors may not have identified certain Guarantees that are embedded in the Debtors' executory contracts, unexpired leases, secured financings, debt instruments and other such agreements. The Debtors reserve their rights to amend the Schedules to the extent that additional Guarantees are identified or such Guarantees are discovered to have expired or unenforceable.

IV.

CONCLUSION

18. <u>Limitation of Liability</u>. The Debtors and their officers, employees, agents, attorneys, and financial advisors do not guarantee or warrant the accuracy, completeness, or currentness 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, 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.

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| | 1 2 | Dated: October 15, 20 | 18 | DENTONS US LLP SAMUEL R. MAIZEL TANIA M. MOYRON | |
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| | 4 | | | By /s/Tania M. Moyron Tania M. Moyron | |
| | 5 | | | Proposed Attorneys for the Chapter and Debtors In Possession | er 11 Debtors |
| | 6 7 | | | and Debtors In Possession | |
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| Fill in this information to identify the case: | | |
|--|-----|------------------------------------|
| Debtor Name: In re: St. Francis Medical Center of Lynwood Foundation United States Bankruptcy Court for the: Central District of California Case number (if known): 18-20178 (EMR) | | Check if this is an amended filing |
| Official Form 206Sum | | |
| Summary of Assets and Liabilities for Non-Individua | als | 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 | \$ | 0.00 |
| 1b. Total personal property: | | |
| Copy line 91A from Schedule A/B | \$ | 4,458,060.83 |
| 1c. Total of all property: | _ | |
| Copy line 92 from Schedule A/B | \$ | 4,458,060.83 |
| 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 | \$ | 0.00 |
| 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 |

4. Total liabilities

 $3b. \ \mbox{Total amount of claims of nonpriority amount of unsecured claims:}$

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

8,469,768.00

8,469,768.00

Case 2:18-bk-20178-ER Doc 12 Filed 10/15/18 Entered 10/15/18 18:39:10 Desc Main Document Page 14 of 36

| Fill in this information to identify the case: |
|--|
| Debtor Name: In re: St. Francis Medical Center of Lynwood Foundation |
| United States Bankruptcy Court for the: Central District of California |
| Case number (if known): 18-20178 (EMR) |

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 th | ne debtor have any cash or cash equ | ivalents? | | | |
| ☐ No. | Go to Part 2. | | | | |
| ☑ Yes | s. Fill in the information below. | | | | |
| All cas | sh or cash equivalents owned or c | ontrolled by the debto | r | Current val | ue of debtor's interest |
| 2. Cash o | on hand | | | | |
| | 2.1 None | | | \$ | |
| | ng, savings, money market, or finan | cial brokerage accounts Type of account | s (Identify all) Last 4 digits of account number | | |
| | 3.1 Bank of America | Checking | 2809 | \$ | 779,971.83 |
| | These funds include temporarily a | and permanently donor re | estricted funds. | | |
| 4. Other of | ash equivalents (Identify all) | | | | |
| 4 | 1.1 <u>None</u> | | | \$ | |
| 5. Total of | Part 1 | | | | |
| Add line | s 2 through 4 (including amounts on | any additional sheets). | Copy the total to line 80. | \$ | 779,971.83 |

Case 2:18-bk-20178-ER Doc 12 Filed 10/15/18 Entered 10/15/18 18:39:10 Desc St. Francis Medical Center of Lynwood Foundation Document Page 15 of 36 number (if known): 18-20178

Debtor: St. Fra

| art 2: | Deposits and prepayments | |
|---------------|---|------------------------------------|
| 6. D o | pes the debtor have any deposits or prepayments? | |
| \checkmark | No. Go to Part 3. | |
| | Yes. Fill in the information below. | |
| | | Current value of debtor's interest |
| 7. De | posits, including security deposits and utility deposits | |
| De | scription, including name of holder of deposit | |
| | | \$ |
| | epayments, including prepayments on executory contracts, leases, insurance, taxes, and rent | |
| | | \$ |
| 9. T c | otal of Part 2. | |
| Ac | ld lines 7 through 8. Copy the total to line 81. | \$0.00 |

Case 2:18-bk-20178-ER Doc 12 Filed 10/15/18 Entered 10/15/18 18:39:10 Desc St. Francis Medical Center of Lynwood Foundatio Main Document Page 16 of 36e number (if known): 18-20178

Nam

Part 3: Accounts receivable

| ui (| ٠. | 71000001110110110111011 | | | | | | | | |
|------|----------|----------------------------|---|------------------|--------------|-------|---------------------------------|------------|-----|----------------------------------|
| 10. | Does | s the debtor have any | accounts receivable | ? | | | | | | |
| | | No. Go to Part 4. | | | | | | | | |
| | V | Yes. Fill in the informati | on below. | | | | | | | |
| | | | | | | | | | | rrent value of debtor's erest |
| 11. | Acc | ounts receivable | | | | | | | | |
| | | | Description | face amount | | doul | btful or uncollectible accounts | | | |
| | | | IC AR due from Saint Louise Regional Hospital | | | | | = → | | |
| | 11a. | 90 days old or less: | Foundation | \$ | 3,800.00 | \$_ | 0.00 | | \$_ | 3,800.00 |
| | 11a. | 90 days old or less: | Pledge Receivables | \$ | 5,134,608.00 | - \$_ | 1,460,319.00 | = → | \$_ | 3,674,289.00 |
| | | | | | | | | | | |
| | 11b. | Over 90 days old: | None | \$ | | \$_ | | = → | \$_ | |
| | | | | | | | | | | |
| 12. | | Il of Part 3. | | | | | | | | |
| | Curr | ent value on lines 11a - | + 11b = line 12. Copy | the total to lin | e 82. | | | | \$_ | 3,678,089.00 |

Case 2:18-bk-20178-ER Doc 12 Filed 10/15/18 Entered 10/15/18 18:39:10 Desc St. Francis Medical Center of Lynwood Foundation Main Document Page 17 of 36 number (if known): 18-20178

Debtor: St.

Name

| ar | t 4: Investments | | | |
|-----|---|-------------------|---|------------------------------------|
| 13. | Does the debtor own any investments? | | | |
| | ☑ No. Go to Part 5. | | | |
| | \square 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: | | | |
| | | | | \$ |
| | | | | |
| 15. | Non-publicly traded stock and interests in incorporated and unincluding any interest in an LLC, partnership, or joint venture | | | |
| | Name of entity: | % of ownership: | | |
| | | _ | | \$ |
| | | | | |
| 16. | Government bonds, corporate bonds, and other negotiable arinstruments not included in Part 1 | nd non-negotiable | | |
| | Describe: | | | |
| | | | _ | \$ |
| | | | r | |
| 17. | Total of Part 4. | | | |
| | Add lines 14 through 16. Copy the total to line 83. | | | \$0.00 |
| | | | | |

Case 2:18-bk-20178-ER Doc 12 Filed 10/15/18 Entered 10/15/18 18:39:10 Desc St. Francis Medical Center of Lynwood Foundation Main Document Page 18 of 36e number (if known): 18-20178

Name

Debtor:

Part 5: Inventory, excluding agriculture assets

| 18. | Does the debtor own any inventory (excluding ✓ No. Go to Part 6. ✓ Yes. Fill in the information below. | ng agriculture assets) | ? | | |
|-----|--|-------------------------------------|---|---|------------------------------------|
| | 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 | | \$ | | \$ |
| 20. | Work in progress | | \$ | | \$ |
| 21. | Finished goods, including goods held for re- | sale | \$ | | . \$ |
| 22. | Other inventory or supplies | | \$ | | \$ |
| 23. | Total of Part 5. Add lines 19 through 22. Copy the total to line 8 | 34. | | | \$ |
| 24. | Is any of the property listed in Part 5 perisha ☐ No ☐ Yes | ble? | | | |
| 25. | Has any of the property listed in Part 5 been □ No | purchased within 20 o | days before the bankruptcy was | s filed? | |
| | ☐ Yes. Description Book value | ue\$ | Valuation method | Current value | \$ |
| 26. | Has any of the property listed in Part 5 been □ No □ Yes | appraised by a profe | ssional within the last year? | | |

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Debtor:

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

| 21. | ✓ 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 debto | or's interest | | | |
| 28. | Crops—either planted or harvested | \$ | - | \$ | | | | |
| 29. | Farm animals Examples: Livestock, poultry, farm-raised fish | \$ | | \$ | | | | |
| 30. | Farm machinery and equipment (Other than titled motor vehicles | s) \$ | - | _ \$ | | | | |
| 31. | Farm and fishing supplies, chemicals, and feed | \$ | | \$ | | | | |
| 32. | Other farming and fishing-related property not already listed in | _ | | \$ | | | | |
| 33. | Total of Part 6. Add lines 28 through 32. Copy the total to line 85. | | | \$ | 0.00 | | | |
| 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. Description Book value \$ | Valuation method | Cu | rrent value \$ | | | | |
| 36. | 66. 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 pro ☐ No ☐ Yes | ofessional within the last year? | • | | | | | |

Case 2:18-bk-20178-ER Doc 12 Filed 10/15/18 Entered 10/15/16 St. Francis Medical Center of Lynwood Foundation Main Document Page 20 of See number (if known): Doc 12 Filed 10/15/18 Entered 10/15/18 18:39:10 Desc

Name

Debtor:

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 | | | | | | | | |
| | 39.1 Office Furniture | \$0.00 | Net Book Value | \$ | | | | | |
| 40. | Office fixtures | | | | | | | | |
| | 40.1 Office Fixtures | \$0.00 | Net Book Value | \$\$ | | | | | |
| 41. | Office equipment, including all computer equipment and communication systems equipment and software | | | | | | | | |
| | 41.1 Office Equipment | \$0.00 | Net Book Value | \$ | | | | | |
| 42. | Collectibles <i>Examples:</i> Antiques and figurines; paintings,prints books, pictures, or other art objects; china and crystal; stamp, card collections; other collections, memorabilia, or collectibles | | | | | | | | |
| | 42.1 Artwork | \$0.00 | Net Book Value | \$ | | | | | |
| 43. | Total of Part 7. Add lines 39 through 42. Copy the total to line 86. | | | \$ | | | | | |
| 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 | a professional within the last | year? | | | | | | |
| | ☑ No | | | | | | | | |
| | ☐ Yes | | | | | | | | |

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Name

Debtor:

| Part 8: | Machinery. | equipment. | and vehicles |
|-----------|-------------|------------|--------------|
| I GI C OI | macinici y, | equipment, | una veniores |

| 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 | Net book value of debtor's interest | Valuation method used | | | | | |
| | Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number) | (Where available) | for current value | Current value of debtor's interest | | | | |
| 47. | Automobiles, vans, trucks, motorcycles, trailers, and titled | I farm vehicles | | | | | | |
| | | \$ | | \$ | | | | |
| 48. | Watercraft, trailers, motors, and related accessories Example floating homes, personal watercraft, and fishing vessels | ples: Boats, trailers, motors, | | \$ | | | | |
| 49. | Aircraft and accessories | | | | | | | |
| | | \$ | | S | | | | |
| 50. | Other machinery, fixtures, and equipment (excluding farm | machinery and equipment) | | | | | | |
| | | \$ | | S | | | | |
| | | | | | | | | |
| 51. | Total of Part 8. | | | | | | | |
| | Add lines 47 through 50. Copy the total to line 87. | | 9 | 0.00 | | | | |
| | | | | | | | | |
| 52. | Is a depreciation schedule available for any of the propert | y listed in Part 8? | | | | | | |
| | □ No □ Yes | | | | | | | |
| 53 | Has any of the property listed in Part 8 been appraised by | a professional within the last | voar? | | | | | |
| JJ. | □ No | a professional within the last | year: | | | | | |
| | ☐ 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 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. Solution interest in property Where available) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | De | ebtor: | Case 2:18-bk-20178-ER Doc 1 St. Francis Medical Center of Lynwood Foundatio | .2 Filed 10/15 Document I | 5/18 Entered 10 Page 22 of 36 ^{e nun} | 0/15/18 18:39: nber (if known): 18-20 | | |
|---|------|--------------|---|------------------------------|--|--|-------|----|
| 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 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. Solution Nature and extent of debtor's interest (Where available) Valuation method used for current value of debtor's interest (Where available) \$ \$ \$ \$ \$ 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> </u> | | | |
| ✓ 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 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. Nature and extent of debtor's interest in property | Part | 9: | Real property | | | | | |
| 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 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. Solution and extent of debtor's interest in property Waluation method used for current value of debtor's interest (Where available) \$ 55.1 \$ \$ \$ 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. \$ \$ 0.00 | 54. | Doe | es the debtor own or lease any real property? | | | | | |
| Description and location of property 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. Nature and extent of debtor's interest in property Net book value of debtor's interest (Where available) Valuation method used for current value of debtor's interest (Where available) | | \checkmark | No. Go to Part 10. | | | | | |
| Description and location of property 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. Solution and extent of debtor's interest in property Where available) Solution method used for current value of debtor's interest (Where available) \$ 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. \$ 0.00 | | | Yes. Fill in the information below. | | | | | |
| 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. Solution method debtor's interest in property Nature and extent of debtor's interest in property | 55. | Any | building, other improved real estate, or land which | the debtor owns or in | which the debtor has an i | interest | | |
| 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. Solution and extent of debtor's interest in property Where available) Solution method used for current value of debtor's interest (Where available) \$ 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. \$ 0.00 | | Des | cription and location of property | | | | | |
| 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. \$ 0.00 | | Ass | essor Parcel Number (APN), and type of property (for mple, acreage, factory, warehouse, apartment or office | debtor's interest in | debtor's interest | used for current | | |
| Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88. | | | 55.1 | | \$ | | \$ | |
| 57. Is a depreciation schedule available for any of the property listed in Part 9?` | | | | rom any additional shee | ets. Copy the total to line 88 | 3. | \$0.0 | 00 |
| □ No | 57. | | . , , , , | rty listed in Part 9?` | | | | |

| 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 |

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Debtor: St. Fra

Part 10: Intangibles and intellectual property

| 59. | ✓ No. Go to Part 11. ✓ Yes. Fill in the information below. | property : | | |
|-----|---|---|---|------------------------------------|
| | 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 | \$ | | \$ |
| 61. | Internet domain names and websites | \$ | | \$ |
| 62. | Licenses, franchises, and royalties | \$ | | \$ |
| 63. | Customer lists, mailing lists, or other compilations | \$ | | \$ |
| 64. | Other intangibles, or intellectual property | \$ | | \$ |
| 65. | Goodwill | \$ | | \$ |
| 66. | Total of Part 10. Add lines 60 through 65. Copy the total to line 89. | | | \$ |
| 67. | Do your lists or records include personally identifiable information of the second state of the second st | ion of customers (as defined in | 11 U.S.C. §§ 101(41A) an | d 107)? |
| 68. | Is there an amortization or other similar schedule available for a □ No □ Yes | ny of the property listed in Part | : 10? | |
| 69. | Has any of the property listed in Part 10 been appraised by a pro □ No □ Yes | ofessional within the last year? | | |

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Debtor: St. Fra

| 70. | Include all in | ebtor own any other assets that have n terests in executory contracts and unexpi to Part 12. | ot yet been reported or red leases not previously | this form? reported on this form. | | |
|-----|---|--|--|--------------------------------------|-------|------------------------------------|
| | | in the information below. | | | | |
| | | | | | | Current value of debtor's interest |
| 71. | Notes rece | ivable | | | | |
| | Description (| include name of obligor) | otal face amount | doubtful or uncollectible acco | ounts | |
| | | | | - \$ | = → | * \$ |
| 72. | Tax refunds | s and unused net operating losses (NC | DLs) | | | |
| | Description | (for example, federal, state, local) | _ | | | |
| | | | | Tax year | | \$ |
| 73 | Interests in | n insurance policies or annuities | | | | |
| 70. | interests ii | | | | | \$ |
| | | | | | | |
| 74. | Causes of has been f | action against third parties (whether or | r not a lawsuit | | | |
| | 1140 20011 | , | | | | \$ |
| | | Nature of claim | | | | |
| | | Amount requested | 3 | | | |
| | | • | | | | |
| 75. | Other cont every natu set off clair | ingent and unliquidated claims or caus re, including counterclaims of the debt ms | ses of action of or and rights to | | | |
| | | Nature of claim | | | | \$ |
| | | Amount requested | \$ | | | |
| | | | | | | |
| 76. | Trusts, equ | itable or future interests in property | | | | |
| | | | | | | \$ |
| 77. | Other prope | erty of any kind not already listed Exar | mples: Season tickets, | | | |
| | country club | membership | • | | | • |
| | - | | | | | \$ |
| 78. | Total of Pa | rt 11. | | | | |
| | Add lines 7 | 1 through 77. Copy the total to line 90. | | | | \$ |
| 70 | Usa see st | the managery listed in Deer 44 has | rainad bu a construct | Luciabin abo loca | | |
| 19. | Has any of t ✓ No | the property listed in Part 11 been app | raised by a professiona | i within the last year? | | |
| | □ Yes | | | | | |

Debtor:

Part 12: Summary

Name

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

| | Type of property | nt value of nal property | | Current value of real property | |
|-----|--|---------------------------------|---------------|--------------------------------|----|
| 80. | Cash, cash equivalents, and financial assets. Copy line 5, Part 1. | \$ 779,971.83 | | | |
| 81. | Deposits and prepayments. Copy line 9, Part 2. | \$ 0.00 | | | |
| 82. | Accounts receivable. Copy line 12, Part 3. | \$ 3,678,089.00 | | | |
| 83. | Investments. Copy line 17, Part 4. | \$ 0.00 | | | |
| 84. | Inventory. Copy line 23, Part 5. | \$ 0.00 | | | |
| 85. | Farming and fishing-related assets. Copy line 33, Part 6. | \$ 0.00 | | | |
| 86. | Office furniture, fixtures, and equipment; and collectibles. | \$ 0.00 | | | |
| | Copy line 43, Part 7. | | | | |
| 87. | Machinery, equipment, and vehicles. Copy line 51, Part 8. | \$ 0.00 | | | |
| 88. | Real property. Copy line 56, Part 9 | | | \$0.00 | |
| 89. | Intangibles and intellectual property. Copy line 66, Part 10. | \$ 0.00 | | | |
| 90. | All other assets. Copy line 78, Part 11. | \$ 0.00 | | | |
| 91. | Total. Add lines 80 through 90 for each column91a. | \$ 4,458,060.83 | + 91b. | \$ 0.00 | _ |
| 92. | Total of all property on Schedule A/B. Lines 91a + 91b = 92 | | | | \$ |

| this information to identify the case: | | 1 | | |
|---|---|----------------------------------|-----------------------------------|---------------------------------|
| | | | | |
| Name: In re: St. Francis Medical Center of Lynwood Fo | | | | |
| States Bankruptcy Court for the: Central District of Califo | ornia | | | Check if this is an |
| umber (if known): 18-20178 (EMR) | | | | amended filing |
| cial Form 206D | | | | |
| edule D: Creditors Who H | ave Claims | Secured by Pro | perty | 12/15 |
| complete and accurate as possible. | | | | |
| any creditors have claims secured by debtor's pr | operty? | | | |
| No. Check this box and submit page 1 of this form to | the court with debtor's | s other schedules. Debtor has n | othing else to report on | this form. |
| Yes. Fill in all of the information below. | | | | |
| List Creditors Who Have Secured Claims | | | | |
| | | | Column A | |
| n alphabetical order all creditors who have secur ed claim, list the creditor separately for each claim. | ed claims. If a credito | r has more than one | Amount of claim Do not deduct the | Column B Value of collateral th |
| | | | value of collateral. | supports this claim |
| 2.1 Creditor's name | Describe debtor's p | roperty that is subject to a lie | n | |
| | | | \$ | \$ |
| Creditor's Name | | | | |
| Creditor's mailing address | Describe the lien | | | |
| Notice Name | | | - - | |
| Street | - | | | |
| | Is the creditor an ir | sider or related party? | | |
| | _ □ Yes | | | |
| City State ZIP Code | | | | |
| Country | Is anyone else liabl | e on this claim? | | |
| Creditor's email address, if known | □ No | | | |
| Date debt was incurred | ☐ Yes. Fill out S <i>cl</i> | hedule H: Codebtors(Official For | m 206H). | |
| Date debt was incurred | | | | |
| Last 4 digits of account number | As of the petition fill Check all that apply. | ing date, the claim is: | | |
| Do multiple creditors have an interest in the | ☐ Contingent | | | |
| same property? | ☐ Unliquidated☐ Disputed | | | |
| □ No | □ Disputed | | | |
| ☐ 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 | | | | |
| эрестви он тве | | | | |
| | | | | |
| | | | | |
| Total of the dollar amounts from Part 1, Colum Page, if any. | nn A, including the ar | mounts from the Additional | \$ | |

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

| Name and address | | | On which line in Part 1 did you enter the related creditor? | Last 4 digits of account number for this entity |
|------------------|-------|----------|---|---|
| Name | | | Line | |
| - Traine | | | | |
| Notice Name | | | | |
| Street | | | | |
| | | | | |
| | | | | |
| City | State | ZIP Code | | |
| Country | | | | |

| Fill in this information to identify the case: | | | |
|---|---|--|---|
| ` | tion | | |
| Debtor Name: In re : St. Francis Medical Center of Lynwood Founda United States Bankruptcy Court for the: Central District of California | | | |
| Case number (if known): 18-20178 (EMR) | | | Check if this is an amended filing |
| pase number (ir known). 10-20170 (LWIN) | | | amended liling |
| Official Form 206E/F | | | |
| Schedule E/F: Creditors Who Ha | ave Unsecured Claims | | 12/15 |
| Be as complete and accurate as possible. Use Part 1 for unsecured claims. List the other party to any executory on Schedule A/B: Assets - Real and Personal Property Official Form 206G). Number the entries in Parts 1 and the Additional Page of that Part included in this form. Art 1: List All Creditors with PRIORITY Unsecured C | or contracts or unexpired leases that could (Official Form 206A/B) and on Schedule (2 in the boxes on the left. If more space | d result in a claim. Also lis G: Executory Contracts an | t executory contracts d Unexpired Leases |
| Do any creditors have priority unsecured claims? (See 11) | <u> </u> | | |
| □ No. Go to Part 2. | - , | | |
| ✓ Yes. Go to Line 2. | | | |
| List in alphabetical order all creditors who have unsecure 3 creditors with priority unsecured claims, fill out and attach th | e Additional Page of Part 1. | Total claim P | re than |
| 2.1 Priority creditor's name and mailing address None | As of the petition filing date, the claim is: Check all that apply. | \$\$ | |
| Creditor Name | Contingent | | |
| | _ | | |
| Creditor's Notice name | Unliquidated | | |
| | ☐ Disputed | | |
| Address | Basis for the claim: | | |
| | | - | |
| City State ZIP Code | - | | |
| City State ZIP Code | | | |
| Country | _ | | |
| Date or dates debt was incurred | | | |
| Last 4 digits of account number | _ | Is the claim subject to o | offset? |

Specify Code subsection of PRIORITY unsecured

claim: 11 U.S.C. § 507(a) ()

□ Yes

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 | ı |
|-------------------|---|--------------------|---|-----------------|--------------|
| - | creditor's name a e E/F, Part 2 Attachme | nd mailing address | As of the petition filing date, the claim is: Check all that apply. | \$ | 8,469,768.00 |
| Creditor Name | | | ☐ Contingent ☐ Unliquidated | | |
| Creditor's Notice | e name | | ☐ DisputedBasis for the claim: | | |
| Address | | | | _ | |
| City | State | ZIP Code | | | |
| Country | | | | | |
| Date or date | es debt was incurr | ed | Is the claim subject to offset? ☐ No | | |
| Last 4 digit | s of account | | ☐ Yes | | |
| number | | | | | |

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.
If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

| Name and mailing add | ress | | On which line in Part 1 or Part 2 is the related creditor (if any) listed? | Last 4 digits of account number, if any |
|----------------------|-------|----------|--|---|
| | | | Line | |
| Name | | | □ Not Listed.Explain | |
| Notice Name | | | | |
| Street | | | | |
| | | | | |
| | | | | |
| City | State | ZIP Code | | |
| Country | | | | |

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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

5b. Total claims from Part 2

5b. + \$ 8,469,768.00

5c. Total of Parts 1 and 2

5c. \$ 8,469,768.00

Lines 5a + 5b = 5c.

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| Fill in this information to identify the case: |
|--|
| Debtor Name: In re : St. Francis Medical Center of Lynwood Foundation |
| United States Bankruptcy Court for the: Central District of California |
| Case number (if known): 18-20178 (EMR) |

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 Schedule G Attachment Name | | | | |
| | | Notice Name | | | | |
| | State the term remaining | Address | | | | |
| | List the contract number of any government contract | | | | | |
| | | City State ZIP Code | | | | |
| | | Country | | | | |

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| Fill in this information to identify the case: |
|--|
| Debtor Name: In re : St. Francis Medical Center of Lynwood Foundation |
| United States Bankruptcy Court for the: Central District of California |
| Case number (if known): 18-20178 (EMR) |

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
- 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 | | | | | | □D |
| | | Street | | | | _ |
| | | | | | = | □ E/F |
| | | | | | | □G |
| | | | | | - | |
| | | City | State | ZIP Code | - | |
| | | Country | | | | |

Official Form 206H Schedule H: Codebtors Page 1 of 1

Fill in this information to identify the case:

Debtor Name: In re: St. Francis Medical Center of Lynwood Foundation
United States Bankruptcy Court for the: Central District of California

Case number (if known): 18-20178 (EMR)

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 | on and signature | | | | | |
|-------------------|--|---|--|--|--|--|
| | dent, another officer, or an authorized ager ring as a representative of the debtor in this | nt of the corporation; a member or an authorized agent of the partnership; or another s case. | | | | |
| have examin | ed the information in the documents check | ed below and I have a reasonable belief that the information is true and correct: | | | | |
| ✓ Schedule | a A/B: Assets–Real and Personal Property | (Official Form 206A/B) | | | | |
| Schedule | D: Creditors Who Have Claims Secured b | by Property (Official Form 206D) | | | | |
| Schedule | E/F: Creditors Who Have Unsecured Clai | ms (Official Form 206E/F) | | | | |
| Schedule | G: Executory Contracts and Unexpired Le | eases (Official Form 206G) | | | | |
| Schedule | e H: Codebtors (Official Form 206H) | | | | | |
| ☑ Summar | of Assets and Liabilities for Non-Individua | ols (Official Form 206Sum) | | | | |
| Amended | Amended Schedule | | | | | |
| Chapter | 11 or Chapter 9 Cases: List of Creditors W | ho Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204) | | | | |
| Other do | cument that requires a declaration | | | | | |
| declare unde | or penalty of perjury that the foregoing is true 10/15/2018 MM / DD / YYYY | se and correct. Signature of individual signing on behalf of debtor | | | | |
| | | Richard G. Adcock Printed name Chief Executive Officer | | | | |
| | | | | | | |

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Case No. 18-20178

Schedule E/F, Part 2 Creditors Who Have NONPRIORITY Unsecured Claims

| | | | | | | | | ıt. | ted | |
|------|-----------------------------|----------------------|-------------|-------|-------|---------------|----------------------|-------------------------|------------|---------------------------|
| Line | Nonpriority Creditor's Name | Address 1 | City | State | Zip | Date incurred | Basis for claim | Subject to offset (Y/N) | Unliquidat | S S Amount of claim |
| | O'CONNOR HOSPITAL | | | | | | | | | |
| 3.1 | FOUNDATION | 2105 FOREST AVENUE | SAN JOSE | CA | 95128 | | Intercompany Payable | Υ | | \$1,200.00 |
| | SETON MEDICAL CENTER | | | | | | | | | |
| 3.2 | FOUNDATION | 1900 SULLIVAN AVENUE | DALY CITY | CA | 94015 | | Intercompany Payable | Υ | | \$1,200.00 |
| | | 3630 EAST IMPERIAL | | | | | | | | |
| 3.3 | ST. FRANCIS MEDICAL CENTER | HIGHWAY | LYNWOOD | CA | 90262 | | Intercompany Payable | Υ | | \$7,716,217.00 |
| | | 2131 WEST THIRD | | | | | | | | |
| 3.4 | ST. VINCENT FOUNDATION | STREET | LOS ANGELES | CA | 90057 | | Intercompany Payable | Υ | | \$673.00 |
| | VERITY HEALTH SYSTEM OF | 2040 EAST MARIPOSA | | | | | | | | |
| 3.5 | CALIFORNIA, INC. | AVENUE | EL SEGUNDO | CA | 90245 | | Intercompany Payable | Υ | | \$750,478.00 |
| | | | | | | | | | TOTA | AL: \$8,469,768.00 |

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Case No. 18-20178

Schedule G **Executory Contracts and Unexpired Leases**

| | Name of other parties with whom the debtor has an executory | | | | | State what the contract or lease is for and the nature | State the term | List the contract number of any government |
|------|---|----------------------------|--------------|-------|-------|--|----------------|--|
| Line | contract or unexpired lease | Address 1 | City | State | Zip | of the debtor's interest | remaining | contract |
| | CATHOLIC CHARITIES OF | 1440 K OTDEET OND ELOOD | 04.00.445450 | 0.4 | | ODANIT A ODEENIENIT | | |
| 2.1 | CALIFORNIA, INC. | 1119 K STREET, 2ND FLOOR | SACRAMENTO | CA | 95814 | GRANT AGREEMENT | 9/30/2018 | |
| 2.2 | CITY OF LYNWOOD CDBG FY19 | 11330 BULLIS ROAD | LYNWOOD | CA | 90262 | GRANT AGREEMENT | 6/30/2019 | |
| 2.3 | CITY OF PARAMOUNT | 16400 COLORADO AVE. | PARAMOUNT | CA | 90723 | GRANT AGREEMENT | 11/30/2018 | |
| 2.4 | COVERED CALIFORNIA | 1601 EXPOSITION BLVD, | SACRAMENTO | CA | 95815 | GRANT AGREEMENT | 6/30/2019 | 15-N-61 |
| | DOHENY FOUNDATION, CARRIE | 707 WILSHIRE BOULEVARD, | | | | | | |
| 2.5 | ESTELLE | SUITE 4960 | LOS ANGELES | CA | 90017 | GRANT AGREEMENT | 12/15/2018 | |
| | DOHENY FOUNDATION, CARRIE | 707 WILSHIRE BOULEVARD, | | | | | | |
| 2.6 | ESTELLE | SUITE 4960 | LOS ANGELES | CA | 90017 | GRANT AGREEMENT | 6/30/2019 | |
| | | 1055 WEST 7TH STREET, 10TH | | | | | | |
| 2.7 | L.A. CARE HEALTH PLAN | FLOOR | LOS ANGELES | CA | 90017 | GRANT AGREEMENT | 3/25/2019 | |
| | LA COUNTY DEPT. OF PUBLIC | 600 S. COMMONWEALTH AVE, | | | | | | |
| 2.8 | HEALTH | STE 805 | LOS ANGELES | CA | 90005 | GRANT AGREEMENT | 6/30/2019 | PH-002509 |
| | | BOARD OF SUPERVISORS, | | | | | | |
| | | SECOND DISTRICT | | | | | | |
| | | 500 WEST TEMPLE ST, STE | | | | | | |
| 2.9 | MARK RIDLEY-THOMAS | 866 | LOS ANGELES | CA | 90012 | GRANT AGREEMENT | 3/1/2019 | AO-18-048 |
| | MAX & VICTORIA DREYFUS | 2333 WISCONSIN AVENUE, | | | | | | |
| 2.10 | FOUNDATION | NW, STE. 414 | WASHINGTON | DC | 20007 | GRANT AGREEMENT | 5/8/2019 | |