U.S. Trustee Basic Monthly Operating Report Form SB-1

Case Name:	Specialty Hospital of Washington, LLC	Date Filed:	9/2/2015
Case Number:	14-00279	SIC Code:	·
THIS U.S. TRUS AND, TO THE B	EE WITH TITLE 2B, SECTION 1746, OF THE UNITED STATE TEE BASIC MONHTLY OPERATING REPORT AND THE AC EST OF MY KNOWLEDGE, THIS REPORT AND RELATED D ATURE OF RESPONSIBLE PARTY	COMPANYING A	ARE UNDER PENALTY OF PERJURY THAT I HAVE EXAMINED ITTACHMENTS ON BEHALF OF THE CHAPTER 11 DEBTOR E TRUE, CORRECT, AND COMPLETE.  GLOSS DATE REPORT SIGNED
	O and VP Finance OF RESPONSIBLE PARTY AND POSITION WITH THE DEE	BTOR	······································

The debtor is required to provide financial reports prepared by or for the debtor in addition to the information required in this form. The U.S. Trustee may permit the debtor to eliminate duplicate information. No such permission is valid unless in writing.

QUESTIC	NNAIRE:	YES	NO	<u>N/A</u>
1	IS THE BUSINESS STILL OPERATING?	Χ		
2	DID YOU SELL ANY ASSETS OTHER THAN INVENTORY THIS MONTH?		Х	
3	· · · · · · · · · · · · · · · · · · ·			
	HAVE YOU PAID ANY BILLS YOU OWED BEFORE YOU FILED BANKTRUPTCY?		X	
4	DID YOU PAY ANYTHING TO YOUR ATTORNEY OR OTHER PROFESSIONALS THIS			
	MONTH?		Х	
5	DID YOU PAY ALL OF YOUR BILLS ON TIME THIS MONTH?	Х	Marie contactors	
6	DID YOU PAY YOUR EMPLOYEES ON TIME?	Х		Anna de la companya d
7	HAVE YOU FILED ALL OF YOUR RETURNS AND PAID ALL OF YOUR TAXES THIS			
	MONTH?	Х		and the second of the second o
8	DID YOU PAY ALL OF YOUR INSURANCE PREMIUMS THIS MONTH?	Х		
9				
	DID ANY INSURANCE COMPANY CANCEL OR CHANGE YOUR POLICY THIS MONTH?		X	
10	HAVE YOU BORROWED MONEY FROM ANYONE THIS MONTH?		<u> </u>	
11				
	DO YOU HAVE ANY BANK ACCOUNTS OPEN OTHER THAN THE DIP ACCOUNT?		Х	
12	DID YOU HAVE ANY UNUSUAL OR SIGNIFICANT UNANTICIPATED EXPENSES THIS			
	MONTH?		Х	
13	DID YOU DEPOSIT ALL MONEY FOR YOUR BUSINESS INTO A DIP ACCOUNT THIS			
	MONTH?	<u> </u>		
14	DID THE BUSINESS SELL ANY GOODS OR PROVIDE SERVICES TO ANY BUSINESS		.,	
	RELATED TO THE DIP IN ANY WAY?		X	and the second s
15	DO YOU PLAN TO CONTINUE TO OPERATE THE BUSINESS NEXT MONTH?	X		
16	ARE YOU CURRENT ON YOUR QUARTERLY FEE PAYMENT TO THE UST?	<u> </u>		
17				
	DO YOU HAVE ANY PAST DUE TAX RETURNS OR POST PETITION TAX OBLIGATIONS?		x	<u> </u>

IF YES, PLEASE PROVIDE A WRITTEN EXPLANATION INCLUDING WHEN SUCH RETURNS WILL BE FILED, OR WHEN SUCH PAYMENTS WILL BE MADE AND THE SOURCE OF THE FUNDS FOR THE PAYMENT.

NOTE: (DEBTOR MUST ANSWER ALL QUESTIONS LISTED ABOVE.)

INCOME

PLEASE SEPARATELY LIST ALL OF THE INCOME YOUR RECEIVED FOR THE MONTH. THE LIST SHOULD INCLUDE ALL INCOME FROM CASH AND CREDIT CARD TRANSACTIONS. (If you use an automated accounting system, please attach a copy of the Income Statement and Balance Sheet.) (EXHIBIT B)

TOTAL INCOME

170

**EXPENSES** 

PLEASE SEPARATELY LIST ALL EXPENSES PAID BY CASH OR BY CHECK FROM YOUR BANK ACCOUNTS PAID THIS MONTH. INCLUDE THE DATE PAID, WHO WAS PAID THE MONEY, THE PURPOSE AND THE



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AMOUNT. (If you use an automated system, please	attach a copy of the Disbursem	ents Journal. Otherwise, attach		
a copy of the Check Register.)	(EXHIBIT C)	TOTAL EXPENSES		279
TOTAL INCOME LESS TOTAL EXPENSES (EXHIB	CASH PROFIT BIT B MINUS EXHIBIT C)	CASH PROFIT		(110)
	UNPAID BILLS			
PLEASE ATTACH A LIST OF ALL DEBTS (INCLUE DATE YOU FILED BANKRUPTCY BUT HAVE NOT INCURRED, WHO IS OWED THE MONEY, THE P	PAID. THE LIST MUST INCLU	JDE THE DATE THE DEBT WAS		
	(EXHIBIT D)	TOTAL PAYABLES	: 	703,908
PLEASE ATTACH A LIST OF ALL AMOUNTS OWN DONE OR THE MERCHANDISE YOU HAVE SOLD	EY OWED TO YOU ED TO YOU BY YOUR CUSTO! ). YOU SHOULD INCLUDE WH	MERS FOR WORK YOU HAVE NO OWES YOU MONEY, HOW		
MUCH IS OWED, AND WHEN IT IS DUE.	(EXHIBIT E)	TOTAL RECEIVABLES		
PLEASE ATTACH A COPY OF YOUR LATEST BATTHE DATE OF THIS FINANCIAL REPORT.	IING INFORMATION NK STATEMENT FOR EVERY	ACCOUNT YOU HAVE AS OF		
NUMBER OF EMPLOYEES WHEN THE CASE WA	EMPLOYEES AS FILED?		Action of the second se	224
NUMBER OF EMPLOYEES AS OF THE DATE OF	THIS MONTHLY REPORT?		100 m	0
TOTAL PROFESSIONAL FEES APPROVED BY TOTAL PROFESSIONAL FEES APPROVED BY TOTAL PROFESSIONAL FEES INCURRED BY OF TOTAL PROFESSIONAL FEES INCURRED BY OF CASE?  PROFESSIONAL FEES INCURRED BY OR ON BITHIS REPORTING PERIOD?  PROFESSIONAL FEES INCURRED BY OR ON BITHE FILING OF THE CASE?	HE COURT SINCE THE FILING R ON BEHALF OF THE DEBTO R ON BEHALF OF THE DEBTO EHALF OF THE DEBTOR RELA EHALF OF THE DEBTOR RELA FORMS, DEBTOR ONLY NEED	S OF THE CASE? OF THE CASE? OF DURING THE REPORTING OF SINCE THE FILING OF THE OTED TO BANKRUPTCY DURING OTED TO BANKRUPTCY SINCE	See Debto See Debto See Debto See Debto See Debto	r Budget (Exhibit F)
COMPARE YOUR ACTUAL INCOME, EXPENSES PROVIDED AT THE INITIAL DEBTOR INTERVIEW	PROJECTIONS , AND CASH PROFIT TO THE			F YOUR CASE
PROJECTED INCOME FOR THE MONTH:			\$ See Debto	r Budget (Exhibit F
ACTUAL INCOME FOR THE MONTH: (EXHIBIT I	3)		\$	170
DIFFERNCE BETWEEN PROJECTED AND ACTU	JAL INCOME:		\$	
PROJECTED EXPENSES FOR THE MONTH:			\$ See Debto	or Budget (Exhibit F
ACTUAL EXPENSES FOR THE MONTH: (EXHIB	IT C)		\$	279
DIFFERNCE BETWEEN PROJECTED AND ACTU	JAL INCOME:		\$	
PROJECTED CASH PROFIT FOR THE MONTH:			\$	<b>94</b> ,

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ACTUAL CASH PROFIT FOR THE MONTH:	\$	(110)
DIFFERNCE BETWEEN PROJECTED AND ACTUAL CASH PROFIT: (TOTAL FROM EXHIBIT B MINUS TOTAL FROM EXHIBIT C)	\$	(110)
(IF ACTUAL CASH PROFIT WAS 90% OR LESS THAN PROJECTED CASH PORFIT, PLEASE A	ATTACH A DETAILED WRITTEN	

(IF USING EXCEL TO FILL OUT ATTACHED FORMS, DEBTOR ONLY NEEDS TO COMPLETE PROJECTION FIGURES. IF COMPLETED MANUALLY, DEBTOR MUST ANSWER ALL QUESTIONS.)

RECONCILIATION OF CASH DISBURSEMENTS

CASH DISBURSEMENTS PER FORM 4A-2 CASH DISBURSEMENTS PER SUM OF FORM 4A-3 CASH DISBURSEMENTS PER FORM 4D

**EXPLANATION.)** 

279.43

0.00

109.69

CASE NO:

14-00279

For Period: 07/01/	15_to	07/31/15	
CASH FLOW SUMMARY		Current <u>Month</u>	<u>Accumulated</u>
1. Beginning Cash Balance	\$	66,266 (1	) \$ <u>(55,255)</u> (1)
Cash Receipts     Operations     Sale of Assets NOTE: See (B) Below:     Loans/advances/transfers     Other		170	7,243,171 - 31,932,235 482,096
Total Cash Receipts	\$	170	\$ 39,657,502
3. Cash Disbursements  Operations  Debt Service/Secured loan payment/Transfers  Professional fees/U.S. Trustee fees  Payments made from asset sale: NOTE: See (C) Belo Other	\$ w.	110 170 	\$ 33,089,544 6,446,546 - - -
Total Cash Disbursements	\$	279	\$ 39,536,090
Net Cash Flow (Total Cash Receipts less     Total Cash Disbursements)	\$	(110)	\$121,411
5 Ending Cash Balance	\$	<u>66,156</u> (2	2) \$66,156 (2)
CASH BALANCE SUMMARY See Note (A) below.			Book
Petty Cash			\$
DIP Operating Account			
DIP State Tax Account			\$
DIP Payroll Account	a kalang sa amanda ad manda aj amang kina ang di mpang		\$ 64,307
Other Operating Account		Languaga ngapang ngapang sakaip pandpanahan sakapananan kahakainakan dalambah bahkan bahanan ka	\$ 1,849
Other Interest-bearing Account		popula napograpio in incresionali in california del control del co	\$
TOTAL (must agree with Ending Cash Balance above)			\$ 66,156 (2)

Variance between Ending Cash Balance and Ending Book Balances:

**DEBTOR:** 

Specialty Hospital of Washington, LLC

<sup>(</sup>A) The term "cash" includes all forms of currency i.e., checks, cash, money orders, etc.

<sup>(</sup>B) This figure should include the gross amount the seller receives from the sale. On a HUD-1, this would be line 420.

<sup>(</sup>C) This figure should include all reductions paid by the debtor for the sale of of asset(s). On a HUD-1, this would be line 520.

<sup>(1)</sup> Accumulated beginning cash balance is the cash available at the commencement of the case. Current month beginning cash balance should equal the previous month's ending balance.

<sup>(2)</sup> All cash balances should be the same.

DEBTOR:	Specialty Hospital of Washington, LLC	C	ASE NO:	14-00279
		Form SB-3 BURSEMENTS STATEMENT	(SEE NOTE A)	
	For Period: 07/01/15	to	07/31/15	
CASH RECEI	PTS DETAIL A	ccount No:		
Date	Payer	Description		Amount
Lyon and the second	SEE ATTACHED (exhibit B)		\$	
No. of the second secon		posperio esta de la companya del companya de la companya del companya de la companya del la companya de la comp	<u> </u>	
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		Total Cash Receipts	\$	(1

<sup>(</sup>A) The term "cash" includes all forms of currency i.e., checks, cash, money orders, etc.

<sup>(1)</sup> Total for all accounts should agree with total cash receipts listed on Form SB-2.

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14-00279

# Form SB-4 CASH RECEIPTS AND DISBURSEMENTS STATEMENT (SEE NOTE A)

I DISBURSEN h additional sh			Account No:	nchi pepamba stahinensin jayla dapahadapahataman sepalisin sahari menanga
Date	Check No.	Payee SEE ATTACHED (exhibit C)	Description (Purpose) \$	Amount
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- (A) The term "cash" includes all forms of currency i.e., checks, cash, money orders, etc.
- (1) Total for all accounts should agree with total cash disbursements listed on Form 2-B, page 1

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14-00279

# Form SB-4 CASH RECEIPTS AND DISBURSEMENTS STATEMENT (SEE NOTE A)

	SEMENTS DETAIL I sheets as necessa		Account No:	militariste reconnect in children advillar, paintine dali moderni di hadrossi missibili casso.
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- (A) The term "cash" includes all forms of currency i.e., checks, cash, money orders, etc.
- (1) Total for all accounts should agree with total cash disbursements listed on Form SB-2

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14-00279

# Form SB-4 CASH RECEIPTS AND DISBURSEMENTS STATEMENT (SEE NOTE A)

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Date	Check No.	Payee	Description (Purpose)	Amount
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<sup>(</sup>A) The term "cash" includes all forms of currency i.e., checks, cash, money orders, etc.

<sup>(1)</sup> Total for all accounts should agree with total cash disbursements listed on Form 2-B, page 1

DEBTOR:	Specialty Hospita	of Washington, LLC		CASE NO:		14-00279
		Form:			The state of the s	W. W
4		COMPARATIVE B	ALANCE SHE	ET		
		For Period Ended:	07/31/15	comma		
ASSETS Current Asse	ets:			Gurrent Month		Petition Date (1)
Accounts Re	sh Equivalents (from ceivable (from Form	2-E)	\$	66,156	. \$_	98,286 (718,677)
Inventory	om Officers, Employ	ees, Affiliates				363,083
	t Assets :(List)					832,104
Total Cu	rrent Assets		\$	66,156	\$	574,797
Fixed Assets	C.				٠ =	
Land Building		÷	\$	<u>-</u>	. \$_	
Equipment, F	urniture and Fixtures					4,566,455
	ed Assets		\$	***	\$	4,566,455
Less: Accum	ulated Depreciation		(	•	) (	2,019,132
Net Fixed			\$	\$	\$_	2,547,323
Other Assets	(List):	Intercompany Goodwill		(21,169,906) 13,722,389		
TOTAL A	SSETS		\$	(7,381,361)	\$	3,122,120
Post-petition / Post-petition   Post-petition	Accounts Payable (fr	Fees (from Form 2-E)	\$	389,165 - 64,743 250,000	\$	
Total Pos	it Petition Liabiliti	es	\$	703,908	\$	)OI
Pre Petition L Secured Debt Priority Debt Unsecured De		<b>G</b> )		25,675,407		50,419,868 7,860 46,293,646
Total Pre	Petition Liabilities		\$	25,675,407	4	
	ABILITIES	•		***************************************	\$_	96,721,374
OWNERS' EQU			\$	26,379,315	\$_	96,721,374
Retained Earr	cholder's Equity nings - Prepetition nings - Post-petition		\$	100,000 (27,032,927) (6,827,749)	\$	100,000 (93,699,254)
TOTAL O	WNERS' EQUITY		\$	(33,760,676)	\$	(93,599,254)
TOTAL LI	ABILITIES AND O	WNERS' EQUITY	\$	(7,381,361)	\$ \$	3,122,120
(1) Petition date va	lues are taken from the btor's schedules.	TIES +- CAPITAL) MUST Debtor's balance sheet as of t INE MUST CONTAIN A I	he petition date or a	0.00 tre the values	\$	0.00

DE	B	TC	R:

CASE NO: 14-00279

#### Form SB-6 PROFIT AND LOSS STATEMENT

PROFIT	AND LOSS STAT	EMENT		
For Period	07/01/15 to	07/31/15		
•		Current <u>Month</u>		Accumulated <u>Total (1)</u>
Gross Operating Revenue	\$		\$	23,000,839
Less: Discounts, Returns and Allowances	(	_	) (	11,590,147
Net Operating Revenue	\$	VA-	\$	11,410,692
Cost of Goods Sold		Security and the security of t	,	
Gross Profit	\$	: <b>**</b> **	\$	11,410,692
Gross Profit Margin		#DIV/01	•	100%
Operating Expenses				
Officer Compensation	\$	-	\$`.	S MA
Selling, General and Administrative		. <del>-</del>	,	13,772,103
Rents and Leases Depreciation, Depletion and Amortization				788,397
Other (list): Bank fees		110		682.08
Total Operating Expenses	\$	110	\$	14,561,183
Operating Income (Loss)	\$	(110)	\$	(3,150,491)
Non-Operating Income and Expenses				
Other Non-Operating Expenses	\$	_	\$.	<b>,,</b>
Gains (Losses) on Sale of Assets		-		Ball
Interest Income Interest Expense		<u> </u>		717,533
Other Non-Operating Income		•		717,000
Net Non-Operating Income or (Expenses)	\$	ja		(717,533)
Reorganization Expenses			•	
Legal and Professional Fees	\$		\$	-
Other Reorganization Expense Sale of Assets		AND STREET, ST		2,959,725
Total Reorganization Expenses	\$	for	\$	2,959,725
Net Income (Loss) Before Income Taxes	\$	(110)	\$	(6,827,749)
Federal and State Income Tax Expense (Benefit)	)	Paya garante and an additional literature days desired the solution of the sol	ι	head,
NET INCOME (LOSS)	\$	(110)	\$	(6,827,749)

<sup>(1)</sup> Accumulated Totals include all revenue and expenses since the petition date.

NOTE: IF USING EXCEL, ALL LINES MUST CONTAIN A NUMBER.

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DEBTOR:	Specialty Hospital of Washington, LLC	CASE NO:	14-00279
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# Form SB-7 DISBURSEMENT SUMMARY For the Month Ended:

07/31/15

Total Disbursements from Operating Account (Note 1)	\$ 110
Total Disbursements from Payroll Account (Note 2)	\$0
Total Disbursements from Tax Escrow Account (Note 3)	\$0
Total Disbursements from and other Account (Note 4)	\$0
Grand Total disbursements from all accounts	\$110

NOTE 1 - Include in this amount all checks written, wire transfers made from, or any other withdrawal from the general operating account. Exclude only transfers to the debtor in possession payroll account, the debtor in possession tax escrow account or other debtor in possession account where the disbursements will be listed on this report.

NOTE 2 - Include in this amount all checks written, wire transfers made from, or any other withdrawal from the payroll account. Exclude only transfers to the debtor in possession operating account, the debtor in possession account where the disbursements will be listed on this report.

NOTE 3 - Include in this amount all checks written, wire transfers made from, or any other withdrawal from the tax escrow account. Exclude only transfers to the debtor in possession operating account, the debtor in possession payroll account or other debtor in possession account where the disbursements will be listed on this report.

NOTE 4 - Include in this amount any other disbursements made by the debtor including (but not limited to) cash paid from a petty cash fund or cash register, amounts paid from any other debtor in possession account, and amounts paid from the accounts of others on the debtors behalf (for example, disbursements made from a law firm's escrow account as a result of a sale of property.)

#### FEE SCHEDULE

Quarterly Disbursements	<u>Fee</u>	Quarterly Disbursements	<u>Fee</u>
\$0 to \$14,999 \$15,000 to \$74,999 \$75,000 to \$149,999 \$150,000 to \$224,999 \$225,000 to \$299,999 \$300,000 to \$999,999	\$650 \$975 \$1,625 \$1,950	\$1,000,000 to \$1,999,999 \$2,000,000 to \$2,999,999 \$3,000,000 to \$4,999,999 \$5,000,000 to \$14,999,999 \$15,000,000 to \$29,999,99 \$30,000,000 or more	\$6,500 \$9,750 \$10,400 \$13,000 \$20,000 \$30,000

Interest will be assessed on Chapter 11 quarterly fees not paid by the end of the month following the end of the calander quarter pursuant to 31 U.S.C. Sec. 3717. The interest rate assessed is the rate in effect as determined by the Treasury Department at the time the account becomes past due.

Failure to pay the quarterly fee is cause for conversion or dismissal of the chapter 11 case. [11 U.S.C. Sec. 1112(b)(10)]

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DEBTOR:	Specialty Hospital of Washington, LLC	CASE NO:	14-00279	
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# Form SB-8 NARRATIVE FOR THE PERIOD 7/1 to 7/31

Please provide a brief description of any significant business and legal actions taken by the debtor, its creditors, or the court during the reporting period, any unusual or non-recurring accounting transactions that are reported in the financial statements, and any significant changes in the financial condition of the debtor which have occurred subsequent to the report date.

SEE ATTACHED	
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#### Form 9B-8

On April 23, 2014, an involuntary petition for relief under chapter 11 of the U.S. Bankruptcy Code was filed against Specialty Flospital of Washington, LLC ("SHDC") in the U.S. Bankruptcy Court for the District of Delaware. On May 9, 2014, however, the case was transferred to the U.S. Bankruptcy Court for the District of Columbia (the "Mankruptcy Court") upon the request of various parties, including the petitioning credities, the District of Columbia, either federal agentoes and SHECC. On May 21, 2014, SHIPC consented to the entry of an order for relief (which was entered), and the other Debtors filed voluntary petitions for relief under chapter 11 of the Bankruptcy Code in the Bankruptcy Court.

Prior to May 21, 2014, the Debters negotiated the terms of a \$15 million debtor-in-possession credit facility (the "DEF Facility") with LICA Acquisitions, LLC ("MCA"). After lengthy contested hearings conducted on May 23, May 29 and May; 36, 2014, the Banksuptcy Court approved the LTF Facility on an interior basis pursuant to an order entered in Luce 2, 2014. After further negotiations with creditors and parties in interest, and a hearing on Luce 18, 2014, the Banksuptcy Court entered an order on Luce 25, 2014, approving the DIP Facility on a final basis. The availability under the DIP Facility and its maturity date were extended on two occasions to provide the Debters with fluiding through the extension of the closing of the sale of substantially of the Debters' assutes and business healthcare operations discussed helow.

In Jacuary 2014, the Debtors began formal merketing for the sale of substantially all of their essets and business/restituence operations. By May 21, 2014, the Debtors selected INCA as the "stalking house" bidder. After a longity contested hearing conducted on May 30, 2014, the Banksuptcy Court approved the Debtors' bidding procedures (the "Bidding Procedures") and the Debtors' designation of DCA as the stalking house purchaser, as well as accompanying bidding provisions, including a break-up fee, pursuant to us order entered on Ione 2, 2014. The Hidding Procedures entitished a process purchant to which potential bidders could conduct the diligence and substituence and substitutence and substitutence and substituence and substitutence and substituence and subst

A hearing to approve the Cebters' request to sell substantially all of their assets and business' healthques operations to IXIA was rendented on June 25, 2014. Several objections and responses to the Debters' request were filed by creditors and parties in interest. Extensive regotiations over the form and substance of an erder (the "Inde Order") authorizing the sale (the "Extensive reported prior to commencement of the Inne 25 hearing. By the conclusion of that hearing, the Debters and other parties had reached agreement in principle on the substance of a Inde Crider, and the Example of the Independent of the Inne 27, 2014, the Debters continued to aspect to settlement and presentment of the Industry Court approval of the Independent of Inde

On November 14, 2014, DCA extended the three to close ou the Sele (the "Clusing") to Divember 30, 2014 and on December 12, 2014, DCA further extended the Closing to December 19, 2014. The Closing was subject to various conditions precedent identified in the Saic Cuder and the Asset Purchase Agreement, including the Distors and DCA tracking acceptable settlements and other arrangements with various federal and local regulatory authorities. The relevant settlements and other arrangements were achieved and the Closing comment on December 16, 2014. In connection with the Closing and the transaction, DCA agreed to continue to find all pre-Closing operational and other expenses and costs pursuant to the Second Extension Circler (Exc. 739).

From and other the Clusing, the Diebters (though their Board of Directors and other individuals, including their chief financial efficier, ledwin Clark, who will continue to provide acryless for the Debters and be compensated for the same) have continued to manage their remaining assets, pay pre-Classing administrative expenses, and address office matters. On farmary 6, 2013, the flourt entered an order approving the retention of Silis Commits & Chosa P.C. as aposted counsel to the Debters and the Committee Committee and other constituents regarding appropriate steps to conclude administration of the cases.

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Additional Narrative Regarding Assets and Liabilities
This Monthly Operating Report reflects historical book values for assets, which does not reflect the fair market value of such assets. The reader is directed to the bankruptcy schedules and amendments thereto, filed with the Court, for an understanding of the fair market value of assets (including interests in real property and receivables). and issues relating thereto. The debtors' assessment of asset valuation was supported by the results of the Court-approved sale process and the purchase and sale transaction approved pursuant to Court order dated June 30, 2014.

DEBTOR: Specialty Hospital of Washington, LLC	INITIAL FINANCIAL REPORT
CASE NUMBER: 14-00279	FORM PC - 1 CHAPTER 11
	COVER SHEET
	07/31/15
	Date of Report

# THIS REPORT IS DUE 15 DAYS AFTER THE PETITION FILING DATE

Required Docu			
Document Attached	Previously Submitted	Explanation Attached	REQUIRED DOCUMENTS
	X		Latest Fiscal Year Financial Statements or Tax Returns
enero materiale.	X		2. Balance Sheet as of Month End Immediately Preceding Filing
1	X	Copyrigation of the Copyri	Profit and Loss Statement for Month and Year Immediately     Preceding Filing
inconstant is	X		4. Proof of Insurance Coverage:
	X X X X		<ul> <li>a. General Liability Insurance</li> <li>b. Property (Fire, Theft, etc.) Insurance</li> <li>c. Workers' Compensation Insurance</li> <li>d. Vehicle Insurance</li> <li>e. Other:</li> </ul>
	X	Amazona ang P	<ol><li>Projected Revenue, Expenses and Cash Flow for First 180 Days of Post Petition Operations</li></ol>
			<ol> <li>Name and Address of Financial Institution, Account Number and Sample Voided Check for Each Debtor in Possession Bank Account</li> </ol>
	Commence of the Commence of th		a. General Account c. Tax Account (if required)
l declare ui are true an	nder pena d correct	alty of perju to the bes	ury that the following Initial Financial Report, and any attachments t of my knowledge and belief.
Executed o	on: 09/	02/15	Debtor(s):
			By: Edwin Clark
			Position: CFO and VP Finance

NOTE: Signature of Debtor(s) is required.

**Exhibits** 



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Desc Main

410-01-00 12201 0 C 001 30 50 003 THE SPECIALTY HOSPITAL OF WASHINGTON CAPITOL HILL PAYROLL ACCT 8 FORDHAM CT MILLERSVILLE MD 21108-1264

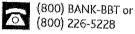
# Your account statement

For 07/31/2015

#### Contact us



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#### Optimize Your Cash Flow with BB&T

With a legacy dating back to 1872, BB&T has become one of the nation's largest and soundest financial institutions, primarily by investing in the strength of our relationships. We recognize you have goals that are unique to your business, and we take the time to learn about your organization so we can provide solutions that best meet your needs - while helping you improve efficiency and better manage your operations. We help business owners like you face cash flow challenges from every direction:

- Accelerate Receivables Manage Incoming Cash
- Control & Extend Payables Manage Outgoing Cash
- Leverage Credit & Optimize Cash Manage Cash Needs & Excess

To find out more, contact your local Relationship Manager for details.

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#### ■ BUSINESS ANALYZED CHECKING ( )183

#### Account summary

Your previous balance as of 06/30/2015	\$41,494.12
Checks	- 0.00
Other withdrawals, debits and service charges	- 0.00
Deposits, credits and Interest	+ 0.00
Your new balance as of 07/31/2015	= \$41,494.12

# Questions, comments or errors?

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For general questions/comments or to report errors about your statement or account, please call BB&T Phone24 at 1-800-BANK BBT (1-800-226-5228) 24 hours a day, 7 days a week. BB&T Phone24 Client Service Associates are available to assist you from 6 a.m. until midnight ET. You may also contact your local BB&T financial center. To locate a BB&T financial center in your area, please visit BBT.com.

#### Electronic fund transfers

In case of errors or questions about your electronic fund transfers, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt, confact us as soon as possible. You may write to us at the following address:

BB&T Liability Risk Management

P.O. Box 996

Wilson, NC 27894-0996

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If your periodic statement shows transfers that you did not make, tell us at once. If you do not inform us within sixty (60) days after the statement was mailed to you, you may not get back any money you lost after sixty (60) days. This will occur if we can prove that we could have stopped someone from taking the money if you had informed us in time. If a good reason kept you from informing us, we will extend the time periods.

#### Important information about your Constant Credit Account

Once advances are made from your Constant Credit Account, an INTEREST CHARGE

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Billing rights summary

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BankCard Services Division

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Mail-in deposits

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#### Change of address

If you need to change your address, please visit your local BB&T financial center or call BB&T Phone24 at 1-800-BANK BBT (1-800-226-5228).

	Outstanding Checks and Other Debits (Section A)			
Date/Check #	Amount	Date/Check #	Amount	
	ing time kan nangga bagas di manangga paga bagas b Di mangga kan dalah dalah dalah bagas b			
			ection B)	
Date/type	Amount	Date/Type	Amount	
	Date/Check #	Date/Check # Amount  Outstanding Deposits an	Date/Check # Amount Date/Check #  Outstanding Deposits and Other Credits (S	





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# Your account statement

For 07/31/2015

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# ■ BUSINESS ANALYZED CHECKING (1928

#### Account summary

Your previous balance as of 06/30/2015	\$22,882.80
Checks	- 0.00
Other withdrawals, debits and service charges	- 69.49
Deposits, credits and interest.	+ 0.00
Your new balance as of 07/31/2015	= \$22,813,31

#### Other withdrawals, debits and service charges

DATE DESCRIPTION	
07/21 SERVICE CHARGES - PRIOR PERIOD	AMOUNT(\$)
Total other withdrawals, debits and service charges	69.49
The series and service charges	= \$69.49

Questions, comments or errors? Page 20 of 29

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Billing rights summary

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Change of address

If you need to change your address, please visit your local BB&T financial center or call BB&T Phone24 at 1-800-BANK BBT (1-800-226-5228).

How to Reconcile Your Account		Outstan	ding Checks an	d Other Debits (Se	ction A)
1. List the new balance of your account from your latest statement here:	14 Mahalannesses de manages de implessore	Date/Check #	Amount	Date/Check #	Amount
2. Record any outstanding debits (checks, check card purchases, ATM withdrawals, electronic transactions, etc.) in section A. Record the transaction date, the check number or type of debit and the debit amount. Add up all of the debits, and enter the sum here:					
3. Subtract the amount in line 2 above from the amount in line 1 above and enter the total here:	Profesional and the second sec				
4. Record any outstanding credits in section B. Record the transaction date, credit type and the credit amount. Add up all of the credits and enter the sum here:	in 44 (4) - 44 (4) - 44 (4) - 44 (4) - 44 (4) - 44 (4) - 44 (4) - 44 (4) - 44 (4) - 44 (4) - 44 (4) - 44 (4) -	Outstandi	net Donocite an	d Other Credits (S	
5. Add the amount in line 4 to the amount in line 3 to find your balance. Enter the sum here. This amount should match the balance in your register.		Date/Type	Amount	Date/Type	Amount
for more Information, please contact your local BB&T relationship manag BBT.com, or contact BB&T Phone24 at 1-800-BANK BBT (1-800-226-522	ger, visit s)		in commence of the second seco		



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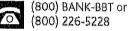
### Your account statement

For 07/31/2015

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#### Account summary

Your previous balance as of 06/30/2015	\$0.00
Checks	- 0.00
Other withdrawals, debits and service charges	- 169.74
Deposits, credits and interest	+ 169,74
Your new balance as of 07/31/2015	= \$0.00

#### Other withdrawals, debits and service charges

DATE	DESCRIPTION		AMOUNT(\$)
07/13	ACH CORP DEBIT FEE	NPDB QUERY THE SPECIALTY HOSPITAL	3,00
07/14	ACH CORP DEBIT FEE	NPDB QUERY THE SPECIALTY HOSPITAL	3,00
07/15	ACH CORP DEBIT FEE	NPDB QUERY THE SPECIALTY HOSPITAL	3.00
07/15	ACH CORP DEBIT FEE	NPDB QUERY THE SPECIALTY HOSPITAL	6.00
07/20	ACH CORP DEBIT FEE	NPDB QUERY THE SPECIALTY HOSPITAL	3.00
07/20	ACH CORP DEBIT ADP	FEES ADP PAYROLL FEES SHW-CAPTL HILL NRSG CN	142.74
07/22	ACH CORP DEBIT FEE	NPDB QUERY THE SPECIALTY HOSPITAL	3,00
07/24	ACH CORP DEBIT FEE	NPDB QUERY THE SPECIALTY HOSPITAL	3.00
07/24	ACH CORP DEBIT FEE	NPDB QUERY THE SPECIALTY HOSPITAL	3.00
		1 1.	A. a. a. a. a. a. a.

Total other withdrawals, debits and service charges

= \$169.74

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## Deposits, credits and interest

DATE	DESCRIPTION	AMOUNT(\$)
07/13	AUTOMATIC ACCOUNT TRANSFER ACCOUNT NUMBER 6005 (6278) 4341	2
07/14	AUTOMATIC ACCOUNT TRANSFER ACCOUNT NUMBER 100991113 4341	3.00
07/15	AUTOMATIC ACCOUNT TRANSFER ACCOUNT NUMBER (1905) 1 4341	3.00
07/20	AUTOMATIC ACCOUNT TRANSFER ACCOUNT NUMBER (1985) 1633 4341	9.00
07/22	AUTOMATIC ACCOUNT TRANSFER ACCOUNT NUMBER 0 4341	145.74
07/24		3.00
	AUTOMATIC ACCOUNT TRANSFER ACCOUNT NUMBER (************************************	6.00
lotal d	leposits, credits and interest	= \$169.74



Case 14-00279

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# Questions, comments or errors?

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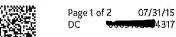
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#### Change of address

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	Outstan	ding Checks an	d Other Debits (Sec	tion A)
100 Spring to make the participation of	Date/Check #	Amount	Date/Check #	Amount
Construction of the constr		e para de constante de la companya de la constante de la const		
**************************************	Outstandii	ng Deposits an	d Other Credits (Se	ction B)
	Date/Type	Amount	Date/Type	Amount
		Date/Check #  Outstandi	Date/Check # Amount  Outstanding Deposits an	Outstanding Deposits and Other Credits (Se





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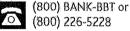
## Your account statement

For 07/31/2015

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#### Optimize Your Cash Flow with BB&T

With a legacy dating back to 1872, BB&T has become one of the nation's largest and soundest financial institutions, primarily by investing in the strength of our relationships. We recognize you have goals that are unique to your business, and we take the time to learn about your organization so we can provide solutions that best meet your needs - while helping you improve efficiency and better manage your operations. We help business owners like you face cash flow challenges from every direction:

- Accelerate Receivables Manage Incoming Cash
- Control & Extend Payables Manage Outgoing Cash
- Leverage Credit & Optimize Cash Manage Cash Needs & Excess

To find out more, contact your local Relationship Manager for details.

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#### **Account summary**

Your previous balance as of 06/30/2015	\$1,888.91
Checks	- 0.00
Other withdrawals, debits and service charges	- 40,20
Deposits, credits and interest	+ 0.00
Your new balance as of 07/31/2015	<b>= \$1,848.71</b>

#### Other withdrawals, debits and service charges

DATE	DESCRIPTION	AMOUNT(\$)
07/21	SERVICE CHARGES - PRIOR PERIOD	40.20
Total of	her withdrawals, debits and service charges	= \$40.20

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### Questions, comments or errors?

Member FDIC

For general questions/comments or to report errors about your statement or account, please call BB&T Phone24 at 1-800-BANK BBT (1-800-226-5228) 24 hours a day, 7 days a week. BB&T Phone24 Client Service Associates are available to assist you from 6 a.m. until midnight ET. You may also contact your local BB&T financial center. To locate a BB&T financial center in your area, please visit BBT.com.

#### Electronic fund transfers

In case of errors or questions about your electronic fund transfers, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt, contact us as soon as possible. You may write to us at the following address:

BB&T Liability Risk Management

P.O. Box 996

Wilson, NC 27894-0996

You may also call BB&T Phone24 at 1-800-BANK BBT or visit your local BB&T financial center. We must hear from you no later than sixty (60) days after we sent you the FIRST statement on which the error or problem appeared. Please provide the following information:

- Your name and account number
- Describe the error or transfer you are unsure about, and explain in detail why you believe this is an error or why you need more information
- The dollar amount of the suspected error

We will investigate your complaint/concern and promptly take corrective action. If we take more than ten (10) business days to complete our investigation, your account will be credited for the amount you think is in error, minus a maximum of \$50 if we have a reasonable basis to believe that an unauthorized electronic fund transfer has occurred. This will provide you with access to your funds during the time it takes us to complete our investigation. You may have no liability for unauthorized Check Card purchases, subject to the terms and conditions in the current BB&T Electronic Fund Transfer Agreement and Disclosures. If you have arranged for direct deposit(s) to your account, please call BB&T Phone24 at 1-800-BANK BBT to verify that a deposit has been made.

If your periodic statement shows transfers that you did not make, tell us at once. If you do not inform us within sixty (60) days after the statement was mailed to you, you may not get back any money you lost after sixty (60) days. This will occur if we can prove that we could have stepped someone from taking the money if you had informed us in time. If a good reason kept you from informing us, we will extend the time periods.

#### Important Information about your Constant Credit Account

Once advances are made from your Constant Credit Account, an INTEREST CHARGE

will automatically be imposed on the account's outstanding "Average daily balance." The INTEREST CHARGE is calculated by applying the "Daily periodic rate" to the "Average daily balance" of your account (including current transactions) and multiplying this figure by the number of days in the billing cycle. To get the "Average daily balance," we take the beginning account balance each day, add any new advances or debits, and subtract any payments or credits and the last unpaid INTEREST CHARGE. This gives us the daily balance. Then we add all of the daily balances for the billing cycle and divide the total by the number of days in the billing cycle. This gives us the "Average daily balance."

Billing rights summary

In case of errors or questions about your Constant Credit statement

If you think your statement is incorrect, or if you need more information about a Constant Credit transaction on your statement, please call 1-800-BANK BBT or visit your local BB&T financial center. To dispute a payment, please write to us on a separate sheet of paper at the following address:

BankCard Services Division

P.O. Box 200

Wilson, NC 27894-0200

We must hear from you no later than sixty (60) days after we sent you the FIRST statement on which the error or problem appeared. You may telephone us, but doing so will not preserve your rights. In your letter, please provide the following information:

- Your name and account number
- Describe the error or transfer you are unsure about, and explain in detail why
  you believe this is an error or why you need more information
- The dollar amount of the suspected error

During our investigation process, you are not responsible for paying any amount in question; you are, however, obligated to pay the items on your statement that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount in question.

#### Mall-in deposits

If you wish to mail a deposit, please send a deposit ticket and check to your local BB&T financial center. Visit BBT.com to locate the BB&T financial center closest to you. Please do not send cash.

#### Change of address

If you need to change your address, please visit your local BB&T financial center or call BB&T Phone24 at 1-800-BANK BBT (1-800-226-5228).

How to Reconcile Your Account	Outstan	Outstanding Checks and Other Debits (Section A)			
List the new balance of your account from your latest statement here:	Date/Check #	Amount	Date/Check #	Amount	
2. Record any outstanding debits (checks, check card purchases, ATM withdrawals, electronic transactions, etc.) in section A. Record the transaction date, the check number or type of debit and the debit amount. Add up all of the debits, and enter the sum here:					
3. Subtract the amount in line 2 above from the amount in line 1 above and enter the total here:		der de le			
4. Record any outstanding credits in section B. Record the transaction date, credit type and the credit amount. Add up all of the credits and enter the sum here:	Outstand	ling Deposits an	d Other Credits (Se	ection B)	
5. Add the amount in line 4 to the amount in line 3 to find your balance. Enter the sum here. This amount should match the balance in your register.	Date/Type	Amount	Date/Type	Amount	
For more information, please contact your local BB&T relationship manager, visi BBT.com, or contact BB&T Phone24 at 1-800-BANK BBT (1-800-226-5228).		en e		n Piranes (Alla Carana de Sanda Para Antiga (Ala Angele)	

res Purpose of Obligation Obligation	s Hospital Operations \$ 389,165	Hospital Operations 250,000 64,745 314,745	
Date Incurred Due Dates	Various	Various Various Various	
Payee Description	Trade payables	Other Accrued Expense Other Accrued Costs Accrued Payroll Costs and taxes, including vacation Total Accrued Expenses	

Specialty Hospital of Washington, LLC Net Patient Accounts Receivable 31-Jul-15

Specially Hospital of Washington Nursing Center, LLC	Medicare	Medicaid	Commercial	Bad Debt	Total
Gross Accounts Receivable	₹ \$9	†	J.		49
Adjustments					•
Contractual Allowance	•	i	,		
Bad Debts	ı	ı		•	•
Total Adjustments	1			7	
Net Accounts Receivable	45	а	1	,	€

All Accounts Recievable was transferred at close

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Operating Disbucson ents		!		1	:								1 240		4 100	52	1,350	,	. 2359	15,659
Payroll, Payroll Taxes & Benefits		1,362	323	1,339	4	, .							į ,	·	1		,	,		
Payroll Taxes (Escrow)		,	,											, S		200		200	•	1,150
Medical supplies		,	•	ı.	651								200	2	25.5	756	202	27.5	1	4.092
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Miscellaneous	E.	4	۸.	. 1									952	102	200	Sec	SSC	255	3,775	9,530
Other	3	527	5,633	A STATE	2750	1 949	3.115	5 471	1 2207	1 19	3,001	295	2,232	609	3,047	1,451	2,637	230	3,174	35,087
Total Open string Cooper against	1			583				-				(132)	(tri)	(222)	(2,722)	(1,255)	(523)	(354)	(3,174)	(20,978)
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Total Non-Operating Disburoments		262	59	36	169	54 191	151 15	101	\$ 259	146	274	151	332	151	152	151	156	827	2,839	5745
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	10		> 129'6	**	÷	Ų.	ķ,	¥,	vs	v	by	•		**	**	10).	203		•	\$ 5,162
Segmong Cash		١.		230	į.	٤	31/5) (505)	1,383		(653)	(5,297)	(583)	(443)	(878)	(3,180)	(392)	(1,465)	(2,022)	(6,013)	(33,721)
Barrawings (flenaventief Debt			120	F	3,5	1,535	3,460					533	£43		3,138	1,365	1,468	2,022	6,013	26,560
in the Cash	S	3,431 \$	\$ -	\$ 065	\$ .	s -	\$ -	- S 1,38	S 5	\$	· S	5	\$	3	\$	5	\$			\$
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Exhibit G

Specialty Hospital of Washington LLC Current Liabilities Reconciliation 7/31/2015

					Pre - Petritor	Pre - Petition Breakdown	
Account Description	Total Current Liabilities	Post Petition Current Liabilities	Pre - Perition Current Liabilities	Secured	Priority	Unsecured *	Total Pre - Petition Accrued Expenses
Accounts Payable	\$ 12,294,822	389,165	11,905,657			11,905,657	11,905,657
Accrued Expenses Orther Accrued Costs	446,956	250,000	196,956			196,956	196,956
Accrued Interest	(359,246)		(359,246)	x	1	(559,246)	(359,246)
Licensed Bed Tax	833,580	į	833,580	,	ı	83,580	833,580
Accrued Personal Property Taxes	102,953	ŀ	102,953	,	ť	102953	102,953
FIN 47	87,336	1	87,336	,	1	87,336	87,336
Accrused Ballpark fees	000°99	•	000'99	1	1.	000.99	000'99
Pederal/Fica taxes/FUTA/SUTA	7,695,229	•,	7,695,229	ı	•	7,605,229	7,695,229
State taxes - Maryland	1,939,668	1	1,939,668	1	li .	899,050 T	1,939,668
State taxes - DC	159,165	э	159,165	1	1	150,05	159,165
State taxes - Virginia	,	1	r	•	*		1
Employee Deductions, including 401k	. 470,277	•	470,277	1	1	470,277	172,077
CMS - Civil Penalty (SNP)	133,150	16	133,150	:1	4	133,150	133,150
Tax Penalties - IRS	1,146,020	,	1,146,020	1	J	1,146,020	1,146,020
Tax Penalties - Maryland	223,886	ı	223,886	1	ï	223,886	223,886
Tax Penalties - Virginia	19,607	r	19,607	ı	1	19,607	19,607
Tax Penalties - DC	534,395	,	534,395	4	1	534,395	534,395
Accrued Payroll Costs, including vacation	593,174	64,743	528,431	1.	•	528,431	528,451
Other	192,477	*	192,477	•	•	192,477	192,477
Total Accrued expenses	14,284,626	314,743	13,969,884	1:	3	13,969,884	13,969,884
Amounts Due to Government Authorfiles Due to Department of Heath Care France - LTACH							
Medicaid Appeals (2007 -2010)	3,865,085	ì	3,865,085	a a	,	3,865,085	5,865,085
Due from Department of Heath Care Finance - 2011 = 2014	(4.060.328)	r	(4,060,328)	a	¥	(4,000,328)	(4,060,328)
Total Due to Government Authorities	(195,243)		(195,243)	# ·	¥	(195,243)	(195,243)
Total Current Liabilities	26,384,205	703,908	25,680,297			25,680,297	25,680,297

\* Some portion of sozial number constraced in each should have item may institute a printing claim under the Bombenpity Code. However, the deboors and their legal numsel have not condusted the fectual and legal numbirs. to determine precisely which of these claims (if any) constitute a priority claim, the relative priority to be afforded any claims that do constitute a priority claim and the amounts to be afforded priority status.