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

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

<p>In re:</p> <p><b>ASTRIA HEALTH, et al.,</b></p> <p>Debtors and Debtors in Possession.<sup>1</sup></p>	<p>Chapter 11 Lead Case No. 19-01189-11 Jointly Administered</p> <p><b>GENERAL GLOBAL NOTES AND STATEMENT OF LIMITATIONS, METHODOLOGY AND DISCLAIMERS REGARDING THE DEBTORS' SCHEDULES OF ASSETS AND LIABILITIES AND STATEMENTS OF FINANCIAL AFFAIRS</b></p>
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<sup>1</sup> 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**

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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").<sup>2</sup> 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

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<sup>2</sup> 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.

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II.

**GENERAL NOTES**

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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 and similar benefits they have extended from time to time, including, but not limited  
2 to, contingent and unliquidated claims for contribution, reimbursement, and/or  
3 indemnification arising from various contractual agreements. Additionally, prior to  
4 the relevant Petition Date, each Debtor, as plaintiff, may have commenced various  
5 lawsuits in the ordinary course of its business against third parties seeking monetary  
6 damages for business-related losses and/or other forms of relief. Refer to each  
7 SOFA Question #7, for lawsuits commenced prior to the relevant Petition Date in  
8 which the Debtor was a plaintiff.

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

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

20       **16. General Conventions Relating to the Schedules.** The Debtors adopted  
21 the following conventions in connection with the preparation of the Schedules:

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- 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”).

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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

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

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

5 **17. General Conventions Relating to the SOFAs.** The Debtors adopted  
6 the following conventions in connection with the preparation of the SOFAs:

- 7 a. SOFA Question 2. Interest income includes interest earned on  
8 loans, investment securities, escrow balances, and other interest-  
9 earning assets.
- 10 b. SOFA Question 4. Certain insiders of the Debtors are employed  
11 and paid by nondebtor AHM, Inc. (“AHM”) but provide  
12 management services to the Debtors. Transfers from AHM to  
13 these insiders are not listed in SOFA Question 4.
- 14 c. SOFA Question 5. The Debtors are unaware of any  
15 repossessions, foreclosures or returns other than returns of  
16 damaged or defective goods to vendors in the ordinary course of  
17 business.
- 18 d. SOFA Question 11. All payments related to bankruptcy were  
19 made by Astria on behalf of itself and its Debtor affiliates and  
20 are reflected in Astria’s response.
- 21 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.

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.

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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 KORNFIELD LLP

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

Fill in this information to identify the case:

Debtor name SHC Medical Center - Toppenish  
United States Bankruptcy Court for the: Eastern District of WA  
(State)  
Case number (if known): 19-01190-11

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.....	\$ 6,037,825.96
1b. Total personal property: Copy line 91A from Schedule A/B.....	\$ 8,269,847.88
1c. Total of all property: Copy line 92 from Schedule A/B.....	\$ 14,307,673.84

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..... \$ 57,595,998.99

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.....	\$ 815,676.34
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.....	+ \$ 3,755,615.65

4. Total liabilities..... \$ 4,571,291.99  
Lines 2 + 3a + 3b



Fill in this information to identify the case:

Debtor name SHC Medical Center-Toppenish  
United States Bankruptcy Court for the: Eastern District of WA  
(State)  
Case number (if known): 19-01190-11

Check if this is an amended filing

Official Form 206A/B

**Schedule A/B: Assets — Real and Personal Property**

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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

\$ \_\_\_\_\_

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>See Attached Chart</u>			\$ <u>47,855.89</u>
3.2. _____			\$ _____

4. Other cash equivalents (Identify all)

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

5. Total of Part 1

\$ 47,855.89

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. _____	\$ _____

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

Description, including name of holder of prepayment

8.1. See Attached Chart \$ 139,712.58  
8.2. \_\_\_\_\_ \$ \_\_\_\_\_

**9. Total of Part 2.**

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

\$ 139,712.58

**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: \$13,935,406 face amount - \$10,239,152 doubtful or uncollectible accounts = ..... → \$ 3,696,254.00  
11b. Over 90 days old: \$14,748,947 face amount - \$12,326,850 doubtful or uncollectible accounts = ..... → \$ 2,422,097.00

**12. Total of Part 3**

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

\$ 6,118,351.00

**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				
Supplies	_____ MM / DD / YYYY	\$ 810,890.00	Book	\$ 810,890.00
23. Total of Part 5				\$ 810,890.00

Add lines 19 through 22. Copy the total to line 84.

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 \$73,800.27 Valuation method book Current value unknown
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.

\$ 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. 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. <b>Office furniture</b> <u>Misc.</u>	\$ <u>5,227.26</u>	<u>Book</u>	\$ <u>5,227.26</u>
40. <b>Office fixtures</b> <u>Misc.</u>	\$ <u>864.16</u>	<u>Book</u>	\$ <u>864.16</u>
41. <b>Office equipment, including all computer equipment and communication systems equipment and software</b> <u>Misc.</u>	\$ <u>40,929.99</u>	<u>Book</u>	\$ <u>40,929.99</u>
42. <b>Collectibles</b> <i>Examples: 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</i>			
42.1 _____	\$ _____	_____	\$ _____
42.2 _____	\$ _____	_____	\$ _____
42.3 _____	\$ _____	_____	\$ _____

43. **Total of Part 7.**  
Add lines 39 through 42. Copy the total to line 86.

\$ 47,021.41

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

**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
<b>47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles</b>			
47.1 <u>2001 Chevrolet Truck</u>	\$ <u>0.00</u>	<u>Book</u>	\$ <u>0.00</u>
47.2 _____	\$ _____	_____	\$ _____
47.3 _____	\$ _____	_____	\$ _____
47.4 _____	\$ _____	_____	\$ _____
<b>48. Watercraft, trailers, motors, and related accessories</b> Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
48.1 _____	\$ _____	_____	\$ _____
48.2 _____	\$ _____	_____	\$ _____
<b>49. Aircraft and accessories</b>			
49.1 _____	\$ _____	_____	\$ _____
49.2 _____	\$ _____	_____	\$ _____
<b>50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)</b>			
<u>Misc.</u>	\$ <u>1,106,017.00</u>	<u>Book</u>	\$ <u>1,106,017.00</u>

**51. Total of Part 8.**

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

\$ <u>1,106,017.00</u>
------------------------

**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 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	Current value of debtor's interest
55.1 518 W. 4th Ave, Toppenish, WA	100%	\$ 6,988.61	Book	\$ 6,988.61
55.2 503 W. 4th Ave, Toppenish, WA	100%	\$ 31,556.03	Book	\$ 31,556.03
55.3 511 W. 4th Ave, Toppenish, WA	100%	\$ 36,017.98	Book	\$ 36,017.98
55.4 516 W. 4th Ave, Toppenish, WA	100%	\$ 73,723.96	Book	\$ 73,723.96
55.5 513 W. 4th Ave, Toppenish, WA	100%	\$ 20,428.03	Book	\$ 20,429.03
55.6 502 W. 4th Ave, Toppenish, WA	100%	\$ 5,869,110.31	Book	\$ 5,869,110.35

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.

\$ 6,037,825.96
-----------------

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	\$ _____	_____	\$ _____
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.

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

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

Debtor

SHC Medical Center-Toppenish

Name

Case number (if known) 19-01190-11

**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. Copy line 5, Part 1.	\$ 47,855.89	
81. Deposits and prepayments. Copy line 9, Part 2.	\$ 139,712.58	
82. Accounts receivable. Copy line 12, Part 3.	\$ 6,118,351.00	
83. Investments. Copy line 17, Part 4.	\$ 0.00	
84. Inventory. Copy line 23, Part 5.	\$ 810,890.00	
85. Farming and fishing-related assets. Copy line 33, Part 6.	\$ 0.00	
86. Office furniture, fixtures, and equipment; and collectibles. Copy line 43, Part 7.	\$ 47,021.41	
87. Machinery, equipment, and vehicles. Copy line 51, Part 8.	\$ 1,106,017.00	
88. Real property. Copy line 56, Part 9. . . . . →		\$ 6,037,825.96
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 column. . . . . 91a.	\$ 8,269,847.88	+ 91b. \$ 6,037,825.96
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92. . . . .		\$ 14,307,673.84



**SHC Medical Center-Toppenish**

**Schedule A/B: Assets - Real and Personal Property**

**Part 1, Question 3: Checking, savings, money market, or financial brokerage accounts**

<b>Bank</b>	<b>Last 4 of Acc</b>	<b>Type</b>	<b>Bank Balance 5/06/2019</b>
Bank of America	-2211	Lockbox	\$ 1,029.33
Heritage Bank	-3374	Depository	\$ 1,412.40
Wells Fargo	-5994	Depository	\$ 43,930.89
Wells Fargo	-6000	Depository	\$ 1,483.27
		<b>TOTAL:</b>	<b>\$ 47,855.89</b>

**SCH Medical Center-Toppenish**

**Schedule A/B: Assets - Real and Personal Property**

**Part 2, Question 8: Prepayments, including prepayments on executory contracts, leases, insurance, taxes and rent**

<u>Payee</u>	<u>Purpose</u>	<u>Amount</u>
Yakima County	Prepaid property tax	12,109.84
Robinson	Moving expense	238.64
Loehr, Jordann	Sign on bonus	14,062.50
Loehr, Jordann	Commencement bonus	14,673.90
Hitchen	Bonus	4,392.91
Church	Bonus	2,093.82
Tambanillo	Bonus	1,245.13
Bernd Moving	Robinson Moving	3,950.35
Diaz, Claudia	Education Reimbursement	375.00
Galvez, Roxana	Bonus	1,145.79
Seeley, Letah	Bonus	1,291.68
FDA MQSA Pgm	Annual Insp	716.64
Siemens	Service Agrmt	869.93
Joint Commission	Annual Accreditation	17,318.99
Ironside Human Resources	Placement fee D. Willy	7,333.33
Ultimate Software	Subscription	4,906.13
Healthstream	Education Subscription	13,889.99
Joint Commission	Annual Accreditation	8,341.67
Biomerieux	Maintenance	1,051.55
Johnson and Johnson	Maintenance	337.71
Werfen	TS Contract for ACL	720.83
SCC Soft Computer	Annual Maintenance	823.14
Cole	Annual Maintenance	3,150.00
Allscripts	PO Accrual	10,619.96
H2C	Service downpayment	10,000.00
Healthstream	Education	4,053.15
<b>Total</b>		<b><u>139,712.58</u></b>

**Fill in this information to identify the case:**

Debtor name SHC Medical Center - Toppenish  
 United States Bankruptcy Court for the: Eastern District of WA  
 (State)  
 Case number (if known): 19-01190-11

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**

	Column A Amount of claim <small>Do not deduct the value of collateral.</small>	Column B Value of collateral that supports this claim
<p><b>2. List in alphabetical order all creditors who have secured claims.</b> If a creditor has more than one secured claim, list the creditor separately for each claim.</p>		
<p><b>2.1</b> Creditor's name <u>Lapis Advisers, LP</u></p> <p>Creditor's mailing address <u>265 Magnolia Avenue, Suite 100</u> <u>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.  <u>Please see the priority set forth in the Global Notes to the Schedules.</u></p>	<p>Describe debtor's property that is subject to a lien <u>All Assets</u></p> <p>Describe the lien <u>UCC 2019-018-4115-4</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 style="text-align: right;">\$ <u>10,300,000.00</u></p> <p style="text-align: right;">\$ <u>120,000,000.00</u></p>
<p><b>2.2</b> Creditor's name <u>UMB Bank, N.A.</u></p> <p>Creditor's mailing address <u>120 S. Sixth Street, Suite 1400</u> <u>Minneapolis, MN 55402</u></p> <p>Creditor's email address, if known _____</p> <p>Date debt was incurred <u>11/1/17</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 checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.1</u></p>	<p>Describe debtor's property that is subject to a lien <u>All Assets</u></p> <p>Describe the lien <u>UCC 2017-240-6784-7</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 style="text-align: right;">\$ <u>36,285,000.00</u></p> <p style="text-align: right;">\$ <u>120,000,000.00</u></p>
<p><b>3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.</b></p>		<p>\$ <u>57,595,998.91</u></p>

Column A  
Amount of claim

Column B  
Value of collateral  
that supports this  
claim

Do not deduct the value  
of collateral.

Part 1: Additional Page

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

**2.3** Creditor's name MidCap Funding IV Trust Describe debtor's property that is subject to a lien All accounts, cash, contracts, securities health care permits and general intangibles \$ 10,700,000.00 \$ 42,000,000.00

Creditor's mailing address 7255 Woodmont Avenue Suite 200, Bethesda, MD 20814

Creditor's email address, if known \_\_\_\_\_

Date debt was incurred 9/18/17 Describe the lien UCC 2017-261-2425-8

Last 4 digits of account number \_\_\_\_\_ Is the creditor an insider or related party?  No  Yes

Do multiple creditors have an interest in the same property?  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 2.1

Is anyone else liable on this claim?  No  Yes. Fill out Schedule H: Codebtors (Official Form 206H).

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

**2.4** Creditor's name ASD Specialty Healthcare LLC Describe debtor's property that is subject to a lien All product purchased from ASD Specialty Healthcare LLC and any proceeds thereto \$ 525.99 \$ \_\_\_\_\_

Creditor's mailing address 3101 Gaylord Parkway, 3rd Floor Frisco, TX 75034

Creditor's email address, if known \_\_\_\_\_

Date debt was incurred 11/22/17 Describe the lien UCC 2017-326-8753-2

Last 4 digits of account number \_\_\_\_\_ Is the creditor an insider or related party?  No  Yes

Do multiple creditors have an interest in the same property?  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 2.1

Is anyone else liable on this claim?  No  Yes. Fill out Schedule H: Codebtors (Official Form 206H).

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

**Part 1:**

**Additional Page**

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

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

**2.5** Creditor's name VK Powell Construction, LLC Describe debtor's property that is subject to a lien 502 W. 4th Avenue \$ 255,944.11 \$ \_\_\_\_\_  
Toppenish, WA 98948  
APN 201009-14001

Creditor's mailing address 1521 Voelker Avenue  
Yakima, WA 98902

Creditor's email address, if known \_\_\_\_\_

Date debt was incurred 12/19/18 Is anyone else liable on this claim?  
 Last 4 digits of account number \_\_\_\_\_  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 2.1

Describe the lien County of Yakima Mechanic's Lien

Is the creditor an insider or related party?  
 No  
 Yes

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

**2.6** Creditor's name MBI Construction Services, Inc. Describe debtor's property that is subject to a lien 502 W. 4th Avenue \$ 54,528.89 \$ \_\_\_\_\_  
Toppenish, WA 98948  
APN 201009-14001

Creditor's mailing address 2016 Fruitvale Blvd.  
Yakima, WA 98902

Creditor's email address, if known \_\_\_\_\_

Date debt was incurred 3/19/19 Is anyone else liable on this claim?  
 Last 4 digits of account number \_\_\_\_\_  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 2.1

Describe the lien County of Yakima Mechanic's Lien

Is the creditor an insider or related party?  
 No  
 Yes

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 SHC Medical Center- Toppenish  
 United States Bankruptcy Court for the: Eastern District of WA  
(State)  
 Case number 19-01190-11  
(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.

		Total claim	Priority amount
<b>2.1</b>	Priority creditor's name and mailing address <u>See Attached Chart</u> <hr/> <hr/> Date or dates debt was incurred <hr/> Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)	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	\$ <u>815,676.34</u>
<b>2.2</b>	Priority creditor's name and mailing address <hr/> <hr/> Date or dates debt was incurred <hr/> Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)	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	\$ _____
<b>2.3</b>	Priority creditor's name and mailing address <hr/> <hr/> Date or dates debt was incurred <hr/> Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)	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	\$ _____

**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
<p><b>3.1</b> Nonpriority creditor's name and mailing address</p> <p>See Attached Chart</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: _____</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ 3,755,615.65</p>
<p><b>3.2</b> Nonpriority creditor's name and mailing address</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: _____</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ _____</p>
<p><b>3.3</b> Nonpriority creditor's name and mailing address</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: _____</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ _____</p>
<p><b>3.4</b> Nonpriority creditor's name and mailing address</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: _____</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ _____</p>
<p><b>3.5</b> Nonpriority creditor's name and mailing address</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: _____</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ _____</p>
<p><b>3.6</b> Nonpriority creditor's name and mailing address</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: _____</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ _____</p>

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

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

		<b>Total of claim amounts</b>
5a. Total claims from Part 1	5a.	\$ <u>815,676.34</u>
5b. Total claims from Part 2	5b. +	\$ <u>3,755,615.65</u>
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	<div style="border: 1px solid black; padding: 2px;">\$ <u>4,571,291.99</u></div>



SHC Medical Center - Toppenish - 19-01190-11  
Schedule E

Vendor Name	Vendor Address	Cont. / Unliq. / Disp.			Toppenish
		C	U	D	40
INTERNAL REVENUE SERVICE - COVINGTON	PO BOX 12192 COVINGTON, KY 41012-0192				-
WASHINGTON ST HC AUTHORITY	AUTHORITY PO BOX 45500 OLYMPIA, WA 985045500				815,661.00
Washington State Department of Revenue	Treasury Management, P.O. Box 47464, Olympia Washington 98504				-
YAKIMA COUNTY TREASURER	P.O. BOX 22530 YAKIMA, WA 98907-2530				15.34

SHC Medical Center - Toppenish  
Schedule F

Vendor Name	Vendor Address	Cont/Unliq/Disp			Total
		C	U	D	
AAA WHOLESALE CO. INC	65 B APPIAN WAY SOUTH SAN FRANCISCO, CA 94080				214.44
ABBOTT DIABETES CARE INC	P.O. BOX 92679 CHICAGO, IL 606752679				156.61
ABBOTT NUTRITION	75 REMITTANCE DR #1310 CHICAGO, IL 606751310				282.48
ABBOTTS PRINTING INC	500 S 2ND AVE YAKIMA, WA 98902				344.74
ABC FIRE CONTROL, INC.	PO BOX 10353 YAKIMA, WA 98909				411.10
ADVANCED LIFE SYSTEMS	2106 W WASHINGTON #3 YAKIMA, WA 989030000				402.85
AESYNT INC	PO BOX 787521 PITTSBURGH, PA 191787521				38,336.44
AIMSOFT, LLC	P.O. BOX 1356 STONY BROOK, NY 117900000				1,050.00
ALADDIN TEMP RITE LLC	PO BOX 8500-3431 PHILADELPHIA, PA 191783431				166.43
ALICE'S COUNTRY ROSE FLORAL	210 W 2ND AVE TOPPENISH, WA 989480000				334.98
ALL SEASONS HEATING & AIR CONDITIONING INC	302 S 3RD AVE YAKIMA, WA 98902				10,277.98
ALLIANCE HEALTH CARE SERVICES	PO BOX 55826 LOS ANGELES, CA 900745826				48,765.60
ALLIED UNIVERSAL SECURITY SRVS	P.O. BOX 31001-2374 PASADENA, CA 911102374				81,436.76
ALSCO	1923 N WATERWORKS ST SPOKANE, WA 99212-1360				46,852.94
ALTERNATIVE WORKFORCE	1055 W MAPLE RD CLAWSON, MI 480170000				33,892.32
AMERICAN MEDICAL RESPONSE, INC	PO BOX 749667 LOS ANGELES, CA 900749667				12,990.95
American Profit Recovery	34505 W. 12 Mile Road Suit 333 Farmington Hills, MI 48331				1,327.66
ANESTHESIA DEVIVE CONSULTGANST BY G&S	8524 77th Ave NE Marysville, WA 98270				4,477.85
Apollo Heating and Air Conditioning	PO Box 7287 Kennewick , WA 99336				482.31
APPLIED STATISTICS & MANAGEMENT	PO BOX 2738 TEMECULA, CA 92593-2738				5,485.48
ARJOHUNTLEIGH	PO BOX 640799 PITTSBURGH, PA 15264-0799				6,696.19
ARONSON SECURITY GROUP	600 OAKESDALE AVE SW SUITE 100 RENTON, WA 980570000				1,087.10
ARROW INTERNATIONAL	PO BOX 60519 CHARLOTTE, NC 282600000				3,290.84
ARS NETWORKING	2321 E 4TH ST STE C-551 SANTA ANA , CA 92705				497.75
ASD HEALTHCARE	PO BOX 848104 DALLAS, TX 752848104				525.99
BALTZO HEALTH PHYSICS SERVICE	32927 NE 51ST ST CARNATION, WA 980140900				3,425.00
BANNER BANK	PO BOX 2181 WALLA WALLA, WA 993620181				2,108.28
BARGREEN ELLINGSON INC.	LOCKBOX #310055 SEATTLE, WA 98124-6628				4,528.35
BAXTER HEALTHCARE CORP	PO BOX 730531 DALLAS, TX 75373-0531				25,096.41
BAYER HEALTHCARE	PO BOX 360172 PITTSBURGH, PA 152516172				1,836.80
BD DIAGNOSTICS	7 LOVETON CIRCLE SPARKS, MD 211520000				491.37
BECKMAN COULTER INC. - CA	Dept. CH 10164 Palatine, IL 60055-0164				332.36
BERKELEY MEDEVICES, INC	1330 S 51ST ST RICHMOND, CA 94804				56.42
BIO-MED DEVICES, INC	61 SOUNDVIEW RD GUILFORD, CT 06437				1,632.31
BIOMERIEUX MO	PO BOX 500308 ST LOUIS, MO 631500308				4,306.04
BOSTON SCIENTIFIC CORPORATION	PO BOX 951653 DALLAS, TX 75395-1653				361.16
BOYD COFFEE COMPANY NUMBER	19730 NE SANDY BLVD PORTLAND, OR 97230				1,037.97
BRAMSTEDT INSTRUMENT CO	703 N KITTITAS ST ELLENSBURG, WA 989260000				2,102.54
BRUNER PAINTING INC	60 KODA DR SELAH, WA 989420000				4,895.78
BSN MEDICAL INC	5825 CARNEGIE BOULEVARD CHARLOTTE, NC 28209				1,158.48
BUTLER MEDICAL BLDG, LLC	1214 N 20TH AVE YAKIMA, WA 989020000				40,731.58
CARDINAL HEALTH	NATIONAL ACCOUNTS P.O. BOX 402605 ATLANTA, GA 303842605				8,817.89
CARDINAL HEALTH 200 LLC	MEDICAL PRODUCTS & SRV P.O. BOX 100316 PASADENA, CA 911890000				10,828.50
CARDINAL HEALTH INCORPORATED	MEDICAL PRODUCTS & SRVS P.O. BOX 100316 PASADENA, CA 911890000				1,586.60
CASCADE NATURAL GAS	PO BOX 5600 BISMARCK, ND 585065600				23,251.31
CENTURYLINK	Business Services PO Box 52187 Phoenix, AZ 85072-2187				1,670.74
CENTURYLINK - SCH	PO BOX 2961 PHOENIX, AZ 85062-2961				1,701.78
CENTURYLINK - WA	PO BOX 91155 SEATTLE, WA 981119255				5,364.52
CERNER CORPORATION ATTN ACC REC, 5TH FL	2800 ROCKCREEK PARKWAY KANSAS CITY, MO 64117				275.15
CHANDLER ENTERPRISES INC	810 W FIRST AVE PO BOX 312 TOPPENISH, WA 989480312				4,739.98
CHARTER COMMUNICATIONS	PO BOX 60188 LOS ANGELES, CA 90060-0188				6,991.30
CHARTER COMMUNICATIONS	PO BOX 60188 LOS ANGELES, CA 900600188				6,774.44
CINTAS CORPORATION LOC 605	PO BOX 650838 DALLAS, TX 75265-0838				4,722.26
CIOX	P.O. BOX 409669 ATLANTA, GA 303840000				79.84
CLINICAL INNOVATIONS, LLC	2840 MOMENTUM PLACE CHICAGO, IL 60689				1,398.85
CMX CORPORATION	PO BOX 58088 SEATTLE, WA 98138-1088				52.49
COLE INDUSTRIAL, INC.	5924 203RD ST SW LYNNWOOD, WA 98036				7,819.58
COLLEGE OF AMERICAN PATHOLOGIST	PO BOX 71698 CHICAGO, IL 60694-1698				1,200.89
CO-MEDICAL	7100 ROOSEVELT WAY NE SEATTLE, WA 98115-5652				109.92
COMEDICAL IN	7100 ROOSEVELT WAY NE SEATTLE, WA 98115				256.37
CONMED CORPORATION	CHURCH STREET STATION PO BOX 6814 NEW YORK, NY 102490000				1,661.36
COOK MEDICAL INCORPORATED	22988 NETWORK PLACE CHICAGO, IL 606731229				339.04
COPIERS NORTHWEST, INC.	601 DEXTER AVE N SEATTLE, WA 98109				887.92
CULLIGAN WATER CONDITION YAKIM	3728 E LONGFELLOW STE #1 SPOKANE, WA 99217				804.35
CUMMINS INC	LOCKBOX 138324 PO BOX 398324 SAN FRANCISCO, CA 941390000				2,822.94
CYGNUS MEDICAL	965 WEST MAIN STREET BRANFORD, CT 064050000				251.00
CYRACOM, LLC	P.O. BOX 74008083 CHICAGO, IL 606748083				5,322.15
Darling Ingredients Inc.	PO Box 552210 Detroit, MI 48255				35.00
DatCard Systems, INC.	7 Goodyear Irvine, CA 92618				192.00

SHC Medical Center - Toppenish  
Schedule F

Vendor Name	Vendor Address	Cont/Unliq/Disp			Total
		C	U	D	
DATEX OHMEDA INC	PO BOX 641936 PITTSBURGH, PA 15264-1936				760.98
Department of Health Revenue Section	PO Box 1099 Olympia, WA 98507				100.00
DEPARTMENT OF LABOR & IND	PO Box 34974 Seattle, WA 98124-1974				965.11
DINGUS ZARECOR & ASSOCIATES	12015 E MAIN SPOKANE, WA 992060000				22,325.00
DIRECTV	P.O. BOX 105249 ATLANTA, GA 303480000				2,012.99
DWS PROPERTIES, LLC	MORGAN STANLEY 3909 CASTLEVALE RD #100 YAKIMA, WA 989020000				13,725.69
EAGLE SIGNS LLC	1511 S KEYS ROAD YAKIMA, WA 98903				755.30
ECOLAB INC	P.O. BOX 100512 PASADENA, CA 911890512				3,644.24
ECOLAB INC	PO BOX 100512 PASADENA, CA 91189-0512				1,721.63
EMPRINT MORAN PRINTING INC	P.O. BOX 54023 NEW ORLEANS, LA 701544023				681.12
ENGRAVINGS UNLIMITED, INC.	5 NORTH 6TH AVE YAKIMA, WA 98902				1,051.65
EVERGREEN ANESTHESIA ASSOCIATES	3800 S. Highland Blvd. West Richland, WA 99353				68,360.49
EXPAND A BAND MEDICAL PRODUCTS	13112 CRENSHAW BLVD GARDENA, CA 902492469				44.00
FARMER BROTHERS CO	PO BOX 79705 CITY INDUSTRY, CA 91716-9705				4,354.22
FAVORITE HEALTHCARE STAFFING	PO BOX26225 OVERLAND PARK , KS 66225				70,636.58
FDA-MQSA PROGRAM	P.O. BOX 979109 ST LOUIS, MO 631979000				2,150.00
FEDERAL EXPRESS	PO BOX 94515 PALATINE, IL 600944515				4,290.36
FIRST CHOICE HEALTH NETWORK	MS:310170 PO BOX 94041 SEATTLE, WA 98124 0				7,766.00
FISHER & PAYKEL HEALTHCARE, INC	DEPT CH 16926 PALATINE, IL 60055-6926				129.48
FISHER SCIENTIFIC ACCT# 811330-001	13551 COLLECTION CTR DR CHICAGO, IL 60693				1,793.95
FISHER SCIENTIFIC HEALTHCARE	13551 COLLECTION CTR DR CHICAGO, IL 60693-1160				52,800.99
FRANZ FAMILY BAKERIES	P.O. BOX 742654 LOS ANGELES, CA 900742654				5,176.91
FULCRUM ENVIRONMENTAL CONSULTING, INC	207 WEST BOONE AVENUE SPOKANE , WA 99201				2,665.84
GARVEY SCHUBERT BARER	1191 SECOND AVENUE, SUITE 1800 SEATTLE, WA 98101				7,925.40
GE HEALTHCARE IITS USA CORP.	15724 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693				47.11
GE HEALTHCARE TECHNOLOGIES	ATTN: ACCT RECEIVABLE 5517 COLLECTIONS CTR DR CHICAGO, IL 606930000				5,112.72
GERMFREE LABORATORIES	4 SUNSHINE BLVD ORMOND BEACH, FL 32174				185.00
GETINGE USA SALES LLC	PO BOX 775436 CHICAGO, IL 606775436				712.14
GLOBALSTAR USA	P.O. BOX 30519 LOS ANGELES, CA 900300519				1,036.60
GUARDIAN SECURITY SYSTEMS, INC.	1743 FIRST AVE SO SEATTLE, WA 981340000				94.35
Gundersen Lutheran Medical Foundation, Inc.	Jean Henderson-AVS-003 1900 South Avenue La Crosse, WI 54601				244.48
GUY BROWN MANAGEMENT LLC	PO BOX 306156 NASHVILLE, TN 372306156				1,731.63
HEALTH CARE LOGISTICS	PO BOX 400 CIRCLEVILLE, OH 43113-0400				46.68
Health Carousel LLC	P.O. Box 714216 Cincinnati, OH 45271-4216				176,033.94
HEALTH FACILITIES PLANNING & DEVELOP	120 1ST AVENUE WEST, SUITE 100 SEATTLE, WA 98119				11,745.30
HEALTHSTREAM, INC.	P.O. BOX 102817 ATLANTA, GA 30368-2817				25,042.67
HENRY SCHEIN, INC	PO BOX 7156 PASADENA, CA 91109-7156				306.07
HORIZON MENTAL HLTH MGMNT- BEHAV HLTH	PO BOX 840839 DALLAS, TX 75284-0839				108,182.06
ICU MEDICAL	951 CALLE AMANECER SAN CLEMENTE, CA 92673				740.00
IDEAL FEED \T\ LUMBER SUPPLY	827 W FIRST AVE PO BOX 249 TOPPENISH, WA 989480000				8,611.99
IMMUCOR INC	PO BOX 102118 ATLANTA, GA 303682118				1,341.41
INCYTE PATHOLOGY	P.O. BOX 3405 SPOKANE, WA 992203405				8,460.21
INJOY HEALTH EDUCATION	7107 LA VISTA PLACE LONGMONT, CO 805030000				253.60
IRONSIDE HUMAN RESOURCES	9540 GARLAND ROAD SUITE 381-128 DALLAS, TX 75218				8,000.00
JANITORS CLOSET	ALLSTAR SUPPLY INC PO BOX 441 YAKIMA, WA 989070441				363.77
JIMCO LANDSCAPING	PO BOX 181 ZILLAH, WA 989530000				3,145.55
JOHNSON & JOHNSON HEALTH CARE SYS INC.	5972 COLLECTIONS CENTER DR. CHICAGO, IL 60693				11,270.31
Johnson Controls Fire Protection LP	Dept. CH 10320 Palatine, IL 60055-0320				600.00
KARL STORZ ENDOSCOPY-AMERICA	FILE #53514 LOS ANGELES, CA 90074-3514				1,432.83
KENTEC MEDICAL	17871 FITCH ST IRVINE, CA 926140000				1,471.19
KEY SURGICAL INC	PO BOX 74809 CHICAGO , IL 60694-4809				1,331.50
LABCORP	PO BOX 12140 BURLINGTON, NC 272162140				52,291.91
LAERDAL MEDICAL CORPORATION	LOCKBOX #4987 PHILADELPHIA, PA 19178				918.70
LAKE CITY INFRARED	PO BOX 1656 COEUR D' ALENE, ID 83816				850.00
LEEDOM/LINDSEY	909 S 27TH AVE YAKIMA, WA 989020000				73.08
LIFE SAVER DELIVERY SERVICE	732 SUMMITVIEW AVE #528 YAKIMA, WA 989020000				4,455.00
LSL HEALTHCARE INC	5740 N TRIPP AVE CHICAGO , IL 60646				2,393.67
MAINE STANDARDS COMPANY	221 US ROUTE 1 CUMBERLAND FORE, ME 41100000				346.00
MASIMO	28932 NETWORK PLACE CHICAGO, IL 606731289				481.23
MBI CONSTRUCTION SERVICES INC	2016 FRUITVALE BLVD YAKIMA, WA 989020000				1,970.25
MCKESSON MEDICAL SURGICAL	P.O. BOX 660266 DALLAS, TX 75266-0266				1,854.84
MCKINNEY COMMERCIAL GLASS &	DOOR 219 S 1ST ST YAKIMA, WA 989010000				825.44
MED ONE CAPITAL FUNDING LLC	PO BOX 271128 SALT LAKE CITY, UT 84127				1,386.46
MEDEFIS CONSOLIDATED	PO BOX 5068 NEW YORK, NY 100875068				516,114.30
MEDELA INC	38789 EAGLE WAY CHICAGO, IL 606781387				108.38
MEDICAL PACKAGING INC	8 KINGS COURT FLEMINGTON, NJ 88220000				1,611.39
MEDICATION REVIEW, INC. NUMBER	104 S FREYA STREET, STE 225 TURQUOISE FLAG BLDG SPOKANE, WA 99202				14,797.54
MEDIVATORS	NW 9841 PO BOX 1450 MINNEAPOLIS, MN 554850000				5,786.24
MEDLINE DEPT 1080	PO BOX 121080 DALLAS, TX 75312-1080				12,758.13

SHC Medical Center - Toppenish  
Schedule F

Vendor Name	Vendor Address	Cont/Unliq/Disp			Total
		C	U	D	
MEDLINE INDUSTRIES INC	DEPT 1080 PO BOX 121080 DALLAS, TX 753121080				7,069.53
MEDPARTNERS HIM LLC	P.O. BOX 744869 ATLANTA, GA 303744869				1,032.00
MEDSTAR TRANSPORTATION	PO BOX 34628 #74747 SEATTLE, WA 981241628				156.00
MEDTRONIC USA INC	4642 COLLECTION CTR DR CHICAGO, IL 606930000				381.00
Meridian Medical Staffing C/O P2Binvestors	PO Box 173939 Denver, CO 80217				5,512.50
MERRY XRAY SOURCE ONE	444 VIEWRIDGE AVE #A SAN DIEGO, CA 921230000				5,563.19
MICRO TECHNOLOGY, INC	18179 MEADOWLARK LANE LAKE OSWEGO, OR 97034				1,264.94
MIDWEST HEALTH CARE INC	300 S MT AUBURN RD STE 100 CAPE GIRARDEAU, MO 637030000				54.00
MORRISON MANAGEMENT SPECIALIST	P.O. BOX 102289 ATLANTA, GA 303682289				2,728.40
MSR WEST	6520 212TH ST SW STE 208 LYNNWOOD, WA 980360000				753.02
NATUS MEDICAL	PO BOX 39000 SAN FRANCISCO, CA 94139				940.44
NETWORK SERVICES	29060 NETWORK PLACE CHICAGO, IL 606731290				34.08
NORTHWEST VITAL RECORDS CENTER	PO BOX 2199 SPOKANE, WA 99210-2199				10,276.24
NUANCE COMMUNICATIONS, INC.	PO BOX 2561 CAROL STREAM, IL 60132-2561				39,277.73
O'DONNELL BATTERIES	71 SE SUNRISE DRIVE SHELTON, WA 985840000				256.14
OLYMPUS AMERICA INC.	DEPT 0600 DALLAS, TX 75312-0600				3,282.00
OLYMPUS SURGICAL TECHNOLOGIES	DEPT 0600 PO BOX 120600 DALLAS, TX 75312-0600				16,335.79
OMNI STAFFING SERVICES, INC	831 COLONIAL MOSES LAKE, WA 988370000				171.88
ORTHO-CLINICAL DIAGNOSTICS INC	PO BOX 3655 CAROL STREAM, IL 60132-3655				9,927.03
OVERHEAD DOOR COMPANY	1900 ENGLEWOOD YAKIMA, WA 989020000				145.15
OWEN, KARI ASL PROFESSIONALS	PO BOX 10324 YAKIMA, WA 98909				70.00
OWENS & MINOR	PO BOX 53523 LOS ANGELES, CA 90074-3523				54,591.73
OXARC	PO BOX 2605 SPOKANE, WA 99220-2605				18,178.70
PACIFIC MEDICAL	212 AVENIDA FABRICANTE SAN CLEMENTE, CA 92672				3,885.00
PACIFIC MICROSYSTEMS LLC	2602 S 38TH ST TACOMA, WA 98409				398.72
PACIFIC POWER	PO BOX 26000 PORTLAND, OR 972560001				61,848.92
PAC-VAN	75 REMITTNCE DR #3300 CHICAGO, IL 606753300				3,579.06
PARTS SOURCE INC	PO BOX 645186 CINCINNATI, OH 452645186				3,025.11
PATHOLOGY ASSOC MEDICAL LABS	P.O. BOX 2720 SPOKANE, WA 99220-4002				389.20
PDC HEALTHCARE	PO BOX 71549 CHICAGO, IL 606941995				185.10
PEPSI COLA BOTTLING	PO BOX 111 YAKIMA, WA 989010000				3,849.36
PHARMACY ONESOURCE	C/O BANK OF AMERICA LOCK 62417 COLLECTIONS CTR DR CHICAGO, IL 606930624				7,799.41
PHARMEDIUM SERVICES LLC	29104 Network Place CHICAGO, IL 60673-1291				5,020.70
PHILIPS HEALTHCARE	PO BOX 100355 ATLANTA, GA 303840355				3,039.55
PHYSICIANS INSURANCE	PO BOX 84453 SEATTLE, WA 981245753				32,750.43
POSEY COMPANY	PO BOX 775998 CHICAGO, IL 60677-5998				83.52
POSITIVE PROMOTIONS	15 GILPIN AVE HAUPPAUGE, NY 11788				340.59
Premere Rehab dba Infinity Rehab	25117 SW Parkway Ste D Wilsonville, OR 97070				9,506.54
PRESS GANEY	BOX 88335 MILWAUKEE, WI 53288-0335				5,711.54
PROSPECTIVE PAYMENT SPECIALIST	P.O. BOX 842278 BOSTON, MA 22842278				8,635.50
PROVIDIAN MEDICAL FIELD SERVICE	5335 AVION PARK DRIVE HIGHLAND HEIGHTS, OH 44143				3,235.73
QUIDEL CORPORATION	FILE 50177 LOS ANGELES, CA 90074-0177				5,711.34
RADIOMETER AMERICA	13217 COLLECTIONS CTR DR CHICAGO, IL 606930000				5,267.29
RANDALL & HURLEY, INC.	601 W RIVERSIDE AVE., SUITE 1600 SPOKANE, WA 99201				6,982.22
Rathbun Iron Works, Inc.	202 Washington Ave. Toppenish, WA 98948				2,449.33
ROCHE DIAGNOSTICS CORP INC	MAIL CODE 5021 PO BOX 660367 DALLAS, TX 752660367				2,524.33
ROTO ROOTER-WA	8524 W GAGE BLVD A-299 KENNEWICK, WA 99336				1,887.15
RURAL PHYSICIANS GROUP	10624 S EASTERN AVE SUITE A263 HENDERSON, NV 890520000				192,519.36
SCI DOOR	1118-A N 6TH AVE YAKIMA, WA 98902				615.03
SHARED SERVICES CENTER	4600 TOWSON AVENUE SUITE 136 FORT SMITH, AR 729010000				29,322.61
SHARN ANERSTHESIA, INC. DEPT 2459	PO BOX 11407 BIRMINGHAM, AL 352462459				3,244.90
SHRED-IT	28883 NETWORK PLACE CHICAGO, IL 60673-1288				2,035.56
SIEMENS BUILDING TECHNOLOGIES	C/O CITIBANK (BLDG TECH) PO BOX 2134 CAROL STREAM, IL 601322134				16,879.66
SIEMENS HEALTHCARE DIAGNOSTICS	PO BOX 121102 DALLAS, TX 753121102				21,749.77
SMITH AND NEPHEW ENDOSCOPY	PO BOX 60333 CHARLOTTE, NC 282600333				424.05
SMITHS MEDICAL ASD INC	PO BOX 7247-7784 PHILADELPHIA, PA 191707784				457.86
SOFT COMPUTER CONSULTANTS INC	5400 TECH DATA DR CLEARWATER, FL 337600000				32,054.20
SOURCEMARK	100 WINNERS CIRCLE SUITE 250 BRENTWOOD, TN 370270000				2,152.57
SOUTHEAST ID LLC	1501 NW 163RD ST MIAMI, FL 331690000				680.00
SPECIAL CLEANING SERVICES/A	2002 ENGLEWOOD AVE SUITE E YAKIMA, WA 98902				3,182.00
STANDARD REGISTER	P.O. BOX 840655 DALLAS, TX 75284-0655				11.29
STANDARD REGISTER, INC	DBA TAYLOR COMMUNICATION PO BOX 91047 CHICAGO, IL 606930000				15.13
STANLEY CONVERGENT SECURITY SO	DEPT CH 10651 PALATINE, IL 600550000				1,888.79
STAPLES ADVANTAGE	PO BOX 660409 DALLAS, TX 75266-0409				31,555.11
STAT IMAGING SOLUTIONS	PO BOX 590627 ORLANDO, FL 328590000				10,662.39
STATE OF WASHINGTON	DEPT OF LABOR & INDUSTRY PO BOX 44171 OLYMPIA, WA 98504-4171				25,199.00
STERICYCLE INC	PO BOX 6578 CAROL STREAM, IL 60197-6578				6,299.02
STERILMED INC	62792 COLLECTIONS CTR DR CHICAGO, IL 606930627				8,408.51
STERIS CORPORATION INC	LOCKBOX # 771652 1652 SOLUTION CENTER CHICAGO, IL 606771006				1,372.48

SHC Medical Center - Toppenish  
Schedule F

Vendor Name	Vendor Address	Cont/Unliq/Disp			Total
		C	U	D	
STRATEGIC SYSTEMS	3225 PADDOCKS PARKWAY SUITE 250 SUWANEE, GA 30024				1,729.23
STRYKER ENDOSCOPY	PO BOX 93276 CHICAGO , IL 60673-3276				8,860.28
STRYKER FINANCE	25652 NETWORK PLACE CHICAGO, IL 606730000				289.31
STRYKER INSTRUMENTS	PO BOX 70119 CHICAGO, IL 606730119				6,849.24
STRYKER INSTRUMENTS	P.O. BOX 70119 CHICAGO, IL 60673-0119				3,102.13
SUNNYSIDE COMMUNITY HOSPITAL	1016 TACOMA AVE SUNNYSIDE , WA 98944				20.82
SURGICAL PRODUCT SOLUTION	643 FIRST AVENUE SUITE 200 PITTSBURG, PA 15219				15,087.56
Suture Express, Inc	2400 Veterans Memorial Blvd. Ste. 300 Case #01228941 Kenner, LA 70062				6.88
SYMMETRY SURGICAL	PO BOX 759159 BALTIMORE, MD 212759159				794.59
SYSCO	PO BOX 1610 WILSONVILLE, OR 970700000				65,392.79
TALENTWISE	PO BOX 3876 SEATTLE, WA 981243876				3,053.62
TELEFLEX MEDICAL	PO BOX 601608 CHARLOTTE, NC 282600000				2,305.47
TESTCOMM LLC	2211 E SPRAGUE AVE SPOKANE, WA 992020000				1,840.00
THE ULTIMATE SOFTWARE GROUP INC	PO BOX 930953 ATLANTA, GA 31193				12,994.42
THEOREM ARCHITECTURE	210 S 11TH AVE, SUITE 42 YAKIMA, WA 98902				48,698.74
THIRD EYE IMAGING	PO BOX 1046 SUNNYSIDE, WA 989440000				265.25
TOPPENISH CHAMBER OF COMMERCE	PO BOX 28 TOPPENISH, WA 989480000				375.00
TOPPENISH ROTARY CLUB	PO BOX 621 TOPPENISH, WA 989480000				575.00
TOPPENISH/CITY OF	21 W FIRST AVE TOPPENISH, WA 989480000				17,228.38
TRINISYS, LLC	PO BOX 2212 BRENTWOOD, TN 37024-2212				12,500.00
TRI-STATE SUPPY COMPANY	205 SOUTH 4TH AVENUE YAKIMA, WA 98902				113.85
TYPENEX MEDICAL LLC	303 EAST WACKER DRIVE SUITE 1030 CHICAGO, IL 60601				1,917.00
UNIVERSAL BACKGROUND SCREENING	PO BOX 5920 SCOTTSDALE, AZ 85261				922.50
UTAH MEDICAL PRODUCTS	7043 SOUTH 300 WEST MIDVALE, UT 84047				236.64
V.K POWELL CONSTRUCTION, LLC	PO BOX 10295 YAKIMA, WA 98909				3,134.27
VALLEY SURGICAL	633 SOUTH ANDREWS AVE, SUITE 400 FOR LAUDERDALE, FL 33301				4,388.00
VAPOTHERM INC	PO BOX 74008627 CHICAGO, IL 606747400				1,633.82
VERATHON MEDICAL	PO BOX 935117 ATLANTA, GA 31193-5117				863.20
VITAL CARE INDUSTRIES INC	7650 W 185TH ST TINLEY PARK, IL 604770000				20.64
Vital Healthcare Staffing, LLC	C/O American National Bank PO Box 3544 Omaha, NE 68103-0544				39,739.88
WASHINGTON EMERGENCY ROOM	SERVICE PC 7032 COLLECTION CENTER DR CHICAGO, IL 606930000				126,608.50
WASHINGTON ST HC AUTHORITY	AUTHORITY PO BOX 45500 OLYMPIA, WA 985045500				815,661.00
WASHINGTON STATE DEPARTMENT OF HEALTH	PO BOX 47853 OLYMPIA, WA 98504				138.87
WASHINGTON STATE DEPARTMENT OF HEALTH	PO BOX 1099 OLYMPIA, WA 985071099				495.00
Washington State Department of Licensing	Yakima County Auditor PO Box 12570 Yakima, WA 98909				188.75
WERFEN USA LLC	PO BOX 347934 PITTSBURGH, PA 152514934				8,283.54
WINTHROP RESOURCES CORP	PO BOX 650 HOPKINS, MN 553430650				11,188.43
XEROX CORPORATION INC	PO BOX 7405 PASADENA, CA 911097405				15,343.36
YAKIMA COUNTY TREASURER	P.O. BOX 22530 YAKIMA, WA 98907-2530				15.34
YAKIMA MECHANICAL	205 SOUTH FOURTH AVE YAKIMA, WA 98902				455.99
YAKIMA VALLEY MEMORIAL HOSP	ACCOUNTING DEPARTMENT 2811 TIETON DR YAKIMA, WA 989020000				36.30
YAKIMA WASTE SYSTEMS	PO BOX 51006 LOS ANGELES, CA 90051-5306				5,938.67
YORK'S PEST CONTROL INC	402 W WASHINGTON AVE SUITE A UNION GAP, WA 989030000				1,398.37
Zillah Youth Baseball	PO Box 662 Zillah, WA 98953				250.00
ZOLL MEDICAL CORP	PO BOX 27028 NEW YORK, NY 100877028				1,588.19
					<u>3,755,615.65</u>

Fill in this information to identify the case:

Debtor name SHC Medical Center-Toppenish  
United States Bankruptcy Court for the: Eastern District of WA  
Case number (if known): 19-01190-11 Chapter 11  
(State)

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 State the term remaining List the contract number of any government contract	See Attached Chart	
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		



**SHC Medical Center - Toppenish  
Schedule G**

<b>Affected Parties - Common Supplier</b>	<b>Address</b>	<b>Contract Category</b>	<b>Start Date</b>	<b>Months Remaining</b>
Abbott Point of Care, Inc.	P.O. BOX 92679 CHICAGO,IL 606752679	Maintenance	4/18/2019	10
Advanced Sterilization Products Services, Inc. 1478	33 Technology Drive, Irvine, CA 92618 USA	Maintenance		
Alliance Imaging	18201 Von Karman, Suite 600, Irvine, CA 92612	Mobile Service	11/21/2017	17
Allied Universal	8 S. 1st Ave. Yakima	Security	4/1/2018	22
Alsco 1478	1923 N WATERWORKS ST SPOKANE,WA 99212-1360 US	Other Supplies	3/1/18	20
American Medical Response	6200 S. Syracuse Way, 200, Greenwood Village, CO, 80111	Lease	4/1/2018	10
American Medical Response	6200 S. Syracuse Way, 200, Greenwood Village, CO, 80111	EMS Transport	2/1/2017	8
American Red Cross	3131 N. Vancouver Ave. Portland, OR 97227	Supplies	5/1/2018	12/31/2019
Arizant Healthcare 1478	St. Paul, MN 55144-1000	Purchasing - Other		
Baxter Hltcare 1478	DEPT CH 17924 PALATINE,IL 60055-7924	Medical Supplies		
Beckman Coulter Inc. 1478	DEPT CH 10164 PALATINE,IL 600550164	Maintenance		
Biomerieux, Inc.	PO BOX 500308 ST LOUIS,MO 631500308	Maintenance	9/15/2018	31
Blueforce Healthcare Staffing	1300 Combermere Troy, MI 48083	Professional Services- Hospital Based		
Butler Medical Buildings LLC	Troy, MI 48083	Building Lease	4/1/2019	58
Cantrell Drug Company 1478	7321 Cantrell Rd, Little Rock, AR 72207	Purchasing - Other	2/21/2018	Auto-renewal
Cardinal Health by Vizient	NATIONAL ACCOUNTS P.O. BOX 402605 ATLANTA,GA 303842605	Purchasing - Other	5/22/2018	10
CINTAS CORPORATION	PO BOX 650838 DALLAS,TX 75265-0838 US	Purchasing - Other	10/18/2017	10/17/2021
CIOX Medical Records	P.O. BOX 409669 ATLANTA,GA 303840000	Miscellaneous		
Charter College	750 Sandhill Rd. Suite 100, Reno, NV 89521	Student	10/24/2018	Evergreen
Clinical Colleagues, Inc. 1478	1765 E Nine Mile Rd, Suite 1-229, Pensacola, FL 32514	Professional Services - Hospital Based		
Collective Medical Technologies 1478	Pensacola, FL 32514	Data-Sharing		

SHC Medical Center - Toppenish  
Schedule G

Affected Parties - Common Supplier	Address	Contract Category	Start Date	Months Remaining
Comprehensive Equipment Management Corporation 1478	5512 7th St, Zephyrhills, FL 33542	Maintenance		
Data Base Secure	To Be Determined	Miscellaneous	3/9/2009	Evergreen
Datex-Ohmeds, Inc. 1478	PO BOX 641936 PITTSBURGH,PA 15264-1936 US	Maintenance		
Davita (Total Renal Care)	PO BOX 781607 PHILADELPHIA,PA 19178-1607	Laboratory	7/27/2018	Evergreen
Direct Radiology LLC	1839 N. Government Way, Suite B, Coeur d'Aliene, ID 83814	Administrative support	7/6/2016	Evergreen
DOH	PO BOX 1099 OLYMPIA,WA 985071099	Trauma Grant	Unknown	12
DWS Properties LLC	MORGAN STANLEY 3909 CASTLEVALE RD #100 YAKIMA,WA 989020000	Lease	4/1/2012	3/31/2016
Evergreen Anesthesia LLC	PO BOX 3442 IDAHO FALLS,ID 83403	Professional Services	12/12/2017	6
ENVISION Washington Emergency Physician Partners 1478 15705	SERVICE PC 7032 COLLECTION CENTER DR CHICAGO,IL 606930000	Professional Services - Hospital Based		
Favorites Healthcare Staffing	PO BOX26225 OVERLAND PARK ,KS 66225	Staffing	4/11/2017	4/10/2020
Garratt-Callahan Company 1478	50 INGOLD ROAD BURLINGAME,CA 940100000	Professional Services		
GCACH	To Be Determined	Integrated Managed Care	1/15/2019	6
GE Healthcare 1478	ATTN: ACCT RECEIVABLE 5517 COLLECTIONS CTR DR CHICAGO,IL 606930000	Maintenance		
GE Healthcare 1478	ATTN: ACCT RECEIVABLE 5517 COLLECTIONS CTR DR CHICAGO,IL 606930000	Maintenance		
GE Healthcare 1478	ATTN: ACCT RECEIVABLE 5517 COLLECTIONS CTR DR CHICAGO,IL 606930000	Medical Supplies		
Getinge	PO BOX 775436 CHICAGO,IL 606775436	Maintenance	6/1/2018	5/31/2019
HCTN	P.O. Box 714216 Cincinnati,OH 45271-4216 US	Staffing	10/30/2018	Evergreen



SHC Medical Center - Toppenish  
Schedule G

Affected Parties - Common Supplier	Address	Contract Category	Start Date	Months Remaining
Health Care Authority/DBHR Section	PO BOX 9501 OLYMPIA, WA 98507-9501	Payer Contract	1/1/2019	6/30/2019
Heritage University	3240 FORT RD TOPPENISH, WA 989480000	Participation Agreement		
Horizon	1965 LakePoint Drive, Suite 100, Lewisville, TX 75057	Contract and Mgmt Agreement	8/1/2017	37
INCYTE PATHOLOGY INC. 1478	P.O. BOX 3405 SPOKANE, WA 992203405	Consulting		
Infinity Rehab	25117 SW Parkway Ste D Wilsonville, OR 97070	Professional Services	9/1/2018	3 mos and auto renew
JimCo Landscaping	PO BOX 181 ZILLAH, WA 989530000	Maintenance		
Just in Time Communications, Inc	10390 Commerce Center Dr. Suite C-260, Rancho Cucamonga, CA 91730	Purchasing - Other	1/14/2019	3
LabCorp	Rancho Cucamonga, CA 91730	Software Interface	4/23/2018	Evergreen
LifeCenter Northwest 1478	3650 131st Ave SE #200, Bellevue, WA 98006	Maintenance		
LifeNet Health Northwest, LLC 1478	PO BOX 79636 BALTIMORE, MD 21279-0636 US	Maintenance		
Macro Helix	PO BOX 742256 ATLANTA, GA 30374-2256	Pharmacy	10/31/2018	
Maquet Medical Systems 1478	PO BOX 775436 CHICAGO, IL 606775436	Maintenance		
Marli Parobek, ARNP	8511 KAIL DR YAKIMA, WA 98908 US	Employment	8/13/2018	26
MD Staff (ASM Inc.)	PO Box 2738, Temecula, CA 92593	Software	12/12/2017	6
Medifis	2121 N 117th Ave., Suite 200, Omaha, NE 68164	Staffing	6/26/2017	12
Medication Review	104 S FREYA STREET, STE 225 TURQUOISE FLAG BLDG SPOKANE, WA 99202	Professional Services	4/23/2018	13
Medivators	NW 9841 PO BOX 1450 MINNEAPOLIS, MN 554850000	Maintenance	1/18/2019	30
Mednet Monitoring Services	PO Box 752, Moxee, WA 98936	Monitoring Service	5/25/2012	Expired
Meridian	7921 Southpark Plaza, suite 100, Littleton, CO 80120	Staffing	10/31/2018	Evergreen
Morrison Management Specialists Inc.	P.O. BOX 102289 ATLANTA, GA 303682289	Contract Labor	10/1/2015	Expired
M/M Recruitment Group	20 Milvan Drive, Toronto, Ontario CA	Search Agreement	9/25/2018	3

SHC Medical Center - Toppenish  
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Affected Parties - Common Supplier	Address	Contract Category	Start Date	Months Remaining
Northwest Protective Security 1478	Toronto, Ontario	Contract Labor		
Northwest Vital Records 1478	To Be Determined	Miscellaneous		
Olney Emergency Group, LLC (Schumacher)	PO Box 82368, Lafayette, LA 70598	Professional Services	3/5/2019	32
Olympus America Inc.	DEPT 0600 DALLAS, TX 75312-0600	Maintenance	4/1/2018	21
OMNI Staffing	831 COLONIAL MOSES LAKE, WA 988370000	Professional Services- Hospital Based		
Oxarc	4003 E. Broadway, Spokane, WA 99202	Supplies	3/1/2007	Evergreen
Pacific Northwest University of Health Sciences, College of Osteopathic Medicine 4178	111 UNIVERSITY PARKWAY SUITE #202 YAKIMA, WA 98901	Participation Agreement	3/26/2018	Evergreen
Pacific Northwest University of Health Sciences, College of Osteopathic Medicine 4178	111 UNIVERSITY PARKWAY SUITE #202 YAKIMA, WA 98901	Participation Agreement	3/26/2018	Evergreen
Pathology Associates Medical Laboratory 1478	P.O. BOX 2720 SPOKANE, WA 99220-4002	Purchasing - Other		
Philips Healthcare 1478	PO BOX 100355 ATLANTA, GA 303840355	Maintenance		
Philips Healthcare 1478	PO BOX 100355 ATLANTA, GA 303840355	Maintenance		
Pima Medical Institute 1478	555 S Renton Village Pl, Renton, WA 98057	Participation Agreement		
Press Ganey	404 Columbia Place, South Bend, IN, 46601	Purchased Services	7/1/2018	0
Providence Medical Group	101 West 8th Ave. Mother Gamlin Center Spokane, WA 99204	Professional Services	3/19/2019	9
Randy Cobble, PAC	PO Box 603 Prosser, WA 99350 US	Employment Agreement	2/25/2019	32
Rehab Practice Management, LLC 1478	9364 ANSLEY LANE BRENTWOOD, TN 370273312	Contract Labor		

SHC Medical Center - Toppenish  
Schedule G

Affected Parties - Common Supplier	Address	Contract Category	Start Date	Months Remaining
Rocky Mountain Therapy Services 1478	To Be Determined	Contract Labor		
RPG Rural Physicians Group	10624 S EASTERN AVE SUITE A263 HENDERSON,NV 890520000	Professional Services - Hospital Based	10/2/2017	3
Seattle Children's Hospital	To Be Determined	Professional Services - Hospital Based	5/26/2015	Evergreen
Siemens 1478	PO BOX 121102 DALLAS,TX 753121102	Maintenance		
Sprague Pest Solutions 1478	P.O. BOX 2222 TACOMA,WA 98401-2222	Purchasing - Other		
STAT Imaging Solutions LLC	PO BOX 590627 ORLANDO,FL 328590000	Miscellaneous		
Stericycle Inc	4010 Commercial Ave., Northbrook, IL, 60062	Purchasing - Other	10/1/2016	27
Third Eye Imaging	P.O Box 1046, Sunnyside WA 98944	Professional Services		
Schumacher	To Be Determined			
Stuart Parrish	To Be Determined	Maintenance	2/20/2017	7
Stryker Finance 1478	25652 NETWORK PLACE CHICAGO,IL 606730000	Maintenance		
Stryker Finance 1478	25652 NETWORK PLACE CHICAGO,IL 606730000	Medical Supplies		
Stryker Finance 1478	25652 NETWORK PLACE CHICAGO,IL 606730000	Purchasing - Other		
Stryker Sales Corp 1478	PO BOX 93276 CHICAGO,IL 60673-3276	Maintenance		
UW Medicine	325 9th Ave, 12NJ 1250, Seattle, WA 98104	QA Services	12/1/2017	1
Ventura Medstaff, LLC	PO BOX 3544 OMAHA,NE 68103-0544	Contract Labor	4/1/2019	10
Luis Vincenty, MD	To Be Determined	Employment	3/12/2019	57
Virginal Mason Medical Center	1100 Ninth Ave. Seattle, WA 98101	Information Sharing	4/26/2017	Evergreen
Vizient	To Be Determined			
Vital Healthcare	15475 Ruggles St. Suite 113, Omaha, NE 68116	Staffing	10/29/2018	6
VK Powel Construction	PO BOX 10295 YAKIMA,WA 98909	Maintenance		
WASHINGTON HOSPITALISTS, PLLC 1478 17857	To Be Determined	Professional Services - Hospital Based		

SHC Medical Center - Toppenish  
Schedule G

Affected Parties - Common Supplier	Address	Contract Category	Start Date	Months Remaining
WA State Dept. of Commerce	PO Box 42525, 1011 Plum St. SE, Olympia, WA 98504	Grant Contract	8/17/2018	6/30/2021
Washington State Department of Health 1478	PO BOX 1099 OLYMPIA, WA 985071099	Data-Sharing		
Washington State University- College of Pharmacy and College of Nursing	To Be Determined	Participation Agreement	4/26/2019	58
Washington State University School of Nursing	To Be Determined	Participation Agreement		
Washington State University- College of Medicine	To Be Determined	Medical Student Training	7/30/2018	Evergreen
Werfen USA LLC 1478	PO BOX 347934 PITTSBURGH, PA 152514934	Maintenance	6/9/2018	0
Worker Psych Care (Yakima Worker Care LLC)	To Be Determined	Pro Fee services provided	11/1/2018	0
Xerox Corporation 1478	PO BOX 7405 PASADENA, CA 911097405	Maintenance		
Yakama Nation	To Be Determined	Pro Fee services provided	10/1/2018	3
Yakima Heart Center	406 S 30TH AVE #101 YAKIMA, WA 989020000	Professional Services		
Yakima Valley Community College 19- 150	PO BOX 22520 YAKIMA, WA 989072520	Participation Agreement	9/1/2019	Evergreen
Yakima Valley Community College 1478	PO BOX 22520 YAKIMA, WA 989072520	Participation Agreement		
Yakima Valley Community College 1478	PO BOX 22520 YAKIMA, WA 989072520	Participation Agreement		
Yakima Valley Community College 1478	PO BOX 22520 YAKIMA, WA 989072520	Participation Agreement		

SHC Medical Center - Toppenish  
Schedule G

Affected Parties - Common Supplier	Address	Contract Category	Start Date	Months Remaining
Yakima Valley Community College 1478	PO BOX 22520 YAKIMA, WA 989072520	Participation Agreement		
Yakima Valley Radiology	PO BOX 2925 YAKIMA, WA 989072925	Medical Director	11/1/2005	Evergreen
Yakima Valley Radiology PC 1478 495	PO BOX 2925 YAKIMA, WA 989072925	Professional Services - Ho	10/1/2016	

SHC Medical Center - Toppenish

Schedule G

Provider's Name	Contract Expiration Date	Mailing Address
Ahmad, Naseer MD	Not Started Yet	C/O Astria Health 900 W. Chestnut Yakima, WA 98902
Alvord, Jon PA-C	02/07/24	C/O Astria Health 900 W. Chestnut Yakima, WA 98902
Alvord, Lori MD	12/11/22	C/O Astria Health 900 W. Chestnut Yakima, WA 98902
Amado-Cattaneo, Roberto, MD	03/02/23	C/O Astria Health 900 W. Chestnut Yakima, WA 98902
Antoci, Tatiana MD	09/01/22	C/O Astria Health 900 W. Chestnut Yakima, WA 98902
Antoci, Valentin MD	09/01/22	C/O Astria Health 900 W. Chestnut Yakima, WA 98902
Atteberry, David MD	n/a	C/O Astria Health 900 W. Chestnut Yakima, WA 98902
Bailon, Oscar MD	03/19/25	C/O Astria Health 900 W. Chestnut Yakima, WA 98902
Barr, Karen CRNA	n/a	C/O Astria Health 900 W. Chestnut Yakima, WA 98902
Becerril, David MD	09/05/20	C/O Astria Health 900 W. Chestnut Yakima, WA 98902
Bettenhausen, Caleb PA	09/01/19	C/O Astria Health 900 W. Chestnut Yakima, WA 98902
Bosma, Angela PA-C	09/01/21	C/O Astria Health 900 W. Chestnut Yakima, WA 98902
Bremjit, Vani MD	06/11/23	C/O Astria Health 900 W. Chestnut Yakima, WA 98902
Brizuela, Miguel MD	08/18/19	C/O Astria Health 900 W. Chestnut Yakima, WA 98902
Bronson, Davis MD	05/12/21	C/O Astria Health 900 W. Chestnut Yakima, WA 98902

SHC Medical Center - Toppenish

Schedule G

Provider's Name	Contract Expiration Date	Mailing Address
Bulfinch, Charles V. DO	08/01/21	C/O Astria Health 900 W. Chestnut Yakima, WA 98902
Cahn, Mitchell MD	05/28/19	C/O Astria Health 900 W. Chestnut Yakima, WA 98902
Calayan, Vlastimil MD	09/01/20	C/O Astria Health 900 W. Chestnut Yakima, WA 98902
Cleland-Zamudio, Suzanne MD	10/01/21	C/O Astria Health 900 W. Chestnut Yakima, WA 98902
Commet, Vern NP	05/16/21	C/O Astria Health 900 W. Chestnut Yakima, WA 98902
Crawford, Hollie CRNA	n/a	C/O Astria Health 900 W. Chestnut Yakima, WA 98902
Diaz, Selena FNP-C	04/16/22	C/O Astria Health 900 W. Chestnut Yakima, WA 98902
DiMeo, Joseph A. DO	08/12/23	C/O Astria Health 900 W. Chestnut Yakima, WA 98902
Drazin, Doniel MD	11/07/19	C/O Astria Health 900 W. Chestnut Yakima, WA 98902
Feen, Jeff PA-C	11/06/19	C/O Astria Health 900 W. Chestnut Yakima, WA 98902
Ford, Jennifer	07/31/21	C/O Astria Health 900 W. Chestnut Yakima, WA 98902
Furan, Paul PA-C	06/13/21	C/O Astria Health 900 W. Chestnut Yakima, WA 98902
Garcia, Ana MD	07/26/21	C/O Astria Health 900 W. Chestnut Yakima, WA 98902
Garcia, Roen J. MD	08/14/20	C/O Astria Health 900 W. Chestnut Yakima, WA 98902

SHC Medical Center - Toppenish

Schedule G

Provider's Name	Contract Expiration Date	Mailing Address
Gardner, Mark PA-C	01/01/21	C/O Astria Health 900 W. Chestnut Yakima, WA 98902
Gray, Jody ARNP	12/15/21	C/O Astria Health 900 W. Chestnut Yakima, WA 98902
Greenwald, Alan, MD	10/02/20	C/O Astria Health 900 W. Chestnut Yakima, WA 98902
Grunert, Peter MD	06/25/23	C/O Astria Health 900 W. Chestnut Yakima, WA 98902
Gustavson, Andrew MD	08/13/23	C/O Astria Health 900 W. Chestnut Yakima, WA 98902
Hanson, Jason	04/02/23	C/O Astria Health 900 W. Chestnut Yakima, WA 98902
Hartwig, Rebecca A. CRNA	n/a	C/O Astria Health 900 W. Chestnut Yakima, WA 98902
Heflick, Scott K. MD	06/11/23	C/O Astria Health 900 W. Chestnut Yakima, WA 98902
Hemstad, Jan R. MD	06/01/20	C/O Astria Health 900 W. Chestnut Yakima, WA 98902
Henderson, Marjorie MD	01/02/21	C/O Astria Health 900 W. Chestnut Yakima, WA 98902
Herron, Karena NP	01/15/23	C/O Astria Health 900 W. Chestnut Yakima, WA 98902
Hosey, Reese PA-C	n/a	C/O Astria Health 900 W. Chestnut Yakima, WA 98902
Jones, Jodie E. MD	08/31/19	C/O Astria Health 900 W. Chestnut Yakima, WA 98902
Karuman, Philip MD	10/01/23	C/O Astria Health 900 W. Chestnut Yakima, WA 98902



**SHC Medical Center - Toppenish**

**Schedule G**

<b>Provider's Name</b>	<b>Contract Expiration Date</b>	<b>Mailing Address</b>
Kim, Anatole MD	06/01/21	C/O Astria Health 900 W. Chestnut Yakima, WA 98902
Kneller, James MD	06/05/22	C/O Astria Health 900 W. Chestnut Yakima, WA 98902
Koby, Jean	10/15/23	C/O Astria Health 900 W. Chestnut Yakima, WA 98902
LeCheminant, Jeff DPM	05/12/21	C/O Astria Health 900 W. Chestnut Yakima, WA 98902
Livingston, Chase DO	08/13/22	C/O Astria Health 900 W. Chestnut Yakima, WA 98902
Lu, Qilin MD	08/01/20	C/O Astria Health 900 W. Chestnut Yakima, WA 98902
Madej, Anna MD	06/21/19	C/O Astria Health 900 W. Chestnut Yakima, WA 98902
Martincic, Danko MD	03/18/20	C/O Astria Health 900 W. Chestnut Yakima, WA 98902
Musser, David MD	11/01/23	C/O Astria Health 900 W. Chestnut Yakima, WA 98902
Newton, Aaron DO	Not Started Yet	C/O Astria Health 900 W. Chestnut Yakima, WA 98902
Newton, Carrie DO	09/04/22	C/O Astria Health 900 W. Chestnut Yakima, WA 98902
Owens, John MD	07/31/22	C/O Astria Health 900 W. Chestnut Yakima, WA 98902
Parnell, Whitney MD	08/01/22	C/O Astria Health 900 W. Chestnut Yakima, WA 98902
Parvataneni, Kesav MD	07/31/21	C/O Astria Health 900 W. Chestnut Yakima, WA 98902

SHC Medical Center - Toppenish

Schedule G

Provider's Name	Contract Expiration Date	Mailing Address
Pierson, Roy MD	01/02/20	C/O Astria Health 900 W. Chestnut Yakima, WA 98902
Pulliam, Thomas MD	11/06/20	C/O Astria Health 900 W. Chestnut Yakima, WA 98902
Rias, Muhammad MD	09/15/21	C/O Astria Health 900 W. Chestnut Yakima, WA 98902
Robertson, Julia K. MD	06/08/21	C/O Astria Health 900 W. Chestnut Yakima, WA 98902
Robinson, Janette FNP-C	07/02/20	C/O Astria Health 900 W. Chestnut Yakima, WA 98902
Rodriguez, Ben PA-C	10/31/21	C/O Astria Health 900 W. Chestnut Yakima, WA 98902
Schwartz, Matthew A. MD	09/01/22	C/O Astria Health 900 W. Chestnut Yakima, WA 98902
Shoemaker, David MD	06/01/21	C/O Astria Health 900 W. Chestnut Yakima, WA 98902
Stoddard, Ian CRNA	09/05/19	C/O Astria Health 900 W. Chestnut Yakima, WA 98902
Titus, Bradley MD	08/07/22	C/O Astria Health 900 W. Chestnut Yakima, WA 98902
Titus, Deborah FNP-C	10/01/20	C/O Astria Health 900 W. Chestnut Yakima, WA 98902
Tovalin, Mirna FNP-C	10/01/21	C/O Astria Health 900 W. Chestnut Yakima, WA 98902
Tracy Schnarrenberger, MD (Berg)	06/30/23	C/O Astria Health 900 W. Chestnut Yakima, WA 98902
Treece, Gary MD	10/31/19	C/O Astria Health 900 W. Chestnut Yakima, WA 98902

SHC Medical Center - Toppenish

Schedule G

Provider's Name	Contract Expiration Date	Mailing Address
Valicoff, Andrea	n/a	C/O Astria Health 900 W. Chestnut Yakima, WA 98902
Ward, Brad MD	07/09/23	C/O Astria Health 900 W. Chestnut Yakima, WA 98902
Wells, Robert MD	04/01/24	C/O Astria Health 900 W. Chestnut Yakima, WA 98902
Whittlesey, Craig MD	01/01/23	C/O Astria Health 900 W. Chestnut Yakima, WA 98902
Winegar, Corbett MD	06/04/23	C/O Astria Health 900 W. Chestnut Yakima, WA 98902
Zammit, Michael MD	02/01/20	C/O Astria Health 900 W. Chestnut Yakima, WA 98902
Zoric, Christina AGACNP	04/22/24	C/O Astria Health 900 W. Chestnut Yakima, WA 98902

**Fill in this information to identify the case:**

Debtor name SHC Medical Center-Toppenish  
 United States Bankruptcy Court for the: Eastern District of WA  
(State)  
 Case number (if known): 19-01190-11

Check if this is an amended filing

**Official Form 206H**

**Schedule H: Codebtors**

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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	<u>See Attached Chart</u> 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		Fidelity Title	Stryker Saes Corporation
						Construction Services	Construction Services		
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		
SHC Medical Center-Yakima	(19-01192-11)	x	x	x	x		x		x
Sunnyside Community Hospital Association	(19-01191-11)	x	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						
Yakima HMA Home Health, LLC	(19-01200-11)	x	x	x					

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

Debtor Name SHC Medical Center - Toppenish

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

Case number (if known): 19-01190-11

## Official Form 202

# Declaration Under Penalty of Perjury for Non-Individual Debtors

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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

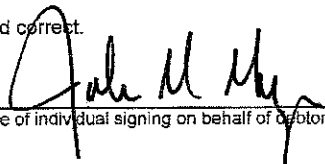
I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

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