

Fill in this information to identify the case:

United States Bankruptcy Court for the:
Eastern District of Washington

Case number (if known): _____ Chapter 11

Check if this is an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

04/19

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. **Debtor's name** Sunnyside Community Hospital Home Medical Supply, LLC

2. **All other names debtor used in the last 8 years**
 Include any assumed names, trade names, and *doing business* as names

3. **Debtor's federal Employer Identification Number (EIN)** 47-1344645

4. Debtor's address	Principal place of business	Mailing address, if different from principal place of business
	<u>812 Miller Ave.</u> Number Street	<u>900 W. Chestnut Ave.</u> Number Street
	<u>Suite A</u>	_____ P.O. Box
	<u>Sunnyside, WA 98944</u> City State ZIP Code	<u>Yakima, WA 98902</u> City State ZIP Code
	Location of principal assets, if different from principal place of business	
	<u>Yakima</u> County	_____ Number Street
		_____ City State ZIP Code

5. **Debtor's website (URL)** https://www.astria.health/

6. **Type of debtor**
 Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
 Partnership (excluding LLP)
 Other. Specify: _____



7. Describe debtor's business

A. Check one:

- X Health Care Business (as defined in 11 U.S.C. § 101(27A))
Q Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
Q Railroad (as defined in 11 U.S.C. § 101(44))
Q Stockbroker (as defined in 11 U.S.C. § 101(53A))
Q Commodity Broker (as defined in 11 U.S.C. § 101(6))
Q Clearing Bank (as defined in 11 U.S.C. § 781(3))
Q None of the above

B. Check all that apply:

- X Tax-exempt entity (as described in 26 U.S.C. § 501)
Q Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
Q Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See http://www.uscourts.gov/four-digit-national-association-naics-codes .

6219

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- Q Chapter 7
Q Chapter 9
X Chapter 11. Check all that apply:

- Q Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,725,625 (amount subject to adjustment on 4/01/22 and every 3 years after that).
Q The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
Q A plan is being filed with this petition.
Q Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
Q The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11 (Official Form 201A) with this form.
Q The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

Q Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- X No
Q Yes. District _____ When _____ Case number _____
MM / DD / YYYY
District _____ When _____ Case number _____
MM / DD / YYYY

If more than 2 cases, attach a separate list.

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- Q No
X Yes. Debtor See attached list. Relationship _____
District _____ When _____
MM / DD / YYYY
Case number, if known _____

List all cases. If more than 1, attach a separate list.

11. Why is the case filed in this district?

Check all that apply:

- Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

- No
- Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard? _____

It needs to be physically secured or protected from the weather.

It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

Other **Assets include medical supplies with expiration dates.**

Where is the property? **812 Miller Ave., Suite A, Sunnyside, WA 98944**

Is the property insured?

No

Yes. Insurance agency **HUB**

Contact name **Jeff Barrom**

Phone **(509) 837-3711**

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- Funds will be available for distribution to unsecured creditors.
- After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

14. Estimated number of creditors

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

15. Estimated assets

- | | | |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input checked="" type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

16. Estimated liabilities	X \$0-\$50,000	\$1,000,001-\$10 million	\$500,000,001-\$1 billion
	\$50,001-\$100,000	\$10,000,001-\$50 million	\$1,000,000,001-\$10 billion
	\$100,001-\$500,000	\$50,000,001-\$100 million	\$10,000,000,001-\$50 billion
	\$500,001-\$1 million	\$100,000,001-\$500 million	More than \$50 billion

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement 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.

17. Declaration and signature of authorized representative of debtor


The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

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

Executed on 05/06/2019
MM / DD / YYYY


Signature of authorized representative of debtor

John M. Gallagher
Printed name

Title President & Chief Executive Officer

18. Signature of attorney

/s/James L. Day
Signature of attorney for debtor

Date _____
MM / DD / YYYY

James L. Day
Printed name

Bush Kornfeld LLP
Firm name

601 Union Street, Suite 5000
Number Street

Seattle, WA 98101
City State ZIP Code

(206) 521-3858
Contact phone

jday@bskd.com
Email address

20474
Bar number

Washington State
State

Debtor Sunnyside Community Hospital Home Case number _____
Medical Supply, LLC

I. Supplement to Question #4 - Location of principal assets if different from principal place of business.

II. Supplement to Question #10 - Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

Debtor: Astria Health Relationship: Affiliate
District: Eastern District of Washington When: Same filing date.
Case number, if known: Unknown

Debtor: Glacier Canyon, LLC Relationship: Affiliate
District: Eastern District of Washington When: Same filing date.
Case number, if known: Unknown

Debtor: Kitchen and Bath Furnishings, LLC Relationship: Subsidiary
District: Eastern District of Washington When: Same filing date.
Case number, if known: Unknown

Debtor: Oxbow Summit, LLC Relationship: Affiliate
District: Eastern District of Washington When: Same filing date.
Case number, if known: Unknown

Debtor: SHC Holdco, LLC Relationship: Affiliate
District: Eastern District of Washington When: Same filing date.
Case number, if known: Unknown

Debtor: SHC Medical Center – Toppenish Relationship: Affiliate
District: Eastern District of Washington When: Same filing date.
Case number, if known: Unknown

Debtor: SHC Medical Center – Yakima Relationship: Affiliate
District: Eastern District of Washington When: Same filing date.
Case number, if known: Unknown

Debtor: Sunnyside Community Hospital Association Relationship: Affiliate
District: Eastern District of Washington When: Same filing date.
Case number, if known: Unknown

Debtor: Sunnyside Home Health Relationship: Subsidiary
District: Eastern District of Washington When: Same filing date.
Case number, if known: Unknown

Debtor: Sunnyside Professional Services, LLC Relationship: Affiliate
District: Eastern District of Washington When: Same filing date.
Case number, if known: Unknown

Debtor Sunnyside Community Hospital Home Case number (if known) _____
Medical Supply, LLC

Debtor: Yakima Home Care Holdings, LLC Relationship: Affiliate
District: Eastern District of Washington When: Same filing date.
Case number, if known: Unknown

Debtor: Yakima HMA Home Health, LLC Relationship: Affiliate
District: Eastern District of Washington When: Same filing date.
Case number, if known: Unknown