

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

HONORABLE FRANK L. KURTZ

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

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

Proposed Attorneys for the Chapter 11 Debtors and Debtors In Possession

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

In re:

ASTRIA HEALTH, *et al.*,

Debtors and Debtors in Possession.¹

Chapter 11

Lead Case No. 19-01189-11

Jointly Administered

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

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

GLOBAL NOTES

112627699V-6

601



T 213-623-9

190118919062000000000002

T 206 292 2110 / F 206 292 2104

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

I.

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

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

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

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

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

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

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

17
18
19
20
21

II.

GENERAL NOTES

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 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:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

III.

CONCLUSION

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

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

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

Dated: June 19, 2019

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

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

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

Fill in this information to identify the case:

Debtor name Astria Health

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

Case number (if known): 19-01189-11

Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy 04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue
Check all that apply

Gross revenue
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:	From <u>1/1/19</u> to Filing date <small>MM / DD / YYYY</small>	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	\$ <u>1,441,422.00</u>
For prior year:	From <u>1/1/18</u> to <u>12/31/18</u> <small>MM / DD / YYYY</small>	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	\$ <u>2,480,635.00</u>
For the year before that:	From <u>9/1/17</u> to <u>12/31/17</u> <small>MM / DD / YYYY</small>	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	\$ <u>841,459.00</u>

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

None

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:	From _____ to Filing date <small>MM / DD / YYYY</small>	_____	\$ _____
For prior year:	From _____ to _____ <small>MM / DD / YYYY</small>	_____	\$ _____
For the year before that:	From _____ to _____ <small>MM / DD / YYYY</small>	_____	\$ _____

Debtor

Astria Health
Name

Case number (if known) 19-01189-11

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. <u>See Attached</u> Creditor's name _____ Street _____ City State ZIP Code	_____	\$ _____	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.2. _____ Creditor's name _____ Street _____ City State ZIP Code	_____	\$ _____	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1. _____ Insider's name _____ Street _____ City State ZIP Code Relationship to debtor _____	_____	\$ _____	_____
4.2. _____ Insider's name _____ Street _____ City State ZIP Code Relationship to debtor _____	_____	\$ _____	_____

Debtor

Astria Health
Name

Case number (if known) 19-01189-11

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

None

	Creditor's name and address	Description of the property	Date	Value of property
--	-----------------------------	-----------------------------	------	-------------------

5.1.

Creditor's name _____

Street _____

City _____ State _____ ZIP Code _____

5.2.

Creditor's name _____

Street _____

City _____ State _____ ZIP Code _____

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

None

	Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
--	-----------------------------	---	-----------------------	--------

Creditor's name _____

Street _____

City _____ State _____ ZIP Code _____

Last 4 digits of account number: XXXX- _____

Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

None

	Case title	Nature of case	Court or agency's name and address	Status of case
--	------------	----------------	------------------------------------	----------------

7.1.

Case number _____

Name _____

Street _____

City _____ State _____ ZIP Code _____

- Pending
- On appeal
- Concluded

7.2.

Case title _____

Case number _____

Court or agency's name and address _____

Name _____

Street _____

City _____ State _____ ZIP Code _____

- Pending
- On appeal
- Concluded

Debtor

Astria Health
Name

Case number (if known) 19-01189-11

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

None

Custodian's name and address	Description of the property	Value
_____	_____	\$ _____
Custodian's name	Case title	Court name and address
Street	_____	_____
_____	Case number	Name
City State ZIP Code	_____	Street
	Date of order or assignment	_____
	_____	City State ZIP Code

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

None

	Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1.	_____ Recipient's name Street _____ City State ZIP Code	_____ _____ _____	_____	\$ _____
	Recipient's relationship to debtor _____			
9.2.	_____ Recipient's name Street _____ City State ZIP Code	_____ _____ _____	_____	\$ _____
	Recipient's relationship to debtor _____			

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

None

Description of the property lost and how the loss occurred	Amount of payments received for the loss If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets - Real and Personal Property).	Date of loss	Value of property lost
_____	_____	_____	\$ _____
_____	_____	_____	_____

Debtor

Astria Health
Name

Case number (if known) 19-01189-11

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

None

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.1.	Dentons US LLP		4/30/19	\$ 300,000.00
	Address 601 S. Figueroa, Suite 2500 Street Los Angeles, CA 90017 City State ZIP Code			
	Email or website address www.dentons.com			
	Who made the payment, if not debtor?			

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.2.	Bush Kornfeld LLP		5/3/19	\$ 50,000.00
	Address 601 Union Street Street Suite 5000 Seattle, WA 98101 City State ZIP Code			
	Email or website address www.bskd.com			
	Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

None

	Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
				\$ _____
	Trustee			

Debtor

Astria Health
Name

Case number (if known) 19-01189-11

13. Transfers not already listed on this statement

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

None

Who received transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1. _____ Address _____ Street _____ City State ZIP Code	_____	_____	\$ _____
Relationship to debtor _____			

13.2. _____ Address _____ Street _____ City State ZIP Code	_____	_____	\$ _____
Relationship to debtor _____			

Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

Does not apply

Address	Dates of occupancy	
	From	To
14.1. _____ Street _____ City State ZIP Code	_____	_____
14.2. _____ Street _____ City State ZIP Code	_____	_____

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- No. Go to Part 9.
- Yes. Fill in the information below.

	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
<p>15.1. _____ Facility name</p> <p>_____</p> <p>Street</p> <p>_____</p> <p>City State ZIP Code</p>	<p>_____</p> <p>_____</p> <p>Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>How are records kept?</p> <p>Check all that apply:</p> <p><input type="checkbox"/> Electronically</p> <p><input type="checkbox"/> Paper</p>
<p>15.2. _____ Facility name</p> <p>_____</p> <p>Street</p> <p>_____</p> <p>City State ZIP Code</p>	<p>_____</p> <p>_____</p> <p>Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>How are records kept?</p> <p>Check all that apply:</p> <p><input type="checkbox"/> Electronically</p> <p><input type="checkbox"/> Paper</p>

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

- No.
- Yes. State the nature of the information collected and retained. _____
Does the debtor have a privacy policy about that information?
 No
 Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- No. Go to Part 10.
- Yes. Does the debtor serve as plan administrator?
 No. Go to Part 10.
 Yes. Fill in below:

Name of plan _____ Employer identification number of the plan
EIN: _____ - _____ - _____

- Has the plan been terminated?
- No
 - Yes

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

None

	Financial Institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1.	Name _____ Street _____ City _____ State _____ ZIP Code _____	XXXX-____-____-____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____
18.2.	Name _____ Street _____ City _____ State _____ ZIP Code _____	XXXX-____-____-____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

None

Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Name _____ Street _____ City _____ State _____ ZIP Code _____	_____	m _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
	Address _____		

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Name _____ Street _____ City _____ State _____ ZIP Code _____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
	Address _____		

Debtor

Astria Health
Name

Case number (if known) 19-01189-11

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

None

Owner's name and address	Location of the property	Description of the property	Value
Name _____	_____	_____	\$ _____
Street _____	_____	_____	

City _____ State _____ ZIP Code _____			

Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes, or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No
 Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
_____	Name _____	_____	<input type="checkbox"/> Pending
Case number _____	Street _____	_____	<input type="checkbox"/> On appeal
	_____		<input type="checkbox"/> Concluded
	City _____ State _____ ZIP Code _____		

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

No
 Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name _____	Name _____	_____	_____
Street _____	Street _____	_____	
_____	_____		
City _____ State _____ ZIP Code _____	City _____ State _____ ZIP Code _____		

Debtor

Astria Health
Name

Case number (if known) 19-01189-11

24. Has the debtor notified any governmental unit of any release of hazardous material?

- No
- Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name _____	Name _____	_____	_____
Street _____	Street _____	_____	
City _____ State _____ ZIP Code _____	City _____ State _____ ZIP Code _____		

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- None

Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1. <u>See Attached Chart</u> Name _____	<u>S</u> _____	EIN: _____ - _____ - _____
Street _____	_____	Dates business existed
City _____ State _____ ZIP Code _____	_____	From _____ To _____

Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.2. _____ Name _____	_____	EIN: _____ - _____ - _____
Street _____	_____	Dates business existed
City _____ State _____ ZIP Code _____	_____	From _____ To _____

Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.3. _____ Name _____	_____	EIN: _____ - _____ - _____
Street _____	_____	Dates business existed
City _____ State _____ ZIP Code _____	_____	From _____ To _____

Debtor

Astria Health
Name

Case number (if known) 19-01189-11

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

None

Name and address

Dates of service

26a.1.

Cary Rowan

From 9/17 To Present

Name

900 W. Chestnut Avenue

Street

Yakima, WA 98902

City

State

ZIP Code

Name and address

Dates of service

26a.2.

Name

From _____ To _____

Street

City

State

ZIP Code

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

None

Name and address

Dates of service

26b.1.

Name

From _____ To _____

Street

City

State

ZIP Code

Name and address

Dates of service

26b.2.

Name

From _____ To _____

Street

City

State

ZIP Code

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

None

Name and address

If any books of account and records are unavailable, explain why

26c.1.

Name

Street

City

State

ZIP Code

Debtor

Astria Health
Name

Case number (if known) **19-01189-11**

Name and address

If any books of account and records are unavailable, explain why

26c.2.

Name

Street

City

State

ZIP Code

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

None

Name and address

26d.1.

Name

Street

City

State

ZIP Code

Name and address

26d.2.

Name

Street

City

State

ZIP Code

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

No

Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

Date of Inventory

The dollar amount and basis (cost, market, or other basis) of each inventory

_____ \$ _____

Name and address of the person who has possession of inventory records

27.1.

Name

Street

City

State

ZIP Code

Debtor

Astria Health
Name

Case number (if known) 19-01189-11

Name of the person who supervised the taking of the inventory

Date of Inventory

The dollar amount and basis (cost, market, or other basis) of each inventory

\$ _____

Name and address of the person who has possession of inventory records

27.2.

Name _____

Street _____

City _____ State _____ ZIP Code _____

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of Interest, if any
See Attached Chart	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- No
- Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
_____	_____	_____	From _____ To _____
_____	_____	_____	From _____ To _____
_____	_____	_____	From _____ To _____
_____	_____	_____	From _____ To _____

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- No
- Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1. Name _____	_____	_____	_____
Street _____		_____	
City _____ State _____ ZIP Code _____		_____	
Relationship to debtor _____		_____	

Debtor

Astria Health
Name

Case number (if known) 19-01189-11

Name and address of recipient

30.2

Name

Street

City

State

ZIP Code

Relationship to debtor

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

No

Yes. Identify below.

Name of the parent corporation

Employer identification number of the parent corporation

EIN: _____

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

No

Yes. Identify below.

Name of the pension fund

Employer identification number of the pension fund

EIN: _____

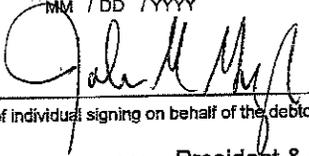
Part 14: Signature and Declaration

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.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

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

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


Signature of individual signing on behalf of the debtor

Printed name John M. Gallagher

Position or relationship to debtor President & CEO

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy (Official Form 207)* attached?

No
 Yes

Astria Health
SoFA #3
90 Day Payments

Payee Vendor Name	Address	Voucher Amount	Co. Id	Voucher Id	Invoice No	Transaction Type	Check Date
BANNER BANK	PO BOX 2181WALLA WALLA,WA 993620181	687.00	010	38468	19 JAN ROWAN	Invoice	02/11/19
BANNER BANK	PO BOX 2181WALLA WALLA,WA 993620181	35.93	010	38468	19 JAN ROWAN	Invoice	02/11/19
BANNER BANK	PO BOX 2181WALLA WALLA,WA 993620181	265.79	010	38469	19 JAN ALLEN	Invoice	02/11/19
BANNER BANK	PO BOX 2181WALLA WALLA,WA 993620181	47.05	010	38469	19 JAN ALLEN	Invoice	02/11/19
BANNER BANK	PO BOX 2181WALLA WALLA,WA 993620181	25.90	010	38469	19 JAN ALLEN	Invoice	02/11/19
BANNER BANK	PO BOX 2181WALLA WALLA,WA 993620181	10.13	010	38469	19 JAN ALLEN	Invoice	02/11/19
BANNER BANK	PO BOX 2181WALLA WALLA,WA 993620181	9.82	010	43755	19 FEB ALLEN	Invoice	03/12/19
BANNER BANK	PO BOX 2181WALLA WALLA,WA 993620181	13.40	010	43755	19 FEB ALLEN	Invoice	03/12/19
BANNER BANK	PO BOX 2181WALLA WALLA,WA 993620181	5.41	010	43755	19 FEB ALLEN	Invoice	03/12/19
BANNER BANK	PO BOX 2181WALLA WALLA,WA 993620181	26.17	010	43755	19 FEB ALLEN	Invoice	03/12/19
BANNER BANK	PO BOX 2181WALLA WALLA,WA 993620181	3.56	010	43755	19 FEB ALLEN	Invoice	03/12/19
BANNER BANK	PO BOX 2181WALLA WALLA,WA 993620181	15.84	010	43755	19 FEB ALLEN	Invoice	03/12/19
BANNER BANK	PO BOX 2181WALLA WALLA,WA 993620181	502.62	010	43755	19 FEB ALLEN	Invoice	03/12/19
BANNER BANK	PO BOX 2181WALLA WALLA,WA 993620181	31.80	010	43755	19 FEB ALLEN	Invoice	03/12/19
BANNER BANK	PO BOX 2181WALLA WALLA,WA 993620181	25.90	010	43755	19 FEB ALLEN	Invoice	03/12/19
BANNER BANK	PO BOX 2181WALLA WALLA,WA 993620181	268.00	010	43755	19 FEB ALLEN	Invoice	03/12/19
BANNER BANK	PO BOX 2181WALLA WALLA,WA 993620181	36.66	010	43755	19 FEB ALLEN	Invoice	03/12/19
BANNER BANK	PO BOX 2181WALLA WALLA,WA 993620181	36.00	010	43755	19 FEB ALLEN	Invoice	03/12/19
BANNER BANK	PO BOX 2181WALLA WALLA,WA 993620181	50.00	010	43755	19 FEB ALLEN	Invoice	03/12/19
BANNER BANK	PO BOX 2181WALLA WALLA,WA 993620181	48.70	010	43756	19 FEB ROWAN	Invoice	03/12/19
BANNER BANK	PO BOX 2181WALLA WALLA,WA 993620181	128.80	010	43756	19 FEB ROWAN	Invoice	03/12/19
BANNER BANK	PO BOX 2181WALLA WALLA,WA 993620181	31.73	010	43756	19 FEB ROWAN	Invoice	03/12/19
BANNER BANK	PO BOX 2181WALLA WALLA,WA 993620181	40.00	010	43756	19 FEB ROWAN	Invoice	03/12/19
BANNER BANK	PO BOX 2181WALLA WALLA,WA 993620181	38.21	010	43756	19 FEB ROWAN	Invoice	03/12/19
BANNER BANK	PO BOX 2181WALLA WALLA,WA 993620181	226.88	010	43756	19 FEB ROWAN	Invoice	03/12/19
BANNER BANK	PO BOX 2181WALLA WALLA,WA 993620181	5,000.00	010	43758	19 FEB ALLEN YAK	Invoice	03/12/19
BANNER BANK	PO BOX 2181WALLA WALLA,WA 993620181	2,600.00	010	43759	19 FEB ALLEN TOPP	Invoice	03/12/19
BANNER BANK	PO BOX 2181WALLA WALLA,WA 993620181	125.00	010	48170	19 MAR ALLEN	Invoice	04/09/19
BANNER BANK	PO BOX 2181WALLA WALLA,WA 993620181	123.56	010	48170	19 MAR ALLEN	Invoice	04/09/19
BANNER BANK	PO BOX 2181WALLA WALLA,WA 993620181	25.90	010	48170	19 MAR ALLEN	Invoice	04/09/19
BANNER BANK	PO BOX 2181WALLA WALLA,WA 993620181	1,336.06	010	48170	19 MAR ALLEN	Invoice	04/09/19
BANNER BANK	PO BOX 2181WALLA WALLA,WA 993620181	44.68	010	48259	19 MAR ROWAN	Invoice	04/09/19
BANNER BANK	PO BOX 2181WALLA WALLA,WA 993620181	18.88	010	48259	19 MAR ROWAN	Invoice	04/09/19
BANNER BANK	PO BOX 2181WALLA WALLA,WA 993620181	25.90	010	48259	19 MAR ROWAN	Invoice	04/09/19
BANNER BANK	PO BOX 2181WALLA WALLA,WA 993620181	68.90	010	48259	19 MAR ROWAN	Invoice	04/09/19
BANNER BANK	PO BOX 2181WALLA WALLA,WA 993620181	91.00	010	48263	19 MAR ROWAN SCH	Invoice	04/09/19
BEFORE THE MOVIE, INC.	1411 OLIVER ROAD, SUITE 250FAIRFIELD,CA 94534	1,325.00	010	23842	27174	Invoice	02/26/19
BEFORE THE MOVIE, INC.	1411 OLIVER ROAD, SUITE 250FAIRFIELD,CA 94534	1,325.00	010	39631	27175	Invoice	02/26/19
BEFORE THE MOVIE, INC.	1411 OLIVER ROAD, SUITE 250FAIRFIELD,CA 94534	1,325.00	010	30611	27176	Invoice	02/26/19
BERND MOVING SYSTEMS,	600 N 18TH AVEYAKIMA,WA 98902	2,600.00	010	45928	2019315	Invoice	03/20/19
BERND MOVING SYSTEMS,	600 N 18TH AVEYAKIMA,WA 98902	4,044.78	010	48124	2927	Invoice	04/03/19
BESTWESTERN GRAPEVINE	1849 QUAIL LANESUNNYSIDE,WA 98944	215.38	010	37071	1047	Invoice	02/05/19
BESTWESTERN GRAPEVINE	1849 QUAIL LANESUNNYSIDE,WA 98944	215.38	010	33280	1168	Invoice	02/05/19
BOS REFRIGERATION	3940 Alexander Rd.SUNNYSIDE,WA 98944	125.85	010	17812	5533	Invoice	03/15/19
BRIAN GIBBONS	12519 PAIGE LNPROSSER,WA 99350	680.17	010	18416	18 MAY21-SEP14.	Invoice	03/06/19
BUSH KRONFELD LLP		50,000.00	010	52705	19 MAY3 FEE	Invoice	05/03/19

Astria Health
SoFA #3
90 Day Payments

Payee Vendor Name	Address	Voucher Amount	Co. Id	Voucher Id	Invoice No	Transaction Type	Check Date
BUTLER SNOW	PO BOX 6010RIDGELAND,MS 39158-6010	414.00	010	33020	10212378	Invoice	02/28/19
BUTLER SNOW	PO BOX 6010RIDGELAND,MS 39158-6010	-414.00	010	43009	10212378	Adjustment	02/28/19
BUTLER SNOW	PO BOX 6010RIDGELAND,MS 39158-6010	7,305.00	010	42824	10215544	Invoice	02/28/19
BUTLER SNOW	PO BOX 6010RIDGELAND,MS 39158-6010	-7,305.00	010	42852	10215544	Adjustment	02/28/19
BUTLER SNOW	PO BOX 6010RIDGELAND,MS 39158-6010	66,582.70	010	4809	10191971	Invoice	03/06/19
BUTLER SNOW	PO BOX 6010RIDGELAND,MS 39158-6010	7,112.00	010	13737	10195882	Invoice	03/06/19
BUTLER SNOW	PO BOX 6010RIDGELAND,MS 39158-6010	5,237.50	010	13719	10197809	Invoice	03/06/19
BUTLER SNOW	PO BOX 6010RIDGELAND,MS 39158-6010	2,836.85	010	30626	10200534	Invoice	03/06/19
BUTLER SNOW	PO BOX 6010RIDGELAND,MS 39158-6010	838.50	010	42962	10200532-1	Invoice	03/06/19
BUTLER SNOW	PO BOX 6010RIDGELAND,MS 39158-6010	250.00	010	21571	10204197	Invoice	03/06/19
BUTLER SNOW	PO BOX 6010RIDGELAND,MS 39158-6010	1,106.00	010	21572	10204199	Invoice	03/06/19
BUTLER SNOW	PO BOX 6010RIDGELAND,MS 39158-6010	6,701.88	010	21575	10204198	Invoice	03/06/19
BUTLER SNOW	PO BOX 6010RIDGELAND,MS 39158-6010	6,900.50	010	26328	10206731	Invoice	03/06/19
BUTLER SNOW	PO BOX 6010RIDGELAND,MS 39158-6010	380.50	010	42963	10211280	Invoice	03/06/19
BUTLER SNOW	PO BOX 6010RIDGELAND,MS 39158-6010	1,640.00	010	33021	10212409	Invoice	03/06/19
BUTLER SNOW	PO BOX 6010RIDGELAND,MS 39158-6010	413.57	010	33022	10212408	Invoice	03/06/19
BUTLER SNOW	PO BOX 6010RIDGELAND,MS 39158-6010	3,248.00	010	17039	10200576	Invoice	02/28/19
BUTLER SNOW	PO BOX 6010RIDGELAND,MS 39158-6010	-3,248.00	010	43007	10200576	Adjustment	02/28/19
BUTLER SNOW	PO BOX 6010RIDGELAND,MS 39158-6010	5,878.50	010	21573	102004219	Invoice	02/28/19
BUTLER SNOW	PO BOX 6010RIDGELAND,MS 39158-6010	(5,878.50)	010	43008	10204219	Adjustment	02/28/19
BUTLER SNOW	PO BOX 6010RIDGELAND,MS 39158-6010	112.50	010	13717	10197819	Invoice	02/28/19
BUTLER SNOW	PO BOX 6010RIDGELAND,MS 39158-6010	(112.50)	010	43006	10197819	Adjustment	02/28/19
CAREFUSION SOLUTIONS, L	25082 NETWORK PLACECHICAGO,IL 60673-1250	75.00	010	35796	1001304527-4	Invoice	02/19/19
CAREFUSION SOLUTIONS, L	25082 NETWORK PLACECHICAGO,IL 60673-1250	-75.00	010	40398	1001304527-4	Adjustment	02/19/19
CAROL ALLEN	410 N 56TH AVE. YAKIMA,WA 98908	18.99	010	39866	18 MAR22-DEC31	Invoice	03/06/19
CAROL ALLEN	410 N 56TH AVE. YAKIMA,WA 98908	39.64	010	39866	18 MAR22-DEC31	Invoice	03/06/19
CAROL ALLEN	410 N 56TH AVE. YAKIMA,WA 98908	25.43	010	52673	18 DEC18-MAY3	Invoice	05/03/19
CINTAS CORPORATION #60	PO BOX 650838DALLAS,TX 75265-0838	15.38	010	23840	18 OCT 484	Invoice	04/03/19
CINTAS CORPORATION #60	PO BOX 650838DALLAS,TX 75265-0838	71.38	010	27873	18 NOV 484	Invoice	04/03/19
CINTAS CORPORATION #60	PO BOX 650838DALLAS,TX 75265-0838	71.38	010	32648	18 DEC 484	Invoice	04/03/19
CINTAS CORPORATION #60	PO BOX 650838DALLAS,TX 75265-0838	71.38	010	38472	19 JAN 484	Invoice	04/03/19
CITY OF ZILLAH	PO BOX 475ZILLAH,WA 98953	50.00	010	38542	19 JAN BUS LIC VVFM	Invoice	02/07/19
COFFEY COMMUNICATIONS	1505 BUSINESS ONE CIRCLEWALLA WALLA,WA 99362	5,184.53	010	24631	62420	Invoice	03/15/19
COFFEY COMMUNICATIONS	1505 BUSINESS ONE CIRCLEWALLA WALLA,WA 99362	4,549.07	010	24632	62453	Invoice	03/15/19
COFFEY COMMUNICATIONS	1505 BUSINESS ONE CIRCLEWALLA WALLA,WA 99362	3,928.81	010	24632	62453	Invoice	03/28/19
COFFEY COMMUNICATIONS	1505 BUSINESS ONE CIRCLEWALLA WALLA,WA 99362	5,804.79	010	24633	62497	Invoice	03/28/19
COFFEY COMMUNICATIONS	1505 BUSINESS ONE CIRCLEWALLA WALLA,WA 99362	9,733.60	010	24633	62497	Invoice	04/10/19
COFFEY COMMUNICATIONS	1505 BUSINESS ONE CIRCLEWALLA WALLA,WA 99362	6,094.00	010	24633	62497	Invoice	04/26/19
DANIELSBROWN ROMAN DJ	1725 52ND AVE STOLYMPIA,WA 98501	6,123.00	010	37784	01-2019	Invoice	03/06/19
DANIELSBROWN ROMAN DJ	1725 52ND AVE STOLYMPIA,WA 98501	6,085.00	010	38475	02-2019	Invoice	03/06/19
DANIELSBROWN ROMAN DJ	1725 52ND AVE STOLYMPIA,WA 98501	6,220.00	010	42858	03-2019	Invoice	03/06/19
DANIELSBROWN ROMAN DJ	1725 52ND AVE STOLYMPIA,WA 98501	6,188.00	010	48180	04-2019	Invoice	05/03/19
DANIELSBROWN ROMAN DJ	1725 52ND AVE STOLYMPIA,WA 98501	4,700.00	010	52569	05-2019	Invoice	05/03/19
DCC INC. DBA RENALOGIC	PO BOX 7185ANDPOINT,ID 83864	13,230.00	010	52552	AHIF	Invoice	05/03/19
EPIPHANY HEALTHCARE DA	3000 E BOUNDARY TERRACE, SUITE 2MIDLOTHIAN,VA 23112	1,815.74	010	48237	7456.	Invoice	04/03/19
FIELD GROUP	103 N 3RD STREET, SUITE 1YAKIMA,WA 98901	550.09	010	39875	1879	Invoice	02/28/19
FIELD GROUP	103 N 3RD STREET, SUITE 1YAKIMA,WA 98901	550.09	010	39876	1873-0	Invoice	02/28/19

Astria Health
SoFA #3
90 Day Payments

Payee Vendor Name	Address	Voucher Amount	Co. Id	Voucher Id	Invoice No	Transaction Type	Check Date
FIELD GROUP	103 N 3RD STREET, SUITE 1YAKIMA,WA 98901	904.68	010	39870	1901	Invoice	02/28/19
FIELD GROUP	103 N 3RD STREET, SUITE 1YAKIMA,WA 98901	4,100.00	010	39871	1984-0	Invoice	02/28/19
FIELD GROUP	103 N 3RD STREET, SUITE 1YAKIMA,WA 98901	2,880.00	010	39874	1949	Invoice	02/28/19
FIELD GROUP	103 N 3RD STREET, SUITE 1YAKIMA,WA 98901	874.68	010	39872	1982-0	Invoice	02/28/19
GO USA INC	521 S. COLUMBIA STREETWENATCHEE,WA 98801	1,178.35	010	4742	24181-1	Invoice	02/05/19
GO USA INC	521 S. COLUMBIA STREETWENATCHEE,WA 98801	118.13	010	4771	24857-1	Invoice	02/05/19
GO USA INC	521 S. COLUMBIA STREETWENATCHEE,WA 98801	284.59	010	5408	24856-1	Invoice	02/05/19
GO USA INC	521 S. COLUMBIA STREETWENATCHEE,WA 98801	614.32	010	7123	25204-1	Invoice	02/05/19
GO USA INC	521 S. COLUMBIA STREETWENATCHEE,WA 98801	1,578.58	010	13732	25973-1	Invoice	02/05/19
GO USA INC	521 S. COLUMBIA STREETWENATCHEE,WA 98801	611.08	010	19472	26373-1	Invoice	02/05/19
GO USA INC	521 S. COLUMBIA STREETWENATCHEE,WA 98801	426.59	010	19473	26369-1	Invoice	02/05/19
GO USA INC	521 S. COLUMBIA STREETWENATCHEE,WA 98801	233.32	010	20220	26940-1	Invoice	02/05/19
HAMMOND HANLON CAMP	4655 EXECUTIVE DRIVE, SUITE 2805AN DIEGO,CA 92121	108,118.40	010	45457	80	Invoice	03/15/19
HAMMOND HANLON CAMP	4655 EXECUTIVE DRIVE, SUITE 2805AN DIEGO,CA 92121	113,329.83	010	49864	81	Invoice	04/17/19
HAMMOND HANLON CAMP	4655 EXECUTIVE DRIVE, SUITE 2805AN DIEGO,CA 92121	12,000.00	010	52724	83	Invoice	05/03/19
HARMONY HEALTHCARE, LL	2909 W BAY TO BAY BLVD, SUITE 500TAMPA, FL 33629	15,034.00	010	44687	16471.	Invoice	03/15/19
HARMONY HEALTHCARE, LL	2909 W BAY TO BAY BLVD, SUITE 500TAMPA, FL 33629	12,680.50	010	38463	16600	Invoice	03/15/19
HARMONY HEALTHCARE, LL	2909 W BAY TO BAY BLVD, SUITE 500TAMPA, FL 33629	11,149.49	010	38474	16749	Invoice	03/15/19
HARMONY HEALTHCARE, LL	2909 W BAY TO BAY BLVD, SUITE 500TAMPA, FL 33629	9,134.50	010	38473	16881	Invoice	03/15/19
HARMONY HEALTHCARE, LL	2909 W BAY TO BAY BLVD, SUITE 500TAMPA, FL 33629	4,968.00	010	46885	17547	Invoice	04/15/19
HARMONY HEALTHCARE, LL	2909 W BAY TO BAY BLVD, SUITE 500TAMPA, FL 33629	7,776.00	010	46863	17668	Invoice	04/15/19
HARMONY HEALTHCARE, LL	2909 W BAY TO BAY BLVD, SUITE 500TAMPA, FL 33629	8,865.00	010	46884	17825	Invoice	04/15/19
HARMONY HEALTHCARE, LL	2909 W BAY TO BAY BLVD, SUITE 500TAMPA, FL 33629	8,855.50	010	42828	17010	Invoice	04/15/19
HARMONY HEALTHCARE, LL	2909 W BAY TO BAY BLVD, SUITE 500TAMPA, FL 33629	9,046.50	010	42826	17151	Invoice	04/15/19
HARMONY HEALTHCARE, LL	2909 W BAY TO BAY BLVD, SUITE 500TAMPA, FL 33629	4,710.00	010	42827	17305	Invoice	04/15/19
HARMONY HEALTHCARE, LL	2909 W BAY TO BAY BLVD, SUITE 500TAMPA, FL 33629	5,925.00	010	46886	17430	Invoice	04/15/19
HEALTH FACILITIES PLANNING	120 1ST AVENUE WEST, SUITE 100SEATTLE,WA 98119	1,615.85	010	21580	4735	Invoice	03/15/19
HEALTH FACILITIES PLANNING	120 1ST AVENUE WEST, SUITE 100SEATTLE,WA 98119	1,009.65	010	45460	4769-0	Invoice	03/15/19
HEALTH FACILITIES PLANNING	120 1ST AVENUE WEST, SUITE 100SEATTLE,WA 98119	6,432.25	010	48541	4761	Invoice	04/05/19
HEALTHCARE SOURCE HR, LLP	PO BOX 783577PHILADELPHIA,PA 191783577	48,105.75	010	26319	INVD388811	Invoice	04/01/19
JANINE SARTI	155805 WEST BYRON RDPROSSER,WA 99350	285.71	010	17040	18 MAY30-JUN1	Invoice	03/06/19
JANINE SARTI	155805 WEST BYRON RDPROSSER,WA 99350	50.10	010	13738	18 JUL11	Invoice	03/06/19
JAY RODNE		79.13	010	13712	18 AUG15	Invoice	03/06/19
JAY RODNE		58.64	010	13713	18 JUN20-21	Invoice	03/06/19
JEFF EGBERT, LLC	110 SOUTH 9TH AVEYAKIMA,WA 98902	18,550.00	010	45283	19 MARI-31 DAYS WOR	Invoice	03/15/19
JEFF EGBERT, LLC	110 SOUTH 9TH AVEYAKIMA,WA 98902	28.15	010	43757	19 FEB9 EXPENSES	Invoice	03/08/19
JEFF EGBERT, LLC	110 SOUTH 9TH AVEYAKIMA,WA 98902	570.92	010	43746	19 FEB23 EXPENSES	Invoice	03/08/19
JEFF EGBERT, LLC	110 SOUTH 9TH AVEYAKIMA,WA 98902	37,100.00	010	43747	19 FEB DAYS WORKER	Invoice	03/08/19
JEFF EGBERT, LLC	110 SOUTH 9TH AVEYAKIMA,WA 98902	1,072.81	010	43748	19 MAR2 EXPENSES	Invoice	03/08/19
JEFF EGBERT, LLC	110 SOUTH 9TH AVEYAKIMA,WA 98902	101.00	010	47601	19 MARI2-14 EXPENSE	Invoice	03/29/19
JEFF EGBERT, LLC	110 SOUTH 9TH AVEYAKIMA,WA 98902	572.24	010	47600	19 MARI7-20 EXPENSE	Invoice	03/29/19
JEFF EGBERT, LLC	110 SOUTH 9TH AVEYAKIMA,WA 98902	788.22	010	47599	19 MAR27 EXPENSES	Invoice	03/29/19
JEFF EGBERT, LLC	110 SOUTH 9TH AVEYAKIMA,WA 98902	20,405.00	010	45283	19 MARI-31 DAYS WOR	Invoice	03/29/19
JENSEN/ERIC	502 w 4th ave TOPPENISH ,WA 98948	739.96	010	46869	19 FEB11 EXPENSES	Invoice	05/03/19
JENSEN/ERIC	502 w 4th ave TOPPENISH ,WA 98948	124.26	010	46893	19 OCT1-NOV30 EXPEN	Invoice	05/03/19
JENSEN/ERIC	502 w 4th ave TOPPENISH ,WA 98948	48.54	010	50587	19 MARI6-APR2 EXPEN	Invoice	05/03/19
JENSEN/ERIC	502 w 4th ave TOPPENISH ,WA 98948	283.05	010	50587	19 MARI6-APR2 EXPEN	Invoice	05/03/19

Astria Health
SoFA #3
90 Day Payments

Payee Vendor Name	Address	Voucher Amount	Co. Id	Voucher Id	Invoice No	Transaction Type	Check Date
JOE KETTERER		178.66	010	39638	18 OCT21 EXPENSES	Invoice	03/06/19
JOE KETTERER		43.69	010	39635	18 NOV7 EXPENSES	Invoice	03/06/19
JOE KETTERER		49.82	010	39639	18 NOV26 EXPENSES	Invoice	03/06/19
JOE KETTERER		60.00	010	39613	19 JAN9 EXPENSE	Invoice	03/06/19
JOHN GALLAGHER	2261 WASHOUT RDSUNNYSIDE,WA 98944	-565.38	010	38462	18 NOV28-JAN3	Invoice	03/06/19
JOHN GALLAGHER	2261 WASHOUT RDSUNNYSIDE,WA 98944	781.64	010	38462	18 NOV28-JAN3	Invoice	03/06/19
JOHN GALLAGHER	2261 WASHOUT RDSUNNYSIDE,WA 98944	869.44	010	48174	18 JAN16-MAR28 EXPE	Invoice	05/03/19
JOHN GALLAGHER	2261 WASHOUT RDSUNNYSIDE,WA 98944	461.60	010	52672	19 MAR27-1MAY4	Invoice	05/03/19
JOHNSTON GROUP, LLC	NU12400 NW 80TH STREET, #191SEATTLE,WA 98117	6,000.00	010	38464	907	Invoice	05/03/19
JOHNSTON GROUP, LLC	NU12400 NW 80TH STREET, #191SEATTLE,WA 98117	6,000.00	010	42823	910	Invoice	05/03/19
JOHNSTON GROUP, LLC	NU12400 NW 80TH STREET, #191SEATTLE,WA 98117	6,000.00	010	43753	929	Invoice	05/03/19
JOHNSTON GROUP, LLC	NU12400 NW 80TH STREET, #191SEATTLE,WA 98117	31.56	010	44686	FC 6.	Invoice	05/03/19
JOHNSTON GROUP, LLC	NU12400 NW 80TH STREET, #191SEATTLE,WA 98117	6,000.00	010	52690	942	Invoice	05/03/19
KND0 T23/KNDU TV 25 NUN	P.O. BOX 600SPOKANE,WA 99210	1,800.00	010	26321	137822-1	Invoice	02/20/19
KND0 T23/KNDU TV 25 NUN	P.O. BOX 600SPOKANE,WA 99210	1,800.00	010	30603	139168-1	Invoice	02/20/19
KND0 T23/KNDU TV 25 NUN	P.O. BOX 600SPOKANE,WA 99210	1,800.00	010	38466	139376-1	Invoice	02/20/19
KRONOS INC.	PO BOX 743208ATLANTA,GA 30374-3208	10,377.71	010	30618	11391822	Invoice	02/05/19
KRONOS INC.	PO BOX 743208ATLANTA,GA 30374-3208	10,377.71	010	33019	11404240	Invoice	02/05/19
KRONOS INC.	PO BOX 743208ATLANTA,GA 30374-3208	10,377.71	010	39633	11413539	Invoice	03/15/19
KRONOS INC.	PO BOX 743208ATLANTA,GA 30374-3208	2,880.00	010	42833	11419554	Invoice	03/15/19
KRONOS INC.	PO BOX 743208ATLANTA,GA 30374-3208	10,383.69	010	46873	11423986	Invoice	04/15/19
KRONOS INC.	PO BOX 743208ATLANTA,GA 30374-3208	10,383.69	010	50809	114360800	Invoice	04/26/19
KURTZMAN CARSON CONSL		20,000.00	010	52706	19 MAY RETAINER	Invoice	05/03/19
LES ABERCROMBIE	3566 REGENT STRICHLAND,WA 99356	1,262.98	010	42829	19 FEB16 EXPENSES	Invoice	03/06/19
LES ABERCROMBIE	3566 REGENT STRICHLAND,WA 99356	705.00	010	42829	19 FEB16 EXPENSES	Invoice	03/06/19
LEWIS, CYNTHIA	N/A	71.97	010	42851	18 DEC21 EXPENSES	Invoice	03/06/19
Mark Lauteren	2765 Sawgrass LoopRichland,WA 99354	332.88	010	16117	18 APR-JUN MILEAGE	Invoice	03/06/19
Mark Lauteren	2765 Sawgrass LoopRichland,WA 99354	563.52	010	18418	18 JUL/AUG MILEAGE	Invoice	03/06/19
Mark Lauteren	2765 Sawgrass LoopRichland,WA 99354	284.49	010	39869	18 SEP-DEC MILEAGE	Invoice	03/06/19
Michael M. Gunn	220 Grandveiw Ave D23Sunnyside,WA 98944	67.92	010	39617	18 AUG23 EXPENSES	Invoice	02/11/19
Michael M. Gunn	220 Grandveiw Ave D23Sunnyside,WA 98944	44.58	010	39619	18 AUG30 EXPENSES	Invoice	02/11/19
Michael M. Gunn	220 Grandveiw Ave D23Sunnyside,WA 98944	108.60	010	39620	8 SEP27-28 EXPENSE	Invoice	02/11/19
Michael M. Gunn	220 Grandveiw Ave D23Sunnyside,WA 98944	51.21	010	39621	8 SEP13-18 EXPENSE	Invoice	02/11/19
Michael M. Gunn	220 Grandveiw Ave D23Sunnyside,WA 98944	109.30	010	39622	18 OCT2-3 EXPENSES	Invoice	02/11/19
Michael M. Gunn	220 Grandveiw Ave D23Sunnyside,WA 98944	30.18	010	39623	18 OCT12 EXPENSES	Invoice	02/11/19
Michael M. Gunn	220 Grandveiw Ave D23Sunnyside,WA 98944	106.50	010	39624	18 OCT17 EXPENSES	Invoice	02/11/19
Michael M. Gunn	220 Grandveiw Ave D23Sunnyside,WA 98944	19.72	010	39625	18 NOV14 EXPENSES	Invoice	02/11/19
Michael M. Gunn	220 Grandveiw Ave D23Sunnyside,WA 98944	29.36	010	39626	18 NOV27 EXPENSES	Invoice	02/11/19
Michael M. Gunn	220 Grandveiw Ave D23Sunnyside,WA 98944	33.03	010	39627	18 DEC11 EXPENSES	Invoice	02/11/19
MIDWEST HEALTH CARE INC	300 S MT AUBURN RDSTE 100CAPE GIRARDEAU,MO 637030000	6,368.00	010	37209	8465-1	Invoice	02/26/19
MIDWEST HEALTH CARE INC	300 S MT AUBURN RDSTE 100CAPE GIRARDEAU,MO 637030000	3,632.00	010	39629	8540	Invoice	02/26/19
MIDWEST HEALTH CARE INC	300 S MT AUBURN RDSTE 100CAPE GIRARDEAU,MO 637030000	3,286.00	010	41415	8988	Invoice	02/26/19
MIDWEST HEALTH CARE INC	300 S MT AUBURN RDSTE 100CAPE GIRARDEAU,MO 637030000	336.00	010	41417	8987	Invoice	02/26/19
MIDWEST HEALTH CARE INC	300 S MT AUBURN RDSTE 100CAPE GIRARDEAU,MO 637030000	9,634.00	010	39629	8540	Invoice	03/28/19
MIDWEST HEALTH CARE INC	300 S MT AUBURN RDSTE 100CAPE GIRARDEAU,MO 637030000	366.00	010	39628	8710	Invoice	03/28/19
MIDWEST HEALTH CARE INC	300 S MT AUBURN RDSTE 100CAPE GIRARDEAU,MO 637030000	9,438.00	010	46888	9057	Invoice	03/28/19
MIDWEST HEALTH CARE INC	300 S MT AUBURN RDSTE 100CAPE GIRARDEAU,MO 637030000	1,898.00	010	46891	9056	Invoice	03/28/19

Astria Health
SoFA #3
90 Day Payments

Payee Vendor Name	Address	Voucher Amount	Co. Id	Voucher Id	Invoice No	Transaction Type	Check Date
MIDWEST HEALTH CARE INC	300 S MT AUBURN RDSTE 100CAPE GIRARDEAU,MO 637030000	586.00	010	46887	9079	Invoice	03/28/19
MIDWEST HEALTH CARE INC	300 S MT AUBURN RDSTE 100CAPE GIRARDEAU,MO 637030000	7,426.00	010	51499	8541.	Invoice	04/26/19
MIDWEST HEALTH CARE INC	300 S MT AUBURN RDSTE 100CAPE GIRARDEAU,MO 637030000	2,574.00	010	51500	8628.	Invoice	04/26/19
MIDWEST HEALTH CARE INC	300 S MT AUBURN RDSTE 100CAPE GIRARDEAU,MO 637030000	4,949.00	010	50581	9136	Invoice	04/26/19
MIDWEST HEALTH CARE INC	300 S MT AUBURN RDSTE 100CAPE GIRARDEAU,MO 637030000	10,274.00	010	50582	9137	Invoice	04/26/19
MIKE LONG	1317 QUARTERHORSE TRAILPROSSER,WA 99350	39.46	010	26336	18 NOV6	Invoice	03/06/19
MORRIS FLORAL	710 EDISON AVESUNNYSIDE,WA 98944	87.94	010	21581	0000032273	Invoice	03/15/19
OPTIMUM SOLUTIONS, INC	210 25TH AVENUE N SUITE 700NASHVILLE,TN 37203	7,500.00	010	40414	78372-0	Invoice	02/19/19
OPTIMUM SOLUTIONS, INC	210 25TH AVENUE N SUITE 700NASHVILLE,TN 37203	1,500.00	010	40416	80200	Invoice	02/19/19
OPTIMUM SOLUTIONS, INC	210 25TH AVENUE N SUITE 700NASHVILLE,TN 37203	40,000.00	010	40420	80299	Invoice	02/19/19
OPTIMUM SOLUTIONS, INC	210 25TH AVENUE N SUITE 700NASHVILLE,TN 37203	1,347.13	010	40419	80530	Invoice	02/19/19
OPTIMUM SOLUTIONS, INC	210 25TH AVENUE N SUITE 700NASHVILLE,TN 37203	4,750.00	010	40418	80613	Invoice	02/19/19
OPTIMUM SOLUTIONS, INC	210 25TH AVENUE N SUITE 700NASHVILLE,TN 37203	9,500.00	010	40417	80822	Invoice	02/19/19
OPTIMUM SOLUTIONS, INC	210 25TH AVENUE N SUITE 700NASHVILLE,TN 37203	1,200.00	010	39867	80987	Invoice	02/19/19
OUTFRONT MEDIA INC.	PO BOX 33074NEWARK,NJ 7188	2,020.00	010	26329	04518579	Invoice	02/26/19
OUTFRONT MEDIA INC.	PO BOX 33074NEWARK,NJ 7188	900.00	010	26341	04518579.	Invoice	02/26/19
OUTFRONT MEDIA INC.	PO BOX 33074NEWARK,NJ 7188	2,920.00	010	26333	04532057	Invoice	02/26/19
OUTFRONT MEDIA INC.	PO BOX 33074NEWARK,NJ 7188	10.00	010	30604	04555960	Invoice	02/26/19
OUTFRONT MEDIA INC.	PO BOX 33074NEWARK,NJ 7188	2,000.00	010	42810	04518580	Invoice	03/28/19
OUTFRONT MEDIA INC.	PO BOX 33074NEWARK,NJ 7188	920.00	010	42810	04518580	Invoice	04/25/19
OUTFRONT MEDIA INC.	PO BOX 33074NEWARK,NJ 7188	1,080.00	010	42809	04540631	Invoice	04/25/19
POSTMASTER	N/A	235.00	010	42845	19 FEB BRM #24000	Invoice	04/26/19
QUALITY SIGNS	4822 SOUTHRIDGE BLVDKENNEWICK,WA 99338	1,124.32	010	13726	3552	Invoice	04/19/19
ROBINSON/RICH	732 SUMMITVIEW AVE #737YAKIMA,WA 989020000	421.43	010	13727	18 JUL24-AUG6	Invoice	03/06/19
ROBINSON/RICH	732 SUMMITVIEW AVE #737YAKIMA,WA 989020000	309.17	010	19470	18 AUG23-SEP11	Invoice	03/06/19
ROWAN, CARY	N/A	2,000.00	010	39641	19 FEB6 EXPENSES	Invoice	03/06/19
RX BENEFITS	PO BOX 896503CHARLOTTE,NC 28289-6503	76,579.19	010	48540	INV41868	Invoice	03/31/19
RX BENEFITS	PO BOX 896503CHARLOTTE,NC 28289-6503	-76,579.19	010	48588	INV41868	Adjustment	03/31/19
SUN LIFE FINANCIAL	PO BOX 7247-7184PHILADELPHIA,PA 19170-7184	85,306.67	010	38471	19 FEB 901186	Invoice	02/26/19
SUN LIFE FINANCIAL	PO BOX 7247-7184PHILADELPHIA,PA 19170-7184	83,612.22	010	46872	19 MAR	Invoice	03/28/19
SUN LIFE FINANCIAL	PO BOX 7247-7184PHILADELPHIA,PA 19170-7184	84,288.03	010	50588	19 APR	Invoice	04/26/19
SUNNYSIDE HIGH SCHOOL G		7,500.00	010	16198	8 AUG PLAT. SPONSO	Invoice	02/25/19
SUNNYSIDE HIGH SCHOOL G		-7,500.00	010	41181	8 AUG PLAT. SPONSO	Adjustment	02/25/19
THE CARRINGTON COMPAN	PO BOX 1328EUREKA,CA 95502	7,026.50	010	41416	36182	Invoice	02/26/19
THE CARRINGTON COMPAN	PO BOX 1328EUREKA,CA 95502	7,026.50	010	47488	36557.	Invoice	03/28/19
TOWNSQUARE MEDIA WES	4010 SUMMITVIEW AVEYAKIMA,WA 98908	190.00	010	26320	722740-1	Invoice	03/12/19
TOWNSQUARE MEDIA WES	4010 SUMMITVIEW AVEYAKIMA,WA 98908	190.00	010	44089	722740-2	Invoice	03/12/19
TOWNSQUARE MEDIA WES	4010 SUMMITVIEW AVEYAKIMA,WA 98908	170.00	010	33281	722740-3	Invoice	03/12/19
TOWNSQUARE MEDIA WES	4010 SUMMITVIEW AVEYAKIMA,WA 98908	20.00	010	44088	722740-3.	Invoice	03/12/19
TOWNSQUARE MEDIA WES	4010 SUMMITVIEW AVEYAKIMA,WA 98908	190.00	010	42839	830134-1	Invoice	03/12/19
TREBROM COMPANY, INC	5506 35TH AVE NESEATTLE,WA 98105	234.66	010	43010	FC 1902	Invoice	03/06/19
VISION SERVICE PLAN	PO BOX 742430LOS ANGELES,CA 90074-2430	17.52	010	23121	805866523	Invoice	03/15/19
VISION SERVICE PLAN	PO BOX 742430LOS ANGELES,CA 90074-2430	10,817.15	010	42811	19 FEB	Invoice	03/15/19
WHITE & COMPANY, PC	PO BOX 8985SUNNYSIDE,WA 98944	2,366.00	010	48693	37887.	Invoice	04/08/19
WHITE & COMPANY, PC	PO BOX 8985SUNNYSIDE,WA 98944	5,148.00	010	48695	37934.	Invoice	04/08/19
WHITE & COMPANY, PC	PO BOX 8985SUNNYSIDE,WA 98944	711.75	010	48694	FINANCE CHGS.	Invoice	04/08/19
YAKIMA HERALD REPUBLIC	PO BOX 9668YAKIMA,WA 989090000	2,772.00	010	26331	18 OCT	Invoice	03/06/19

Astria Health
SoFA #3
90 Day Payments

Payee Vendor Name	Address	Voucher Amount	Co. Id	Voucher Id	Invoice No	Transaction Type	Check Date
YAKIMA HERALD REPUBLIC	PO BOX 9668YAKIMA,WA 989090000	666.96	010	42859	18 OCT-1	Invoice	03/06/19
YAKIMA HERALD REPUBLIC	PO BOX 9668YAKIMA,WA 989090000	4,247.18	010	30615	18 NOV	Invoice	03/06/19
YAKIMA HERALD REPUBLIC	PO BOX 9668YAKIMA,WA 989090000	343.48	010	42857	18 NOV-1	Invoice	03/06/19
YAKIMA HERALD REPUBLIC	PO BOX 9668YAKIMA,WA 989090000	4,829.27	010	38465	19 JAN	Invoice	03/06/19
YAKIMA HERALD REPUBLIC	PO BOX 9668YAKIMA,WA 989090000	4,817.60	010	42855	19 DEC	Invoice	03/06/19
ZIX CORP SYSTEMS INC	DEPT 41359PO BOX 650823DALLAS,TX 75265	27,566.29	010	37790	INV116839	Invoice	02/05/19
		1,330,801.34					

Astria Health

Statement of Financial Affairs - Attachment No. 25:

Other Businesses in which the Debtor has or has had an interest:

SHC Holdco, LLC (EIN: 82-2369193)
1806 Yakima Valley Highway
Sunnyside, WA 98944

Glacier Canyon, LLC (EIN: 37-1785811)
900 W. Chestnut Avenue
Yakima, WA 98902

Sunnyside Community Hospital Association (EIN: 91-1286274)
1016 Tacoma Avenue
Sunnyside, WA 98944

Caravan Health ACO 19, LLC

Astria Health

Statement of Financial Affairs - Attachment No. 28:

Officers:

John Gallagher - Chief Executive Officer

Cary Rowan - Chief Financial Officer

Address for the above officers: 900 W. Chestnut Avenue, Yakima, WA

Directors:

Mary Ann Bliesner, Chairman of the Board

John Gallagher - Trustee

Derek Kieta, M.D. - Trustee

Ryan Maxwell - Trustee

Ton Strohm - Trustee

Address for the above directors: 900 W. Chestnut Avenue, Yakima, WA