

Fill in this information to identify the case:

United States Bankruptcy Court for the:

CENTRAL DIST. OF CALIFORNIACase number (if known): _____ Chapter **11**

Entered 02/02/16 21:32:52 Desc

Main Document Page 1 of 99

☐ Check if this is an amended filingOfficial Form 201**Voluntary Petition for Non-Individuals Filing for Bankruptcy****12/15**

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

1. Debtor's name **California Hispanic Commission on Drug and Alcohol Abuse**
2. All other names debtor used in the last 8 years **aka CHCADA**
Include any assumed names, trade names and *doing business as* names
3. Debtor's federal Employer Identification Number (EIN) **9 4 - 2 3 0 1 5 5 1**
4. Debtor's address
- | Principal place of business | Mailing address, if different from principal place of business |
|---|---|
| 9942 W. 13th St.
Number Street | 1419 21st St.
Number Street |
| _____ | P.O. Box _____ |
| Garden Grove CA 92844
City State ZIP Code | Sacramento CA 95811
City State ZIP Code |
| Orange
County | Location of principal assets, if different from principal place of business |
| | Number Street _____ |
| | 9842 W. 13th St. S1 CA 92844
City State ZIP Code |
5. Debtor's website (URL) _____
6. Type of debtor
- ☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
- ☐ Partnership (excluding LLP)
- ☐ Other. Specify: _____

7. Describe debtor's business

A. Check one:

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

B. Check all that apply:

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

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.naics.com/search/>

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

Check one:

- ☐ Chapter 7
☐ Chapter 9

☒ Chapter 11. Check all that apply:

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every 3 years after that).
- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy Under Chapter 11 (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

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

If more than 2 cases, attach a separate list.

☒ No

☐ Yes. District _____ When _____ Case number _____
MM / DD / YYYY
District _____ When _____ Case number _____
MM / DD / YYYY
District _____ When _____ Case number _____
MM / DD / YYYY

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

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

☒ No

☐ Yes. Debtor _____ Relationship _____
District _____ When _____
Case number, if known _____ MM / DD / YYYY

Debtor _____ Relationship _____
District _____ When _____
Case number, if known _____ MM / DD / YYYY

11. Why is the case filed in this district?

Check all that apply:

☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.

☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

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

☒ No

☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

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

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

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

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

☐ Other _____

Where is the property?

Number Street

City State ZIP Code

Is the property insured?

☐ No

☐ Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

☒ Funds will be available for distribution to unsecured creditors.

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

Main Document Page 4 of 99

14. Estimated number of creditors
- | | | |
|---|--|--|
| <input type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input checked="" type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |
15. Estimated assets
- | | | |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input checked="" type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |
16. Estimated liabilities
- | | | |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input checked="" type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Part X: Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor
- The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

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

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

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

Executed on 01/29/2016
MM / DD / YYYY

X /s/ James Hernandez

Signature of authorized representative of debtor

James Hernandez

Printed name

Title Director

18. Signature of attorney

X /s/ Michael R. Totaro

Signature of Attorney for Debtor

Date 01/29/2016

MM / DD / YYYY

Michael R. Totaro

Printed name

Totaro & Shanahan

Firm Name

P.O. Box 789

Number Street

Pacific Palisades

City

CA

State

90272

ZIP Code

Contact phone (310) 573-0276

Email address Ocbkatty@aol.com

102229

Bar number

State

**UNITED STATES BANKRUPTCY COURT
CENTRAL DISTRICT OF CALIFORNIA - SANTA ANA DIVISION**

Attorney or Party Name, Address, Telephone & FAX Nos., State Bar Number & Email Address	CASE NO.:
Michael R. Totaro Pacific Palisades, CA 90272 (310) 573-0276 Fax(319) 496-1260 102229	CHAPTER: 11 ADVERSARY NO.: (if applicable)
Attorney for:	
In re: California Hispanic Commission on Drug a	ELECTRONIC FILING DECLARATION (NON-INDIVIDUAL) [LBR 1002-1(f)]
Debtor(s)	

☐ Petition, statement of affairs, schedules or lists

Date Filed: _____

☐ Amendments to the petition, statement of affairs, schedules or lists

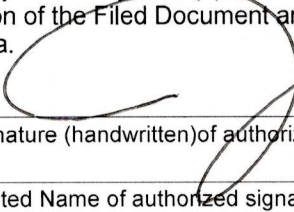
Date Filed: _____

☐ Other (specify): _____

Date Filed: _____

PART I - DECLARATION OF SIGNATORY OF DEBTOR OR OTHER PARTY

I, the undersigned, declare under penalty of perjury that: (1) I have been authorized by the Debtor or other party on whose behalf the above-referenced document is being filed (Filing Party) to sign and to file, on behalf of the Filing Party, the above-referenced document being filed electronically (Filed Document); (2) I have read and understand the Filed Document; (3) the information provided in the Filed Document is true, correct and complete; (4) the "/s/," followed by my name, on the signature lines for the Filing Party in the Filed Document serves as my signature on behalf of the Filing Party and denotes the making of such declarations, requests, statements, verifications and certifications by me and by the Filing Party to the same extent and effect as my actual signature on such signature lines; (5) I have actually signed a true and correct printed copy of the Filed Document in such places on behalf of the Filing Party and provided the executed printed copy of the Filed Document to the Filing Party's attorney; and (6) I, on behalf of the Filing Party, have authorized the Filing Party's attorney to file the electronic version of the Filed Document and this Declaration with the United States Bankruptcy Court for the Central District of California.

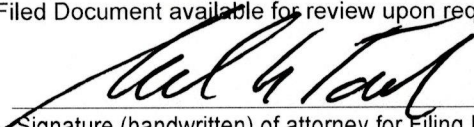
Date: 1-29-16


 Signature (handwritten) of authorized signatory of Filing Party

 Printed Name of authorized signatory of Filing Party

 Title of authorized signatory of Filing Party
PART II - DECLARATION OF ATTORNEY FOR SIGNING PARTY

I, the undersigned Attorney for the Filing Party, declare under penalty of perjury that: (1) the "/s/," followed by my name, on the signature lines for the Attorney for the Filing Party in the Filed Document serves as my signature and denotes the making of such declarations, requests, statements, verifications and certifications to the same extent and effect as my actual signature on such signature lines; (2) an authorized signatory of the Filing Party signed Part 1 - Declaration of Authorized Signatory of Debtor or Other Party of this Declaration before I electronically submitted the Filed Document for filing with the United States Bankruptcy Court for the Central District of California; (3) I have actually signed a true and correct hard copy of the Filed Document in the locations that are indicated by "/s/," followed by my name, and have obtained the signature of the authorized signatory of the Filing Party in the locations that are indicated by "/s/," followed by the name of the Filing Party's authorized signatory, on the true and correct printed copy of the Filed Document; (4) I shall maintain the executed originals of this Declaration and the Filed Document for a period of five years after the closing of the case in which they are filed; and (5) I shall make the executed originals of this Declaration and the Filed Document available for review upon request of the court or other parties.

Date: January 29, 2016


 Signature (handwritten) of attorney for Filing Party

Michael R. Totaro

 Printed Name of attorney for Signing Party

Attorney or Party Name, Address, Telephone & FAX Nos, State Bar No. & Email Address Michael R. Totaro P.O. Box 789 Pacific Palisades, CA 90272 (310) 573-0276 (319) 496-1260 102229 Ocbkatty@aol.com <input type="checkbox"/> Attorney for : California Hispanic Commission on Drug a	FOR COURT USE ONLY						
UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA - SANTA ANA DIVISION							
In re: California Hispanic Commission on Drug a <div style="text-align: right;">Debtor(s).</div> <div style="text-align: right;">Plaintiff(s).</div> <div style="text-align: right;">Defendant(s).</div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> CASE NO.: ADVERSARY NO.: CHAPTER: </td> <td style="width: 40%; text-align: center; vertical-align: top;"> 11 </td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 5px;"> CORPORATE OWNERSHIP STATEMENT PURSUANT TO FRBP 1007(a) (1) and 7007.1, and LBR 1007-4 </td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 5px;"> [No Hearing] </td> </tr> </table>	CASE NO.: ADVERSARY NO.: CHAPTER:	11	CORPORATE OWNERSHIP STATEMENT PURSUANT TO FRBP 1007(a) (1) and 7007.1, and LBR 1007-4		[No Hearing]	
CASE NO.: ADVERSARY NO.: CHAPTER:	11						
CORPORATE OWNERSHIP STATEMENT PURSUANT TO FRBP 1007(a) (1) and 7007.1, and LBR 1007-4							
[No Hearing]							

Pursuant to FRBP 1007(a)(1) and 7007.1, and LBR 1007-4, any corporation, other than a governmental unit, that is a debtor in a voluntary case or a party to an adversary proceeding or a contested matter shall file this Statement identifying all its parent corporations and listing any publicly held company, other than a governmental unit, that directly or indirectly own 10% or more of any class of the corporation's equity interest, or state that there are no entities to report. This Corporate Ownership Statement must be filed with the initial pleading filed by a corporate entity in a case or adversary proceeding. A supplemental statement must promptly be filed upon any change in circumstances that renders this Corporate Ownership Statement inaccurate.

I, Michael R. Totaro, the undersigned in the above-captioned case, hereby declare under penalty of perjury under the laws of the United States that the following is true and correct:

[Check the appropriate boxes and, if applicable, provide the required information.]

1. I have personal knowledge of the matters set forth in this Statement because:

- ☐ I am the president or other officer or an authorized agent of the Debtor corporation
- ☐ I am a party to an adversary proceeding
- ☐ I am a party to a contested matter
- ☒ I am the attorney for the Debtor corporation

2. a. ☐ The following entities, other than the Debtor or a governmental unit, directly or indirectly own 10% or more of any class of the corporation's(s') equity interests:

None

[For additional names, attach an addendum to this form.]

b. ☐ There are no entities that directly or indirectly own 10% or more of any class of the corporation's equity interest.

This form is optional. It has been approved for use in the United States Bankruptcy Court for the Central District of California.

Date: January 29, 2016

By: /s/ Michael R. Totaro
Signature of Debtor, or attorney for Debtor

Name: Michael R. Totaro
Printed name of Debtor, or attorney for Debtor

This form is optional. It has been approved for use in the United States Bankruptcy Court for the Central District of California.

United States Bankruptcy Court

Central District of California

In Re:

Case No: _____

Chapter:

STATEMENT REGARDING AUTHORITY TO SIGN AND FILE PETITION

I, James Hernandez, declare under penalty of perjury that I am the President of California Hispanic Commission on Drug and Alcohol Abuse, a California Non-Profit Corporation and that on January 29, 2016, the following resolution was duly adopted by the Board of this Corporation:

"Whereas, it is in the best interest of this Corporation to file a voluntary petition in the United States Bankruptcy Court pursuant to Chapter 11 of Title 11 of the United States Code;

Be it Therefore Resolved, that James Hernandez, President of this Corporation, is authorized and directed to execute and deliver all documents necessary to perfect the filing of a Chapter 11 voluntary bankruptcy case on behalf of the Corporation; and

Be it Further Resolved, that James Hernandez, President of this Corporation, is authorized and directed to appear in all bankruptcy proceedings on behalf of the Corporation, and to otherwise do and perform all acts and deeds and to execute and deliver all necessary documents on behalf of the Corporation in connection with such bankruptcy case; and

Be it Further Resolved that James Hernandez, President of this Corporation, is authorized and directed to employ Michael R. Totaro and the law firm of Totaro & Shanahan to represent the Corporation in such bankruptcy case."

Executed on: January 29, 2016

Signed: /s/ James Hernandez
James Hernandez, Director

Fill in this information to identify the case:Debtor name **California Hispanic Commission on Drug and Alcohol Abuse**United States Bankruptcy Court for the: **CENTRAL DIST. OF CALIFORNIA**Case number
(if known)☐ Check if this is an
amended filing**Official Form 204****Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders****12/15**

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claims resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1	Long Term Care Properties, Inc. 7 Corporate Plaza Newport Beach, CA 92660		Guarantee	Disputed			\$1,400,000.00
2	Genesis Title Holding Co. 1419 21st St. Sacramento, CA 95811		Operating Expenses	Disputed			\$358,119.81
3	Blue Shield of California Attn. Nora Galicia 4203 Town Center Dr. El Dorado Hills, Ca 95762		Insurance Medical	Disputed			\$102,984.03
4	American Express P.O. Box 981537 El Paso, TX 79998		Credit Card	Disputed			\$80,300.88
5	Non-Profit United Worker's Comp. 610 Fulton Ave.#200 Sacramento, CA 95825		Worker's Comp	Disputed			\$60,846.00
6	James Hernandez 1419 21st Sacramento, CA 95811		Loan				\$36,000.00

Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
7 Lewitt, Hackman, Shapiro et al 16633 Ventura Blvd. # 1100 Encino, CA 91436		Professional Fees	Disputed			\$34,324.59
8 Prosgnit Specialty Ins. P.O. Box 969 Westbrook, CT 06498		Worker's Comp	Disputed			\$22,494.00
9 Ford Motor Credit P.O. Box 542000 Omaha, NE 68154		Contract/Lease	Disputed	\$70,499.62	\$51,025.00	\$19,474.62
10 Home Depot Credit Services P.O. Box 183175 Dept. 32-2149092011 Columbus, OH 43218		Supplies	Disputed			\$15,456.63
11 Clinivate 115 California Blvd. #156 Pasadena, CA 91105		Software Maintenance	Disputed			\$13,750.00
12 Premier Access Ins. Co. P.O. Box 39000 Dept. 34114 San Francisco, CA 94139		Insurance	Disputed			\$13,468.50
13 Alliance Member Services P.O. Box 49050 San Jose, CA 95161		Services	Disputed			\$11,788.53
14 Emilo Huerta Law Offices of Emilo J. Huerta P.O. Box 2244 Bakersfield, CA 93303		Professional Fees	Disputed			\$9,832.50

Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
15 Abila Dept. 3303 P.O. Box 12303 Dallas, TX 75312		Accounting Software	Disputed			\$9,280.00
16 JD Telecom 31372 Mesa View Dr. Victorville, CA 92392		Communications	Disputed			\$7,929.92
17 Coverall North America Inc. 2955 Momentum Pl. Chicago, IL 60689		Janitorial Service	Disputed			\$7,078.00
18 2010 Office Furniture 2227 N. Merce Ave. South El Monte, CA 91733		Furniture	Disputed			\$6,705.13
19 Toshiba Financial Services P.O. Box 31001 Pasadena, CA 95110		Lease	Disputed	\$5,975.25	\$0.00	\$5,975.25
20 AT&T Mobility P.O. Box 6463 Carol Stream, IL 60197		Wireless Phone	Disputed			\$5,970.17

UNITED STATES BANKRUPTCY COURT
Main Document Page 13 of 99
CENTRAL DISTRICT OF CALIFORNIA
SANTA ANA DIVISION

IN RE:
California Hispanic Commission on Drug and Alcohol Abuse

CHAPTER 11

DEBTOR(S)

CASE NO

LIST OF EQUITY SECURITY HOLDERS

Registered Name of Holder of Security Last Known Address or Place of Business	Class of Security	Number Registered	Kind of Interest Registered
--	-------------------	-------------------	--------------------------------

**DECLARATION UNDER PENALTY OF PERJURY
ON BEHALF OF A CORPORATION OR PARTNERSHIP**

I, the Director of the Corporation
named as the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the
best of my information and belief.

Date: 1/29/2016

Signature: /s/ James Hernandez

James Hernandez
Director

**STATEMENT OF RELATED CASES
INFORMATION REQUIRED BY LBR 1015-2
UNITED STATES BANKRUPTCY COURT, CENTRAL DISTRICT OF CALIFORNIA**

1. A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor, his/her spouse, his or her current or former domestic partner, an affiliate of the debtor, any copartnership or joint venture of which debtor is or formerly was a general or limited partner, or member, or any corporation of which the debtor is a director, officer, or person in control, as follows: (Set forth the complete number and title of such prior proceeding, date filed, nature thereof, the Bankruptcy Judge and court to whom assigned, whether still pending and, if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A that was filed with any such prior proceedings(s).)

None

2. (If petitioner is a partnership or joint venture) A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor or an affiliate of the debtor, or a general partner in the debtor, a relative of the general partner, general partner of, or person in control of the debtor as follows: (Set forth the complete number and title of such prior proceeding, date filed, nature of the proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending and, if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A that was filed with any such prior proceeding(s).)

None

3. (If petitioner is a corporation) A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor, or any of its affiliates or subsidiaries, a director of the debtor, an officer of the debtor, a person in control of the debtor, a partnership in which the debtor is general partner, a general partner of the debtor, a relative of the general partner, director, officer, or person in control of the debtor, or any persons, firms or corporations owning 20% or more of its voting stock as follows. (Set forth the complete number and title of such prior proceeding, date filed, nature of proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending, and if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A that was filed with any such prior proceeding(s).)

None

4. (If petitioner is an individual) A petition under the Bankruptcy Reform Act of 1978, including amendments thereof, has been filed by or against the debtor within the last 180 days: (Set forth the complete number and title of each such prior proceeding, date filed, nature of proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending, and if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A that was filed with any such prior proceedings(s).)

None

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

Executed at Garden Grove, California

/s/ James Hernandez

Debtor

Dated January 29, 2016

Joint Debtor

This form is mandatory by Order of the United States Bankruptcy Court for the Central District of California.

Fill in this information to identify the case:

Debtor Name California Hispanic Commission on Drug and Alcohol Abuse

United States Bankruptcy Court for the: CENTRAL DIST. OF CALIFORNIA

Case number (if known): _____

☐ Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets--Real and Personal Property** (Official Form 206A/B)

1a. Real property: Copy line 88 from Schedule A/B.....	\$2,065,000.00
1b. Total personal property: Copy line 91A from Schedule A/B.....	\$3,740,503.00
1c. Total of all property Copy line 92 from Schedule A/B.....	\$5,805,503.00

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Hold Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, Amount of claim, at the bottom of page 1 of Schedule D..... **\$1,339,945.39**

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of Schedule E/F.....	\$2,976.36
3b. Total amount of claims of non-priority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F.....	+ \$2,269,464.08

4. **Total liabilities**

Lines 2 + 3a + 3b..... **\$3,612,385.83**

Fill in this information to identify the caseDebtor name **California Hispanic Commission on Drug and Alcohol Abuse**United States Bankruptcy Court for the: **CENTRAL DIST. OF CALIFORNIA**Case number
(if known) _____☐ Check if this is an amended filingEntered 02/02/16 21:32:52 Desc
15 of 99Official Form 206A/B**Schedule A/B: Assets -- Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of
debtor's interest**2. Cash on hand**

3. Checking, savings, money market, or financial brokerage accounts *(Identify all)*

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of
account number**3.1. Wells Fargo Checking****Checking account**

____ _

\$200,000.00**4. Other cash equivalents** *(Identify all)*

Name of institution (bank or brokerage firm)

5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$200,000.00**Part 2: Deposits and prepayments****6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.
☐ Yes. Fill in the information below.

Current value of
debtor's interest

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

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

Description, including name of holder of prepayment

9. Total of Part 2.

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

\$0.00

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- ☐ No. Go to Part 4.
☒ Yes. Fill in the information below.

Current value of
debtor's interest

11. Accounts receivable

11a. 90 days old or less: \$0.00 — \$0.00 = → \$0.00
face amount doubtful or uncollectible accounts

11b. Over 90 days old: \$3,298,103.00 — \$0.00 = → \$3,298,103.00
face amount doubtful or uncollectible accounts

12. Total of Part 3

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

\$3,298,103.00

Part 4: Investments

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.
☐ Yes. Fill in the information below.

Valuation method
used for current value

Current value of
debtor's interest

14. Mutual funds or publicly traded stocks not included in Part 1

Name of fund or stock:

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity: % of ownership:

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

\$0.00

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.
☒ Yes. Fill in the information below.

General description	Date of the last physical inventory MM/DD/YYYY	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials				
20. Work in progress				
21. Finished goods, including goods held for resale				
22. Other inventory or supplies				
See attached List.	02/02/2016			\$182,000.00
23. Total of Part 5				\$182,000.00
Add lines 19 through 22. Copy the total to line 84.				
24. Is any of the property listed in Part 5 perishable?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes. Book value _____ Valuation method _____ Current value _____				
26. Has any of the property listed in Part 5 been appraised by a professional within the last year?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				

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

27. Does the debtor own or lease any farming or fishing-related assets (other than titled motor vehicles and land)?

☒ No. Go to Part 7.

☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops--either planted or harvested			
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish			
30. Farm machinery and equipment (Other than titled motor vehicles)			
31. Farm and fishing supplies, chemicals, and feed			
32. Other farming and fishing-related property not already listed in Part 6			
33. Total of Part 6.			\$0.00
Add lines 28 through 32. Copy the total to line 85.			
34. Is the debtor a member of an agricultural cooperative?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes. Is any of the debtor's property stored at the cooperative?			
<input type="checkbox"/> No			
<input type="checkbox"/> Yes			
35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes. Book value _____ Valuation method _____ Current value _____			
36. Is a depreciation schedule available for any of the property listed in Part 6?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
37. Has any of the property listed in Part 6 been appraised by a professional within the last year?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☒ No. Go to Part 8.
☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture			
40. Office fixtures			
41. Office equipment, including all computer equipment and communication systems equipment and software			
42. Collectibles Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
43. Total of Part 7. Add lines 39 through 42. Copy the total to line 86.			\$0.00

44. Is a depreciation schedule available for any of the property listed in Part 7?

- ☒ No
☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

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

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1. 2013 Ford Van E350		Nada Guides	\$21,375.00
47.2. Ford Van 2014 E350		NADA Guides	\$21,175.00
47.3. Ford Van 2013 E350		NADA Guides	\$21,375.00
47.4. Ford Van 2014 E350		NADA Guides	\$21,175.00
47.5. Ford Van 2014 E350		NADA Guides	\$21,175.00
47.6. Ford Van 2013 E350		NADA Guides	\$21,375.00
47.7. Ford Van 2014 E350		NADA Guides	\$21,175.00
47.8. Ford Van 2013 E350		NADA Guides	\$21,375.00
47.9. Ford Van 2014 E350		NADA Guides	\$21,175.00
47.10. Lincoln Navigator 2015		NADA Guides	\$51,025.00
48. Watercraft, trailers, motors, and related accessories Examples: Boats trailers, motors, floating homes, personal watercraft, and fishing vessels			

49. Aircraft and accessories
50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

51. Total of Part 8.
Add lines 47 through 50. Copy the total to line 87.

\$242,400.00

52. Is a depreciation schedule available for any of the property listed in Part 8?
☒ No
☐ Yes
53. Has any of the property listed in Part 8 been appraised by a professional within the last year?
☒ No
☐ Yes

Part 9: Real property

54. Does the debtor own or lease any real property?
- ☐ No. Go to Part 10.
☒ Yes. Fill in the information below.

55.	Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1.	Commercial Property 1322 D. Street Sacramento, Ca. 95840	Fee Simple	\$400,000.00	Realtor	\$400,000.00
55.2.	Commercial Property 1419 21st St. Sacramento, Ca 95811	Fee Simple	\$1,340,000.00	Realtor	\$1,340,000.00
55.3.	9217 Caldera Way Sacramento, CA 95826 Commercial Property 9217 Caldera Way Sacramento CA 95826	Fee Simple			\$325,000.00

56. Total of Part 9.
Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$2,065,000.00

57. Is a depreciation schedule available for any of the property listed in Part 9?
☒ No
☐ Yes
58. Has any of the property listed in Part 9 been appraised by a professional within the last year?
☒ No
☐ Yes

Part 10: Intangibles and Intellectual Property

59. Does the debtor have any interests in intangibles or intellectual property?
- ☒ No. Go to Part 11.
☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
61. Internet domain names and websites			
62. Licenses, franchises, and royalties			
63. Customer lists, mailing lists, or other compilations			
64. Other intangibles, or intellectual property			
65. Goodwill			
66. Total of Part 10. Add lines 60 through 65. Copy the total to line 89.			\$0.00
67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
69. Has any of the property listed in Part 10 been appraised by a professional within the last year?			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form? Include all interests in executory contracts and unexpired leases not previously reported on this form.	
<input checked="" type="checkbox"/> No. Go to Part 12.	
<input type="checkbox"/> Yes. Fill in the information below.	
71. Notes receivable	Current value of debtor's interest
Description (include name of obligor)	
72. Tax refunds and unused net operating losses (NOLs)	
Description (for example, federal, state, local)	
73. Interests in insurance policies or annuities	
74. Causes of action against third parties (whether or not a lawsuit has been filed)	
75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims	
76. Trusts, equitable or future interests in property	
77. Other property of any kind not already listed Examples: Season tickets, country club membership	
78. Total of Part 11. Add lines 71 through 77. Copy the total to line 90.	\$0.00
79. Has any of the property listed in Part 11 been appraised by a professional within the last year?	
<input checked="" type="checkbox"/> No	
<input type="checkbox"/> Yes	

Part 12: Summary

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

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. Copy line 5, Part 1.	<u>\$200,000.00</u>	
81. Deposits and prepayments. Copy line 9, Part 2.	<u>\$0.00</u>	
82. Accounts receivable. Copy line 12, Part 3.	<u>\$3,298,103.00</u>	
83. Investments. Copy line 17, Part 4.	<u>\$0.00</u>	
84. Inventory. Copy line 23, Part 5.	<u>\$182,000.00</u>	
85. Farming and fishing-related assets. Copy line 33, Part 6.	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. Copy line 43, Part 7.	<u>\$0.00</u>	
87. Machinery, equipment, and vehicles. Copy line 51, Part 8.	<u>\$242,400.00</u>	
88. Real property. Copy line 56, Part 9..... →		<u>\$2,065,000.00</u>
89. Intangibles and intellectual property. Copy line 66, Part 10.	<u>\$0.00</u>	
90. All other assets. Copy line 78, Part 11.	<u>+\$0.00</u>	
91. Total. Add lines 80 through 90 for each column.	91a. <u>\$3,922,503.00</u>	91b. <u>\$2,065,000.00</u>
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.....		<u>\$5,987,503.00</u>

Homes	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17			
Location	LATINOS	LATINAS	PALOMA	AGUILA	MUJERES	SERENIDAD	Casa Elena	Unidos	Wisteria House	Gilbert House	CASC/FSP	SGVC	La Familia	CASC CR	MASA	LFC	BEV CASC	Admin Office	Caldera	D Street
	2436 Wabash Av	127 N. St. Louis	28 N. Avenue 5	524 N. Ave 54	30 N. Avenue 51	Via San Dela	832 S. Anaheim Blvd,	2 W. 13th St. St	5424 W. Wisteria Pl.	1242 N. Gilbert St.	Washington Blvd	11046 Valley Mall	1905 N. College Ave	10012 Norwalk Blvd.	2309 Daly St.	1316 W. Beverly Blv	5813 & 5833 W. Beverly Blvd	1419 21st St	9217 Caldera	1322 Dt St
	Los Angeles, CA 90033	Los Angeles, CA 90033	Los Angeles, CA 90042	Los Angeles, CA 90042	Los Angeles, CA 90042	Los Angeles, CA 90022	Anaheim, CA 92801	Los Angeles, CA 92801	Santa Ana, CA 92801	Anaheim, CA 92801	Pico Rivera, CA 90660	El Monte, CA 91731	Santa Ana CA 92706	Santa Fe Springs, CA	Los Angeles, CA 90031	Montebello, CA 90660	Los Angeles, CA 90022	Sacramento , CA 95811	Sacramento CA 95826	Sacramento , CA 95840
beds	6	6	6	12	6	3	6	162	12	6										
computers	1	1	2	2	1		2	5												
printers	1	1	1	1		1	1	3												
fax mahines	1	1	1	1	1	1	1	1												
projectors								1												
television sets	1	1	1	1	1	1	1	5	1	1										
refrigerators	1	1	1	1	1	1	1	2	1	1										
freezer		1						1												
microwave ovens	1	1	1	1	1	1	1													
stove	1	1	1	1	1	1	1	1	1	1										
commercial gas range								1												
gas grill								1												
washer	1	1	1	1	1	1	1	2	1	1										
dryer	1	1	1	1	1			2	1	1										
airconditioning unit		3					1													
dining table	1	1	1	1	1	1	4	5	1	1										
patio dining set								2												
desk	1	2	1	1	1	1	4	4	1	1										
chairs	4	4	4	4	3	2	2	11	2	2										
sofas	1	2	1	1	1	1	1	1	1	1										
shelf		1						1												
steel drawers		2						2												
chest drawers	2	3						65												
carpet cleaner								1												
property insured value	5,000.00	6,000.00	5,000.00	5,000.00	5,000.00	3,000.00	5,000.00	75,000.00	5,000.00	5,000.00	10,000.00	5,000.00	8,000.00	4,000.00	10,815.00	15,000.00	3,000.00	10000	3000	4000

Fill in this information to identify the case:

Debtor name California Hispanic Commission on Drug and Alcohol Abuse

United States Bankruptcy Court for the: CENTRAL DIST. OF CALIFORNIA

Case number _____
(if known)

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A
Amount of claim
Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

2.1	Creditor's name	Describe debtor's property that is subject to a lien	Amount of claim	Value of collateral that supports this claim
	<u>Ace Commercial Laundry</u>	<u>Washer and Dryer Lease</u>	<u>\$314.00</u>	<u>\$0.00</u>
	Creditor's mailing address <u>14404 Hoover St.</u>	Describe the lien <u>Lease / Agreement</u>		
	<u>Westminster CA 92683</u>	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Creditor's email address, if known _____	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	Date debt was incurred <u>2015</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Last 4 digits of account number _____			
	Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority.			

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$1,339,945.39

Part 1:

Additional Page

Main Document Page 24 of 99

Column A
Amount of claim
Do not deduct the
value of collateral.

Column B
Value of collateral
that supports
this claim

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

2.2

Creditor's name
Ford Motor Credit

Describe debtor's property that is
subject to a lien

\$21,278.69

\$21,375.00

Creditor's mailing address
P.O. Box 542000

2013 Ford E350 (MASA)

Describe the lien

Contract/Lease / Agreement

Omaha NE 68154

Is the creditor an insider or related party?

☒ No
☐ Yes

Creditor's email address, if known

Is anyone else liable on this claim?

☒ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Date debt was incurred **2013**

Last 4 digits of account
number

4 6 8 2

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☒ Disputed

Do multiple creditors have an interest in
the same property?

☒ No
☐ Yes. Have you already specified the
relative priority?
☐ No. Specify each creditor, including this
creditor, and its relative priority.
☐ Yes. The relative priority of creditors is
specified on lines _____

2013 FordE350 (MASA)

2.3

Creditor's name
Ford Motor Credit

Describe debtor's property that is
subject to a lien

\$21,278.69

\$21,175.00

Creditor's mailing address
P.O. Box 542000

2014 E350 (CASC CR)

Describe the lien

Contract/Lease / Agreement

Omaha NE 68154

Is the creditor an insider or related party?

☒ No
☐ Yes

Creditor's email address, if known

Is anyone else liable on this claim?

☒ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Date debt was incurred **2014**

Last 4 digits of account
number

4 7 7 4

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
☐ Unliquidated
☒ Disputed

Do multiple creditors have an interest in
the same property?

☒ No
☐ Yes. Have you already specified the
relative priority?
☐ No. Specify each creditor, including this
creditor, and its relative priority.
☐ Yes. The relative priority of creditors is
specified on lines _____

2014 E350 (CASC CR)

Part 1: Additional Page Main Document Page 25 of 99

Column A
Amount of claim
Do not deduct the
value of collateral.

Column B
**Value of collateral
that supports
this claim**

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

2.4	Creditor's name Ford Motor Credit	Describe debtor's property that is subject to a lien 2013 Ford E350 (CASC)	\$22,190.59	\$21,375.00
	Creditor's mailing address P.O. Box 542000	Describe the lien Contract/Lease / Agreement		
	Omaha NE 68154	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Creditor's email address, if known	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	Date debt was incurred 2013	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Last 4 digits of account number 4 3 8 6			
	Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			

2013 Ford E350 (CASC)

2.5	Creditor's name Ford Motor Credit	Describe debtor's property that is subject to a lien 2014 Ford E350 (BEVERLY)	\$22,194.25	\$21,175.00
	Creditor's mailing address P.O. Box 542000	Describe the lien Contract/Lease / Agreement		
	Omaha NE 68154	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Creditor's email address, if known	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	Date debt was incurred 2014	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Last 4 digits of account number 7 6 6 6			
	Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			

2014 Ford E350 (BEVERLY)

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

2.6

Creditor's name

Ford Motor Credit

Describe debtor's property that is subject to a lien

2014 E350 (LATINOS)

Amount of claim

\$24,233.70

Value of collateral that supports this claim

\$21,175.00

Creditor's mailing address

P.O. Box 542000

Describe the lien

Contract/Lease / Agreement

Is the creditor an insider or related party?

☒ No
 ☐ Yes

Is anyone else liable on this claim?

☒ No
 ☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
 ☐ Unliquidated
 ☒ Disputed

Do multiple creditors have an interest in the same property?

☒ No
 ☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.
 ☐ Yes. The relative priority of creditors is specified on lines _____

2014 E350 (LATINOS)

2.7

Creditor's name

Ford Motor Credit

Describe debtor's property that is subject to a lien

2013 Ford E350 (LATINAS)

Amount of claim

\$22,729.64

Value of collateral that supports this claim

\$21,375.00

Creditor's mailing address

P.O. Box 542000

Describe the lien

Contract/Lease / Agreement

Is the creditor an insider or related party?

☒ No
 ☐ Yes

Is anyone else liable on this claim?

☒ No
 ☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent
 ☐ Unliquidated
 ☒ Disputed

Do multiple creditors have an interest in the same property?

☒ No
 ☐ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.
 ☐ Yes. The relative priority of creditors is specified on lines _____

2013 Ford E350 (LATINAS)

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

Column A	Column B
Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim

2.8	Creditor's name Ford Motor Credit	Describe debtor's property that is subject to a lien 2014 Ford E350 (UNIDOS)	\$24,234.59	\$21,175.00
	Creditor's mailing address P.O. Box 542000	Describe the lien Contract/Lease / Agreement		
	Omaha NE 68154	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Creditor's email address, if known	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	Date debt was incurred 2014	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Last 4 digits of account number 6 3 7 7			
	Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			

2014 Ford E350 (UNIDOS)

2.9	Creditor's name Ford Motor Credit	Describe debtor's property that is subject to a lien 2013 Ford E350 (PALOMA)	\$22,729.64	\$21,375.00
	Creditor's mailing address P.O. Box 542000	Describe the lien Contract/Lease / Agreement		
	Omaha NE 68154	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Creditor's email address, if known	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	Date debt was incurred 2013	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Last 4 digits of account number 6 4 4 7			
	Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			

2013 Ford E350 (PALOMA)

Part 1:**Additional Page**

Main Document Page 28 of 99

Column A

Amount of claim
Do not deduct the
value of collateral.

Column B

Value of collateral
that supports
this claim

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

2.10

Creditor's name

Ford Motor CreditDescribe debtor's property that is
subject to a lien**\$24,233.70****\$21,175.00**

Creditor's mailing address

P.O. Box 542000**2014 Ford E350 (CASC)**

Describe the lien

Contract/Lease / Agreement

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)Date debt was incurred **2014**Last 4 digits of account
number**6 5 6 3**

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☒ DisputedDo multiple creditors have an interest in
the same property?☒ No☐ Yes. Have you already specified the
relative priority?☐ No. Specify each creditor, including this
creditor, and its relative priority.☐ Yes. The relative priority of creditors is
specified on lines _____**2014 Ford E350 (CASC)****2.11**

Creditor's name

Ford Motor CreditDescribe debtor's property that is
subject to a lien**\$70,499.62****\$51,025.00**

Creditor's mailing address

P.O. Box 542000**2015 Lincoln Navigator**

Describe the lien

Contract/Lease / Agreement

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)Date debt was incurred **2015**Last 4 digits of account
number**3 4 3 0**

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☒ DisputedDo multiple creditors have an interest in
the same property?☒ No☐ Yes. Have you already specified the
relative priority?☐ No. Specify each creditor, including this
creditor, and its relative priority.☐ Yes. The relative priority of creditors is
specified on lines _____**2015 Lincoln Navigator**

Part 1: Additional Page Main Document Page 29 of 99

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

Column A	Column B
Amount of claim	Value of collateral that supports this claim
Do not deduct the value of collateral.	

2.12	Creditor's name Los Angeles County Tax Collector	Describe debtor's property that is subject to a lien Real Property	\$5,062.57	\$0.00
	Creditor's mailing address Revenue & Enforcement	Describe the lien Taxes / Statutory Lien		
	P.O. Box 51391	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Los Angeles CA 90051	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	Creditor's email address, if known	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date debt was incurred <u>2015</u>			
	Last 4 digits of account number			
	Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			

2.13	Creditor's name Toshiba Financial Services	Describe debtor's property that is subject to a lien Copier	\$5,975.25	\$0.00
	Creditor's mailing address P.O. Box 31001	Describe the lien Lease / Agreement		
	Pasadena CA 95110	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Creditor's email address, if known	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
	Date debt was incurred <u>2015</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Last 4 digits of account number <u>p i e r</u>			
	Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			

Part 1:**Additional Page**

Main Document Page 30 of 99

Column A

Amount of claim
Do not deduct the
value of collateral.

Column B

Value of collateral
that supports
this claim

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

2.14Creditor's name
Wells Fargo Bank, NADescribe debtor's property that is
subject to a lien\$217,520.04\$400,000.00Creditor's mailing address
P.O. Box 14517**Commercial Property**

Describe the lien

Purchase Money / AgreementDes Moines IA 50306

Is the creditor an insider or related party?

☒ No
☐ Yes

Creditor's email address, if known

Is anyone else liable on this claim?

☒ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)Date debt was incurred 2005Last 4 digits of account
number 1 2 4 0**As of the petition filing date, the claim is:**

Check all that apply.

Do multiple creditors have an interest in
the same property?

- ☒
- No
-
- ☐
- Yes. Have you already specified the
-
- relative priority?
-
- ☐
- No. Specify each creditor, including this
-
- creditor, and its relative priority.
-
- ☐
- Yes. The relative priority of creditors is
-
- specified on lines _____

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☒
- Disputed

2.15Creditor's name
Wells Fargo Bank, NADescribe debtor's property that is
subject to a lien\$744,262.01\$1,340,000.00Creditor's mailing address
P.O. Box 14517**Commercial Property**

Describe the lien

Purchase Money / AgreementDes Moines IA 50306

Is the creditor an insider or related party?

☒ No
☐ Yes

Creditor's email address, if known

Is anyone else liable on this claim?

☒ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)Date debt was incurred 2010Last 4 digits of account
number 1 2 7 3**As of the petition filing date, the claim is:**

Check all that apply.

Do multiple creditors have an interest in
the same property?

- ☒
- No
-
- ☐
- Yes. Have you already specified the
-
- relative priority?
-
- ☐
- No. Specify each creditor, including this
-
- creditor, and its relative priority.
-
- ☐
- Yes. The relative priority of creditors is
-
- specified on lines _____

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☒
- Disputed

Part 1:**Additional Page**

Main Document Page 31 of 99

Column A

Amount of claim
 Do not deduct the
 value of collateral.

Column B

**Value of collateral
 that supports
 this claim**

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

2.16

Creditor's name

Wells Fargo Bank, NA

 Describe debtor's property that is
 subject to a lien
\$91,208.41**\$325,000.00**

Creditor's mailing address

P.O. Box 14517

Commercial Property

Describe the lien

Purchase Money / Agreement

Des Moines IA 50306

Is the creditor an insider or related party?

☒ No☐ Yes

Creditor's email address, if known

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Date debt was incurred 2004

Last 4 digits of account
number

1 2 1 6

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☒ DisputedDo multiple creditors have an interest in
the same property?☒ No☐ Yes. Have you already specified the
relative priority?☐ No. Specify each creditor, including this
creditor, and its relative priority.☐ Yes. The relative priority of creditors is
specified on lines _____

Fill in this information to identify the case:

Debtor California Hispanic Commission on Drug and Alcohol Abuse
United States Bankruptcy Court for the: CENTRAL DIST. OF CALIFORNIA
Case number _____
(if known)

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.
☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or part.

If more space is needed for priority unsecured claims, fill out and attach the Additional Page of Part 1.

	Total claim	Priority amount
2.1 Priority creditor's name and mailing address		
<u>CHCADA Dental Benefits</u>	<u>\$19,800.00</u>	<u>\$19,800.00</u>
<u>1419 21st St.</u>		
<u>Sacramento CA 95811</u>		
Date or dates debt was incurred <u>2015</u>		
Last 4 digits of account number <u>C A D A</u>		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>5</u>)		
As of the petition filing date, the claim is: <i>Check all that apply.</i>		
<input type="checkbox"/> Contingent		
<input type="checkbox"/> Unliquidated		
<input type="checkbox"/> Disputed		
Basis for the claim: <u>Accrued Dental Benefit</u>		
Is the claim subject to offset?		
<input checked="" type="checkbox"/> No		
<input type="checkbox"/> Yes		

2.2 Priority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<u>\$136,094.00</u>	<u>\$136,094.00</u>
<u>CHCADA Health Benefits</u>	<input type="checkbox"/> Contingent		
<u>1419 21st St.</u>	<input type="checkbox"/> Unliquidated		
<u>Sacramento CA 95811</u>	<input type="checkbox"/> Disputed		
Date or dates debt was incurred <u>2015</u>	Basis for the claim: <u>Employee Benefit</u>		
Last 4 digits of account number <u>C A D A</u>	Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(<u>5</u>)	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		

Part 1: Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2.3 Priority creditor's name and mailing address

As of the petition filing date, the claim is: *Check all that apply.*

\$1,174,342.00\$1,174,342.00CHCADA Retirement

- ☐ Contingent
☐ Unliquidated
☐ Disputed

1419 21st St.

Basis for the claim:

Sacramento CA 95811Accrued Retirement

Date or dates debt was incurred

2013-2015

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number C A D ASpecify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(5)**2.4** Priority creditor's name and mailing address

As of the petition filing date, the claim is: *Check all that apply.*

\$2,976.36\$2,976.36Orange County Treasure-Tax Collector

- ☐ Contingent
☐ Unliquidated
☐ Disputed

625 N. Ross St. Bldg. 11 Rm G58

Basis for the claim:

Santa Ana CA 92702Property Tax

Date or dates debt was incurred

2015

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(8)

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If more space is needed for nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

3.1 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$6,705.13

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

Basis for the claim:

Furniture

Is the claim subject to offset?

- ☒ No
☐ Yes

2010 Office Furniture2227 N. Merce Ave.South El Monte CA 91733Date or dates debt was incurred 2015Last 4 digits of account number 2 6 1 5**3.2 Nonpriority creditor's name and mailing address**

As of the petition filing date, the claim is:

\$9,280.00

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

Basis for the claim:

Accounting Software

Is the claim subject to offset?

- ☒ No
☐ Yes

AbilaDept. 3303P.O. Box 12303Dallas TX 75312Date or dates debt was incurred 2014Last 4 digits of account number 2 3 6 4**3.3 Nonpriority creditor's name and mailing address**

As of the petition filing date, the claim is:

\$11,788.53

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

Basis for the claim:

Services

Is the claim subject to offset?

- ☒ No
☐ Yes

Alliance Member ServicesP.O. Box 49050San Jose CA 95161Date or dates debt was incurred 2015Last 4 digits of account number 3 0 2 6**3.4 Nonpriority creditor's name and mailing address**

As of the petition filing date, the claim is:

\$2,329.46

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

Basis for the claim:

Service

Is the claim subject to offset?

- ☒ No
☐ Yes

Aramark Uniform ServicesP.O. Box 101179Pasadena CA 91189

Date or dates debt was incurred

Last 4 digits of account number 2 3 0 6

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<div style="border: 1px solid black; padding: 2px; width: 50px; display: inline-block;">3.5</div> Nonpriority creditor's name and mailing address <u>Arkadin, Inc.</u> <u>Box 32726</u> <u>Chicago</u> <u>IL</u> <u>60693</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u>1</u> <u>8</u> <u>5</u> <u>9</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Phone Conferences</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$123.92</u>
<div style="border: 1px solid black; padding: 2px; width: 50px; display: inline-block;">3.6</div> Nonpriority creditor's name and mailing address <u>AT&T Mobility</u> <u>P.O. Box 6463</u> <u>Carol Stream</u> <u>IL</u> <u>60197</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u>3</u> <u>1</u> <u>2</u> <u>9</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Wireless Phone</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$5,970.17</u>
<div style="border: 1px solid black; padding: 2px; width: 50px; display: inline-block;">3.7</div> Nonpriority creditor's name and mailing address <u>AT&T U-Verse</u> <u>P.O. Box 5014</u> <u>Carol Stream</u> <u>IL</u> <u>60197</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u>3</u> <u>1</u> <u>4</u> <u>3</u> <u>2309 Daly St. LA, CA</u> <u>1104 Valley Mall, El MONT, CA</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$219.95</u>
<div style="border: 1px solid black; padding: 2px; width: 50px; display: inline-block;">3.8</div> Nonpriority creditor's name and mailing address <u>AT&T Wireless</u> <u>P.O. Box 5019</u> <u>Carol Stream</u> <u>IL</u> <u>60197</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u>2</u> <u>0</u> <u>9</u> <u>8</u> <u>5424 W. Wisteria Pl, Santa Ana, CA</u> <u>1905 N. College St. Santa Ana CA</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$856.66</u>

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<div style="border: 1px solid black; padding: 2px; width: 50px; display: inline-block;">3.9</div> Nonpriority creditor's name and mailing address <u>AT&T Wireless</u> <u>P.O. Box 5019</u> <u>Carol Stream</u> <u>IL</u> <u>60197</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u>5</u> <u>5</u> <u>5</u> <u>9</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$5,369.49</u>
<div style="border: 1px solid black; padding: 2px; width: 50px; display: inline-block;">3.10</div> Nonpriority creditor's name and mailing address <u>Benicomp, Inc.</u> <u>8310 Clinton Park Cr.</u> <u>Fort Wayne</u> <u>IN</u> <u>46825</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u>8</u> <u>7</u> <u>5</u> <u>9</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Directors Insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,000.00</u>
<div style="border: 1px solid black; padding: 2px; width: 50px; display: inline-block;">3.11</div> Nonpriority creditor's name and mailing address <u>Blue Sheild of California</u> <u>Attn. Nora Galicia</u> <u>4203 Town Center Dr.</u> <u>El Dorado Hills</u> <u>CA</u> <u>95762</u> Date or dates debt was incurred <u>2015-2016</u> Last 4 digits of account number <u>1</u> <u>0</u> <u>0</u> <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Insurance Medical</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$102,984.03</u>
<div style="border: 1px solid black; padding: 2px; width: 50px; display: inline-block;">3.12</div> Nonpriority creditor's name and mailing address <u>Bode & Bode Lock and Safe</u> <u>1215 21st St.</u> <u>Sacramento</u> <u>CA</u> <u>95811</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u>C</u> <u>A</u> <u>D</u> <u>A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$385.11</u>

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.13 Nonpriority creditor's name and mailing address <u>Cal Water Service</u> <u>P.O. Box 940001</u> <u>San Jose</u> <u>CA</u> <u>95194</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u>C</u> <u>A</u> <u>D</u> <u>A</u> <u>5331 Via San Delarro, LA, CA</u> <u>3316 W. Beverly Blvd. Montebello, CA</u> <u>3322 W. Beverly Blvd. Montebello, CA</u> <u>5831 E. Beverly Blvd. LA, CA</u> <u>3320 W. Beverly Blvd. Montebello, CA</u> <u>3324 W. Beverly Blvd. Monbebello, CA</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$325.97</u>
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3.14 Nonpriority creditor's name and mailing address <u>Citizens Utility</u> <u>American Water Co.</u> <u>P.O. Box 7150</u> <u>Pasadena</u> <u>CA</u> <u>91109</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u>6</u> <u>4</u> <u>3</u> <u>8</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Water</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$17.55</u>
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3.15 Nonpriority creditor's name and mailing address <u>City of Anaheim</u> <u>Business License Division</u> <u>P.O. Box 61042</u> <u>Anaheim</u> <u>CA</u> <u>92803</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u>4</u> <u>0</u> <u>0</u> <u>6</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>License</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$546.57</u>
---	--	-----------------

3.16 Nonpriority creditor's name and mailing address <u>City of LA-LAHD</u> <u>Building and Collection Unit</u> <u>P.O. Box 30970</u> <u>Los Angeles</u> <u>CA</u> <u>90030</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u>5</u> <u>8</u> <u>2</u> <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>License</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$135.66</u>
--	--	-----------------

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<div style="border: 1px solid black; padding: 2px; width: 50px; text-align: center; margin-bottom: 5px;">3.17</div> Nonpriority creditor's name and mailing address <u>City of Sacramento</u> <u>P.O. Box 2770</u> <u>Sacramento</u> <u>CA</u> <u>95812</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u>8</u> <u>6</u> <u>5</u> <u>8</u> <u>1419 21st St. Sacramento, CA</u> <u>1322 D. St. Sacramento, CA</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>License</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$434.80</u>
<div style="border: 1px solid black; padding: 2px; width: 50px; text-align: center; margin-bottom: 5px;">3.18</div> Nonpriority creditor's name and mailing address <u>City of Sacramento</u> <u>915 I St. Rm 1214</u> <u>Sacramento</u> <u>CA</u> <u>95814</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u>C</u> <u>A</u> <u>D</u> <u>A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>License</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$32.00</u>
<div style="border: 1px solid black; padding: 2px; width: 50px; text-align: center; margin-bottom: 5px;">3.19</div> Nonpriority creditor's name and mailing address <u>Clinivate</u> <u>115 California Blvd. #156</u> <u>Pasadena</u> <u>CA</u> <u>91105</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u>C</u> <u>A</u> <u>D</u> <u>A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Software Maintenance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$13,750.00</u>
<div style="border: 1px solid black; padding: 2px; width: 50px; text-align: center; margin-bottom: 5px;">3.20</div> Nonpriority creditor's name and mailing address <u>Colonial Life</u> <u>Premium Processing</u> <u>P.O. Box 903</u> <u>Montebello</u> <u>CA</u> <u>90640</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u>3</u> <u>9</u> <u>1</u> <u>6</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,233.46</u>

Part 2: Additional Page

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Amount of claim

3.21 Nonpriority creditor's name and mailing addressAs of the petition filing date, the claim is:
Check all that apply.\$1,945.37

- ☐ Contingent
☐ Unliquidated
☒ Disputed

Basis for the claim:

Unsecured Property Tax

Is the claim subject to offset?

- ☒ No
☐ Yes

County of Sacramento Tax CollectorUnsecured Tax Dept.P.O. Box 508Sacramento CA 95812Date or dates debt was incurred 2015Last 4 digits of account number

1419 21st Sacramento, CA
9217 Caldera Way, Sacramento, CA

3.22 Nonpriority creditor's name and mailing addressAs of the petition filing date, the claim is:
Check all that apply.\$7,078.00

- ☐ Contingent
☐ Unliquidated
☒ Disputed

Basis for the claim:

Janitorial Service

Is the claim subject to offset?

- ☒ No
☐ Yes

Coverall North America Inc.2955 Momentum Pl.Chicago IL 60689Date or dates debt was incurred 2015Last 4 digits of account number C A D A**3.23** Nonpriority creditor's name and mailing addressAs of the petition filing date, the claim is:
Check all that apply.\$217.00

- ☐ Contingent
☐ Unliquidated
☒ Disputed

Basis for the claim:

Live Scan

Is the claim subject to offset?

- ☒ No
☐ Yes

Department of JusticeP.O. Box 944255Sacramento CA 94244Date or dates debt was incurred 2015Last 4 digits of account number C A D A**3.24** Nonpriority creditor's name and mailing addressAs of the petition filing date, the claim is:
Check all that apply.\$1,160.00

- ☐ Contingent
☐ Unliquidated
☒ Disputed

Basis for the claim:

Registration

Is the claim subject to offset?

- ☒ No
☐ Yes

Dept. of Motor VehiclesP.O. Box 942894Sacramento CA 94294Date or dates debt was incurred 2015Last 4 digits of account number C A D a

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; width: 50px; display: inline-block;">3.25</div> Nonpriority creditor's name and mailing address <u>DSA Technologies, Inc.</u> <u>2372 Maritime Dr.</u> <u>Elk Grove Village</u> <u>CA</u> <u>95758</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u>8</u> <u>9</u> <u>0</u> <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Internet Upgrade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$4,295.92</u>
<div style="border: 1px solid black; padding: 2px; width: 50px; display: inline-block;">3.26</div> Nonpriority creditor's name and mailing address <u>Emilo Huerta</u> <u>Law Offices of Emilo J. Huerta</u> <u>P.O. Box 2244</u> <u>Bakersfield</u> <u>CA</u> <u>93303</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u>C</u> <u>A</u> <u>D</u> <u>A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Professional Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$9,832.50</u>
<div style="border: 1px solid black; padding: 2px; width: 50px; display: inline-block;">3.27</div> Nonpriority creditor's name and mailing address <u>Federal Express Corp</u> <u>P.O. Box 7221</u> <u>Pasadena</u> <u>CA</u> <u>91109</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u>8</u> <u>3</u> <u>2</u> <u>5</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Delivery</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$746.88</u>
<div style="border: 1px solid black; padding: 2px; width: 50px; display: inline-block;">3.28</div> Nonpriority creditor's name and mailing address <u>Firetech Services</u> <u>1012 W. Beverly Blvd. #321</u> <u>Montebello</u> <u>CA</u> <u>90640</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u>C</u> <u>A</u> <u>D</u> <u>A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Fire Extinguisher Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,736.44</u>

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.29</div> Nonpriority creditor's name and mailing address <u>Genesis Title Holding Co.</u> <u>1419 21st St.</u> <u>Sacramento</u> <u>CA</u> <u>95811</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u>E</u> <u>S</u> <u>I</u> <u>S</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Operating Expenses</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$358,119.81</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.30</div> Nonpriority creditor's name and mailing address <u>Graves Services, Inc.</u> <u>9630 John St. #101</u> <u>Santa Fe Springs</u> <u>CA</u> <u>90670</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u>0</u> <u>1</u> <u>0</u> <u>5</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$283.86</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.31</div> Nonpriority creditor's name and mailing address <u>Hi-Tech Services</u> <u>115 California St. #250</u> <u>Pasadena</u> <u>CA</u> <u>91105</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u>C</u> <u>A</u> <u>D</u> <u>A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Consultant for Prevention</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,975.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.32</div> Nonpriority creditor's name and mailing address <u>Home Depot Credit Services</u> <u>P.O. Box 183175</u> <u>Dept. 32-2149092011</u> <u>Columbus</u> <u>OH</u> <u>43218</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u>7</u> <u>6</u> <u>0</u> <u>6</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$15,456.63</u>

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.33</div> Nonpriority creditor's name and mailing address <u>IN Health</u> <u>An In Health Bibbeo Systems</u> <u>5076 Winters Chapel Rd. #200</u> <u>Atlanta</u> <u>GA</u> <u>30360</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u>4</u> <u>7</u> <u>8</u> <u>4</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$659.34</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.34</div> Nonpriority creditor's name and mailing address <u>Industrial Door Group, Inc.</u> <u>1070 N. Armador St.</u> <u>Anaheim</u> <u>CA</u> <u>92806</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u>C</u> <u>A</u> <u>D</u> <u>A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,185.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.35</div> Nonpriority creditor's name and mailing address <u>Integrated Office Technology</u> <u>12150 Mora Dr. #2</u> <u>Santa Fe Springs</u> <u>CA</u> <u>90670</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u>4</u> <u>4</u> <u>4</u> <u>3</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$62.96</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.36</div> Nonpriority creditor's name and mailing address <u>James Hernandez</u> <u>1419 21St</u> <u>Sacramento</u> <u>CA</u> <u>95811</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u>C</u> <u>A</u> <u>D</u> <u>A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$36,000.00</u>

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.37</div> Nonpriority creditor's name and mailing address <u>JD Telecom</u> <u>31372 Mesa View Dr.</u> <u>Victorville</u> <u>CA</u> <u>92392</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u>C</u> <u>A</u> <u>D</u> <u>A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Communications</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$7,929.92</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.38</div> Nonpriority creditor's name and mailing address <u>Lewitt, Hackman, Shapiro et al</u> <u>16633 Ventura Blvd. #1100</u> <u>Encino</u> <u>CA</u> <u>91436</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u>C</u> <u>A</u> <u>D</u> <u>A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Professional Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$34,324.59</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.39</div> Nonpriority creditor's name and mailing address <u>Long Term Care Properties, Inc.</u> <u>7 Corporate Plaza</u> <u>Newport Beach</u> <u>CA</u> <u>92660</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>e</u> <u>s</u> <u>i</u> <u>s</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Guarantee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,400,000.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.40</div> Nonpriority creditor's name and mailing address <u>Neshek's Auto</u> <u>5034 E.Third St.</u> <u>Los Angeles</u> <u>CA</u> <u>90022</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u>C</u> <u>A</u> <u>D</u> <u>A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Repair</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,017.00</u>

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.41</div> Nonpriority creditor's name and mailing address <u>Non-Profit United Worker's Comp.</u> <u>610 Fulton Ave.#200</u> <u>Sacramento</u> <u>CA</u> <u>95825</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u>2</u> <u>0</u> <u>1</u> <u>5</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Worker's Comp</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$60,846.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.42</div> Nonpriority creditor's name and mailing address <u>OC Fire Protection</u> <u>137 W. Bristol Ln</u> <u>Orange</u> <u>CA</u> <u>92865</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$226.26</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.43</div> Nonpriority creditor's name and mailing address <u>OC Health Care Agency</u> <u>405 W. Fifth St. 6th Fl</u> <u>Santa Ana</u> <u>CA</u> <u>92701</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u>C</u> <u>A</u> <u>D</u> <u>A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Overpayment</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$5,217.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.44</div> Nonpriority creditor's name and mailing address <u>Office Pride Commercial</u> <u>P.O. Box 577</u> <u>Franklin</u> <u>IN</u> <u>46131</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u>0</u> <u>2</u> <u>2</u> <u>3</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Cleaning Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$529.81</u>

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; width: 50px; display: inline-block;">3.45</div> Nonpriority creditor's name and mailing address On Trac P.O. Box 841664 Los Angeles CA 90084 Date or dates debt was incurred 2015 Last 4 digits of account number 9 8 2 1	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Delivery Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$146.13
<div style="border: 1px solid black; padding: 2px; width: 50px; display: inline-block;">3.46</div> Nonpriority creditor's name and mailing address Ontario Refrigeration 635 S. Mountain Ave. Ontariom CA 91762 Date or dates debt was incurred 2015 Last 4 digits of account number 0 7 8 1	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Service Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$448.00
<div style="border: 1px solid black; padding: 2px; width: 50px; display: inline-block;">3.47</div> Nonpriority creditor's name and mailing address Orion 18047 Oak St. Omaha NE 68130 Date or dates debt was incurred 2015 Last 4 digits of account number 3 0 4 4	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Software Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,320.00
<div style="border: 1px solid black; padding: 2px; width: 50px; display: inline-block;">3.48</div> Nonpriority creditor's name and mailing address Pacific Rim Printer and Mailer 5760 Hannum Ave. Culver City CA 95887 Date or dates debt was incurred 2015 Last 4 digits of account number 0 3 7 7	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Printing Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,362.11

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.49</div> Nonpriority creditor's name and mailing address <u>Performance Systems. LC</u> <u>1701 W. D St.</u> <u>Vinton</u> <u>IA</u> <u>52349</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u>C</u> <u>A</u> <u>D</u> <u>A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Shipping</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$250.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.50</div> Nonpriority creditor's name and mailing address <u>Premier Access Ins. Co.</u> <u>P.O. Box 39000</u> <u>Dept. 34114</u> <u>San Francisco</u> <u>CA</u> <u>94139</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u>1</u> <u>9</u> <u>0</u> <u>8</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$13,468.50</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.51</div> Nonpriority creditor's name and mailing address <u>Prosgit Specialty Ins.</u> <u>P.O. Box 969</u> <u>Westbrook</u> <u>CT</u> <u>06498</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u>0</u> <u>2</u> <u>8</u> <u>5</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Worker's Comp</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$22,494.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.52</div> Nonpriority creditor's name and mailing address <u>Purchase Power</u> <u>P.O. Box 371874</u> <u>Pittsburg</u> <u>PA</u> <u>15250</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u>9</u> <u>6</u> <u>8</u> <u>7</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$65.38</u>

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.53</div> Nonpriority creditor's name and mailing address <u>R&S Architectural Products, Inc.</u> <u>8711 Elder Creek Rd. #400</u> <u>Sacramento</u> <u>CA</u> <u>95828</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u>C</u> <u>A</u> <u>D</u> <u>A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Maintenance Gate at Admiin</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$424.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.54</div> Nonpriority creditor's name and mailing address <u>Raven Termite and Pest Control</u> <u>3227 Producer Way #101</u> <u>Pomona</u> <u>CA</u> <u>91768</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u>C</u> <u>A</u> <u>D</u> <u>A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$100.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.55</div> Nonpriority creditor's name and mailing address <u>Rocker Brothers</u> <u>405 N. Centinela</u> <u>Inglewood</u> <u>CA</u> <u>90302</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u>C</u> <u>A</u> <u>D</u> <u>A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Food</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,167.39</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.56</div> Nonpriority creditor's name and mailing address <u>Second Harvest Food Bank</u> <u>8014 Marine Way</u> <u>Irvine</u> <u>CA</u> <u>92618</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u>2</u> <u>4</u> <u>2</u> <u>9</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Food</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$688.47</u>

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.57</div> Nonpriority creditor's name and mailing address <u>Siemens Healthcare Diagnostic</u> <u>P.O. Box 121102</u> <u>Dallas TX 75312</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u>8 2 5 2</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$4,939.98</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.58</div> Nonpriority creditor's name and mailing address <u>Sierra</u> <u>9950 Horn Rd. #5</u> <u>Sacramento CA 95827</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u>6 5 7 7</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Office Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,289.77</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.59</div> Nonpriority creditor's name and mailing address <u>SMUD</u> <u>P.O. Box 15555</u> <u>Sacramento CA 95852</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u>1 5 6 5</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$113.47</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.60</div> Nonpriority creditor's name and mailing address <u>So Cal Gas Co.</u> <u>P.O. Box C</u> <u>Monterey Park CA 91756</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u>C A D A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$194.65</u>

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.61</div> Nonpriority creditor's name and mailing address SOLER 910 Florin Rd. #111 Sacramento CA 95831 Date or dates debt was incurred 2015 Last 4 digits of account number 8 4 5 4	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Audit Fees Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,250.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.62</div> Nonpriority creditor's name and mailing address Southern California Edison 1551 W. San Bernardino Rd. Covina CA 91722 Date or dates debt was incurred 2015 Last 4 digits of account number C A D A	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Utility Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,477.65
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.63</div> Nonpriority creditor's name and mailing address Stanley Pest Control El Monte 2555 Loma Ave. South El Monte CA 91733 Date or dates debt was incurred 2015 Last 4 digits of account number C A D A	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$396.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.64</div> Nonpriority creditor's name and mailing address Staples Dept. 51-7815445415 P.O. Box 689020 Des Moines IA 50368 Date or dates debt was incurred 2015 Last 4 digits of account number 3 7 8 2	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Office Supplies Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,002.38

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.65</div> Nonpriority creditor's name and mailing address <u>SYVA</u> <u>P.O. Box 121102</u> <u>Dallas TX 75312</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u>8 9 5 2</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Testing</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$4,939.98</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.66</div> Nonpriority creditor's name and mailing address <u>The Bugman</u> <u>525 N. Shepard St.</u> <u>Anaheim CA 92806</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u>C A D A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Pest Control Service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$99.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.67</div> Nonpriority creditor's name and mailing address <u>Time Warner Cable</u> <u>P.O. Box 60074</u> <u>City of Industry CA 91771</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u>C A D A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$476.33</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.68</div> Nonpriority creditor's name and mailing address <u>Time Warner Cable Business</u> <u>P.O. Box 223085</u> <u>Pittsburg PA 15251</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u>C A D A</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$303.57</u>

Part 2: Additional Page

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.69</div> Nonpriority creditor's name and mailing address <u>TNT Auto Repair</u> <u>4739 Telegraph Rd.</u> <u>Los Angeles</u> <u>CA</u> <u>90022</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u>3</u> <u>8</u> <u>5</u> <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Vehicle Repair</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$240.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.70</div> Nonpriority creditor's name and mailing address <u>Uline Ship Supplies</u> <u>P.O. Box 88741</u> <u>Chicago</u> <u>IL</u> <u>60680</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u>7</u> <u>7</u> <u>7</u> <u>8</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$172.80</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.71</div> Nonpriority creditor's name and mailing address <u>US Healthworks</u> <u>P.O. Box 50042</u> <u>Los Angeles</u> <u>CA</u> <u>90074</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u>3</u> <u>8</u> <u>5</u> <u>6</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Physical and Testing</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,764.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.72</div> Nonpriority creditor's name and mailing address <u>Vaultlogix</u> <u>P.O. Box 842605</u> <u>Boston</u> <u>MA</u> <u>02284</u> Date or dates debt was incurred <u>2015</u> Last 4 digits of account number <u>1</u> <u>1</u> <u>2</u> <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,030.56</u>

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.73 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is:

\$205.33

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

Basis for the claim:

Utility

Verizon Wireless

P.O. Box 660108

Dallas TX 75266

Date or dates debt was incurred 2015

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 5 1 0 4

Part 4:

Total Amounts of the Priority and Nonpriority Unsecured Claims

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

	Total of claim amounts
5a. Total claims from Part 1	5a. \$1,333,212.36
5b. Total claims from Part 2	5b. + \$2,189,163.20
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c. \$3,522,375.56

Fill in this information to identify the case:

Debtor name California Hispanic Commission on Drug and Alcohol Abuse
United States Bankruptcy Court for the: CENTRAL DIST. OF CALIFORNIA
Case number _____ Chapter 11
(if known)

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1 State what the contract or lease is for and the nature of the debtor's interest State the term remaining _____ List the contract number of any government contract _____	Washer and Dryer Lease Contract to be ASSUMED	<u>Ace Commercial Laundry</u> <u>14404 Hoover St.</u> <u>Westminster</u> <u>CA</u> <u>92683</u>
2.2 State what the contract or lease is for and the nature of the debtor's interest State the term remaining _____ List the contract number of any government contract _____	Security Systems Contract to be ASSUMED	<u>ADT Home Systems</u> <u>4128 N. Freeway Blvd.</u> <u>Sacramento</u> <u>CA</u> <u>95834</u>
2.3 State what the contract or lease is for and the nature of the debtor's interest State the term remaining _____ List the contract number of any government contract _____	Alarm System Contract to be ASSUMED	<u>Bay Alarm</u> <u>P.O. Box 7137</u> <u>San Francisco</u> <u>CA</u> <u>94120</u>
2.4 State what the contract or lease is for and the nature of the debtor's interest State the term remaining _____ List the contract number of any government contract _____	2013 Ford E350 (CASC) Contract to be ASSUMED Contract is in DEFAULT	<u>Ford Motor Credit</u> <u>P.O. Box 542000</u> <u>Omaha</u> <u>NE</u> <u>68154</u>

Additional Page if Debtor Has More Executory Contracts or Unexpired Leases

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

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5	State what the contract or lease is for and the nature of the debtor's interest	2013 FordE350 (MASA) Contract to be ASSUMED	Ford Motor Credit P.O. Box 542000
	State the term remaining	24 payment(s)	Omaha NE 68154
	List the contract number of any government contract		
2.6	State what the contract or lease is for and the nature of the debtor's interest	2014 E350 (CASC CR) Contract to be ASSUMED	Ford Motor Credit P.O. Box 542000
	State the term remaining	24 payment(s)	Omaha NE 68154
	List the contract number of any government contract		
2.7	State what the contract or lease is for and the nature of the debtor's interest	2014 Ford E350 (BEVERLY) Contract to be ASSUMED	Ford Motor Credit P.O. Box 542000
	State the term remaining	24 payment(s)	Omaha NE 68154
	List the contract number of any government contract		
2.8	State what the contract or lease is for and the nature of the debtor's interest	2014 E350 (LATINOS) Contract to be ASSUMED	Ford Motor Credit P.O. Box 542000
	State the term remaining	25 payment(s)	Omaha NE 68154
	List the contract number of any government contract		
2.9	State what the contract or lease is for and the nature of the debtor's interest	2013 Ford E350 (LATINAS) Contract to be ASSUMED	Ford Motor Credit P.O. Box 542000
	State the term remaining	25 payment(s)	Omaha NE 68154
	List the contract number of any government contract		
2.10	State what the contract or lease is for and the nature of the debtor's interest	2014 Ford E350 (UNIDOS) Contract to be ASSUMED	Ford Motor Credit P.O. Box 542000
	State the term remaining	25 payment(s)	Omaha NE 68154
	List the contract number of any government contract		

Additional Page if Debtor Has More Executory Contracts or Unexpired Leases

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

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.11 State what the contract or lease is for and the nature of the debtor's interest **2013 Ford E350 (PALOMA) Contract to be ASSUMED**

Ford Motor Credit
P.O. Box 542000

State the term remaining **25 payment(s)**

Omaha NE 68154

List the contract number of any government contract

2.12 State what the contract or lease is for and the nature of the debtor's interest **2014 Ford E350 (CASC) Contract to be ASSUMED**

Ford Motor Credit
P.O. Box 542000

State the term remaining **25 payment(s)**

Omaha NE 68154

List the contract number of any government contract

2.13 State what the contract or lease is for and the nature of the debtor's interest **2015 Lincoln Navigator Contract to be ASSUMED**

Ford Motor Credit
P.O. Box 542000

State the term remaining **50 payment(s)**

Omaha NE 68154

List the contract number of any government contract

2.14 State what the contract or lease is for and the nature of the debtor's interest **327 N. St. Louis, Los Angeles, CA 90033 Contract to be ASSUMED**

Genesis Tilte Holding Corp.
1419 21st St.

State the term remaining **60 payment(s)**

Sacramento CA 95611

List the contract number of any government contract

2.15 State what the contract or lease is for and the nature of the debtor's interest **524 N. Ave 54, Los Angeles, CA 90042 Contract to be ASSUMED**

Genesis Title Holding Corp
1419 21st St.

State the term remaining **60 payment(s)**

Sacramento CA 95811

List the contract number of any government contract

2.16 State what the contract or lease is for and the nature of the debtor's interest **328 N. Ave 59, Los Angeles, CA 90042 Contract to be ASSUMED**

Genesis Title Holding Corp.
1419 21st St.

State the term remaining **60 payment(s)**

Sacramento CA 95611

List the contract number of any government contract

Additional Page if Debtor Has More Executory Contracts or Unexpired Leases

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

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.17	State what the contract or lease is for and the nature of the debtor's interest	9033 Washington Blvd. Pico Rivera, CA 90660 Contract to be ASSUMED	Genesis Title Holding Corp. 1419 21st St.	Sacramento	CA	95611
	State the term remaining	35 payment(s)				
	List the contract number of any government contract					
2.18	State what the contract or lease is for and the nature of the debtor's interest	2309 Daly St. Los Angeles, CA 90031 Contract to be ASSUMED	Genesis Title Holding Corp. 1419 21st St.	Sacramento	CA	95611
	State the term remaining	20 payment(s)				
	List the contract number of any government contract					
2.19	State what the contract or lease is for and the nature of the debtor's interest	2436 Wabash Ave. Los Angeles, CA 90033 Contract to be ASSUMED	Genesis Title Holding Corp. 1419 21st St.	Sacramento	CA	95611
	State the term remaining	60 payment(s)				
	List the contract number of any government contract					
2.20	State what the contract or lease is for and the nature of the debtor's interest	530 N. Ave 54, Los Angeles, CA 90042 Contract to be ASSUMED	Genesis Title Holding Corp. 1419 21st St.	Sacramento	CA	95611
	State the term remaining	60 payment(s)				
	List the contract number of any government contract					
2.21	State what the contract or lease is for and the nature of the debtor's interest	832 S. Anaheim Blvd. Anaheim, CA 92801	Genesis Title Holding Corp. 1419 21st St.	Sacramento	CA	95611
	State the term remaining	60 payment(s)				
	List the contract number of any government contract					
2.22	State what the contract or lease is for and the nature of the debtor's interest	3316-3320 Beverly Blvd. Montebello, CA 90640 Contract to be ASSUMED	Genesis Title Holding Corp. 1419 21st St.	Sacramento	CA	95611
	State the term remaining	1 payment(s)				
	List the contract number of any government contract					

Additional Page if Debtor Has More Executory Contracts or Unexpired Leases

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

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.23 State what the contract or lease is for and the nature of the debtor's interest 10012 Norwalk Blvd. #140, Santa Fe Springs, CA 90670
Contract to be ASSUMED

State the term remaining 6 payment(s)

List the contract number of any government contract _____

Genesis Title Holding Corp.1419 21st St.SacramentoCA95611

2.24 State what the contract or lease is for and the nature of the debtor's interest 11046 Valley Mall, El Monte, CA 91731
Contract to be ASSUMED

State the term remaining 30 payment(s)

List the contract number of any government contract _____

Genesis Title Holding Corp.1419 21st St.SacramentoCA95611

2.25 State what the contract or lease is for and the nature of the debtor's interest 9842 W. 13th St. Garden Grove, CA 92844

State the term remaining 35 payment(s)

List the contract number of any government contract _____

Genesis Title Holding Corp.1419 21st St.SacramentoCA95611

2.26 State what the contract or lease is for and the nature of the debtor's interest 5424 W. Wisteria Pl, Santa Ana, CA 92704

State the term remaining 5

List the contract number of any government contract _____

Genesis Title Holding Corp.1419 21st St.SacramentoCA95611

2.27 State what the contract or lease is for and the nature of the debtor's interest 5831 & 5833 Beverly Blvd. Los Angeles, CA 90022
Contract to be ASSUMED

State the term remaining 33

List the contract number of any government contract _____

Genesis Title Holding Corp.1419 21st St.SacramentoCA95611

2.28 State what the contract or lease is for and the nature of the debtor's interest 1242 N. Gilbert St. Anaheim, CA 92801

State the term remaining 4

List the contract number of any government contract _____

Genesis Title Holding Corp.1419 21st St.SacramentoCA95611

Additional Page if Debtor Has More Executory Contracts or Unexpired Leases

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

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.29	State what the contract or lease is for and the nature of the debtor's interest	5331 Via San Delarro, Los Angeles, CA 90022 Contract to be ASSUMED	Nancy Perez 20 Verdin Lane
	State the term remaining	6	Aliso Viejo CA 92656
	List the contract number of any government contract		
2.30	State what the contract or lease is for and the nature of the debtor's interest	1905 N. College Ave. Santa Ana, CA 92706	Pacific Coast Holding Investments 6800 Indiana Ave. #130
	State the term remaining	Month to Month	Riverside CA 92506
	List the contract number of any government contract		
2.31	State what the contract or lease is for and the nature of the debtor's interest	Copier Contract to be ASSUMED	Toshiba Financial Services P.O. Box 31001
	State the term remaining		Pasadena CA 95110
	List the contract number of any government contract		

Fill in this information to identify the case:Debtor name California Hispanic Commission on Drug and Alcohol AbuseUnited States Bankruptcy Court for the: CENTRAL DIST. OF CALIFORNIACase number _____
(if known)Entered 02/02/16 21:32:52 Desc
60 of 99☐ Check if this is an
amended filingOfficial Form 206H**Schedule H: Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
☐ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor**Column 2: Creditor***Name****Mailing address****Name***Check all schedules
that apply:*

Statement of Revenue and

Expenditures

12/31/15

Revenue

Grant Support

40 130,211.75 125,555.84 125,555.84 ##### 889,050.75 130,211.75 87,913.15 136,605.00 917,986.14 219,166.00

Client Supportive

40 0.00 0.00 0.00 0.00 79,640.75 0.00 0.00 0.00 0.00 0.00

Client Fees

40 3,372.28 1,681.50 1,681.50 0.00 0.00 0.00 3,372.27 2,565.45 5,111.06 13,137.00 0.00

Food Stamp Income

40 2,769.35 0.00 0.00 0.00 0.00 0.00 2,769.35 4,468.32 1,962.78 0.00 0.00

State Disability

40 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00

Dom Violence Client

40 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 13,100.00 0.00

Misc. Income

40 0.00 0.00 0.00 0.00 348.00 0.00 0.00 0.00 0.00 131,895.00 0.00

Interest Income

40 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00

CHCADA Cash

41 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00

Main Document

Rent Income

42 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00

Total Revenue

136,353.38 127,237.34 127,237.34 ##### 889,050.75 136,353.37 94,946.92 143,678.84 ##### 219,166.00

Expenditures

Administrative

50 0.00 0.00 0.00 0.00 0.00 163.31 0.00 0.00 0.00 0.00

Salaries

20 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00

California Hispanic Commission on Alcohol Drug Abuse, Inc.

2.11 SGVC	2.12 UNIDOS	2.13 WISTERIA HOUSE	2.14 BEV CASC	2.15 GILBERT HOUSE	2.16 SERENIDAD	2.17 LA FAMILIA	1419 21 St Corporate Owned Properties	9217 Caldera Way	1322 D St	Laboratorio	Discretionary Account
420,542.35 #####		59,681.00	0.00	0.00	8,970.00 #####		0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4,715.00	47,718.00	0.00	0.00	14,400.00	4,990.00	67.00	0.00	0.00	#####	#####	35.00
0.00	15,798.95	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	1,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00 #####		0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	#####	#####
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.40
41,660.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,226.00
466,917.35 #####		59,681.00	0.00	14,400.00	13,960.00 #####		0.00	0.00	#####	#####	#####
0.00	0.00	0.00	0.00	0.00	0.00	0.00	#####	0.00	0.00	0.00	0.00

California Hispanic Commission on Alcohol Drug Abuse, Inc.

Statement of Revenue and Expenditures 12/31/15										
	2.1	2.2	2.3	2.4	2.5	2.6	2.7	2.8	2.9	2.10
	LATTINAS	AGUILA	PALOMA	CASC	MASA	LATTINOS	MUJERES	CASA ELENA	LFC	CLIENT RUN
Program Salaries	50 56,766.25	76,059.51	76,059.50	545,048.16	462,047.65	56,766.24	80,030.67	65,434.59	346,434.40	87,116.36
FICA Taxes	55 4,336.24	5,732.98	5,732.98	40,912.09	34,399.80	4,336.24	6,113.54	4,998.44	26,315.73	6,609.32
Health Benefits	55 4,915.34	6,971.04	6,971.03	54,372.80	50,749.08	4,915.33	5,279.10	1,826.26	48,770.18	11,079.01
Retirement & Others	55 3,974.00	5,324.00	5,324.00	38,155.00	32,356.00	3,974.00	5,601.00	4,614.00	21,887.00	6,098.00
Worker's Comp	55 4,426.89	6,432.52	6,432.51	12,776.22	16,566.44	4,426.89	6,596.16	3,838.46	13,856.39	3,329.89
Employer Training	55 0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SUTA TAXES	55 1,449.97	1,274.87	1,274.87	6,720.27	5,490.71	1,449.96	2,165.20	2,050.78	4,746.63	2,239.43
Accing & Audit	60 0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,708.57	0.00
Activities	60 705.61	527.59	527.59	521.40	242.31	705.60	2,188.18	239.91	3,556.28	2,724.13
Advertising	60 0.00	57.50	57.50	408.28	143.00	0.00	25.00	25.08	165.34	63.72
Outreach	60 0.00	0.00	0.00	576.55	0.00	0.00	0.00	0.00	2,913.21	0.00
Auto Expense	60 1,594.86	2,718.08	2,718.07	4,184.32	1,925.95	1,594.86	3,230.58	1,202.52	7,830.84	4,074.85
Auto Insurance	60 1,478.91	1,070.66	1,070.66	2,795.16	1,990.80	1,478.91	408.00	0.00	3,727.32	1,515.30
Bank Charges	60 0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

California Hispanic Commission on Alcohol Drug Abuse, Inc.

2.11	2.12	2.13	2.14	2.15	2.16	2.17	1419 21 St	9217 Caldera	1322 D St	Laboratorio	Discretionary
SGVC	UNIDOS	WISTERIA HOUSE	BEV CASC	GILBERT HOUSE	SERENIDAD	LA FAMILIA	Corporate	Owned Properties			Account
178,399.50	273,062.15	37,525.17	14,396.33	0.00	5,675.46	#####	0.00	0.00	0.00	#####	0.00
12,792.93	20,672.88	2,870.72	1,084.09	0.00	433.60	7,572.77	#####	0.00	0.00	1,300.99	0.00
17,054.34	20,453.15	831.54	1,410.15	0.00	1,010.25	1,536.77	#####	0.00	0.00	3,011.36	0.00
1,478.00	19,115.00	2,627.00	1,008.00	0.00	397.00	3,859.00	#####	0.00	0.00	0.00	0.00
8,135.86	18,356.97	3,416.07	254.35	0.00	394.57	2,690.41	#####	0.00	0.00	266.94	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00	0.00	0.00
1,707.27	7,458.55	430.06	153.32	0.00	43.86	1,343.91	#####	0.00	0.00	95.23	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	#####	0.00	0.00	0.00	0.00
54.35	783.32	0.00	0.00	0.00	0.00	21.86	0.00	0.00	0.00	0.00	0.00
49.66	280.08	0.00	0.00	0.00	0.00	45.63	125.69	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4,802.74	9,301.32	0.00	0.00	0.00	0.00	0.00	#####	40.00	0.00	0.00	0.00
1,393.67	0.00	0.00	0.00	0.00	0.00	0.00	#####	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	#####	0.00	0.00	0.00	0.00

Statement of Revenue and

Expenditures

12/31/15

	2.1 LATINAS	2.2 AGUILA	2.3 PALOMA	2.4 CASC	2.5 MASA	2.6 LATINOS	2.7 MUJERES	2.8 CASA ELENA	2.9 LFC	2.10 CLIENT RUN
Board Expense	60	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Cash Match	38	0.00	0.00	0.00	0.00	0.00	0.00	0.00	41,660.00	0.00
Cleaning & Maintenance	39	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Consultant Expense	60	3,350.70	3,469.20	3,469.19	16,956.95	11,018.91	3,350.70	1,837.01	1,188.62	10,792.19
	40	0.00	0.00	0.00	50,820.23	73,332.02	0.00	0.00	9,699.50	0.00
Consumable/Household Supplies	60	1,205.46	1,546.13	1,546.13	3,285.34	1,616.01	1,205.46	2,221.99	888.66	4,721.40
	50	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,237.39
Depreciation	60	3,312.96	1,770.12	1,770.12	8,934.78	10,245.18	3,312.96	688.80	0.00	4,022.70
	55	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,856.80
Donations	60	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	62	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Educational Materials	60	112.17	185.47	185.47	1,989.46	1,234.30	112.17	145.95	0.00	123.43
	69	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	162.54
Equipment Lease	60	1,253.04	1,378.86	1,378.86	4,126.34	6,320.94	1,253.04	1,630.50	1,384.84	4,115.21
	70	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	802.50
Equipment Repairs & Maint.	60	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	75	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Food	60	4,383.64	4,550.26	4,550.26	0.00	0.00	4,383.63	6,436.47	3,822.97	4.73
	85	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Indirect Expense	60	26,109.50	33,027.23	33,027.23	193,545.98	163,994.22	26,109.50	34,857.89	23,636.08	124,521.17
	90	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	36,590.04
Insurance	61	1,706.36	1,266.16	1,266.15	546.80	3,729.30	1,820.46	3,153.19	2,339.04	672.63
	00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	87.02

Date: 02/02/16, 8:39 PM

California Hispanic Commission on Alcohol Drug Abuse, Inc.

2.11	2.12	2.13	2.14	2.15	2.16	2.17	1419 21 St	9217 Caldera	1322 D St	Laboratorio	Discretionary
SGVC	UNIDOS	WISTERIA HOUSE	BEV CASC	GILBERT HOUSE	SERENIDAD	LA FAMILIA	Corporate	Owned Properties	Way	Account	
0.00	0.00	0.00	0.00	0.00	0.00	0.00	#####	0.00	0.00	0.00	4,770.41
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	#####	0.00
8,929.19	38,254.16	361.51	0.00	119.87	4,983.83	2,633.76	#####	#####	#####	0.00	257.04
9,873.25	0.00	0.00	0.00	0.00	0.00	0.00	#####	0.00	0.00	0.00	0.00
1,694.57	8,004.62	503.57	21.34	49.30	422.67	540.85	#####	192.89	0.00	0.00	494.81
0.00	3,774.72	0.00	0.00	0.00	0.00	0.00	#####	#####	#####	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,300.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3,314.67	4,561.61	0.00	0.00	0.00	0.00	1,656.01	#####	0.00	0.00	0.00	0.00
0.00	1,046.79	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
30,271.46	33,254.91	1,476.37	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
87,670.57	188,558.91	14,004.97	8,228.01	0.00	5,146.62	#####	#####	0.00	0.00	0.00	0.00
2,399.66	3,869.00	97.34	1,507.01	21.16	65.02	879.52	#####	654.02	545.98	0.00	0.00

California Hispanic Commission on Alcohol Drug Abuse, Inc.

Statement of Revenue and Expenditures		12/31/15									
		2.1	2.2	2.3	2.4	2.5	2.6	2.7	2.8	2.9	2.10
		LATINAS	AGUILA	PALOMA	CASC	MASA	LATINOS	MUJERES	CASA ELENA	LFC	CLIENT RUN
Interest Expense	61	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Late Charges	61	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Licensing/Dues	61	301.06	510.36	510.36	500.86	542.00	186.95	0.00	262.00	5,376.84	486.72
Legal Expense	61	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Medical Supplies	61	0.00	0.00	0.00	0.00	0.00	0.00	0.00	50.16	17,298.33	121.91
Misc. Expense	61	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Office Supplies	61	328.05	622.15	622.14	5,558.54	4,348.63	328.05	412.54	488.74	4,197.84	972.52
Other Professional	61	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	14,875.00	0.00
Penalties	61	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.11	0.00
Physicians\Medical	61	370.67	493.63	493.63	1,865.50	2,498.10	370.67	956.41	361.00	1,267.93	795.12
Postage	61	47.13	141.87	141.86	925.89	796.85	47.13	173.30	189.36	1,320.38	417.61
Printing	61	13.47	20.76	20.76	306.60	1,798.76	13.47	22.26	18.13	126.74	178.16
Publications/Subscriptions	61	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	215.88

California Hispanic Commission on Alcohol Drug Abuse, Inc.

	2.11 SGVC	2.12 UNIDOS	2.13 WISTERIA HOUSE	2.14 BEV CASC	2.15 GILBERT HOUSE	2.16 SERENIDAD	2.17 LA FAMILIA	1419 21 St Corporate	9217 Caldera Way Owned Properties	1322 D St	Laboratorio	Discretionary Account
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	#####	#####	#####	0.00	0.00
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	530.00	0.00	20.73	0.00	197.15
4,017.02	1,104.06	54.00	4.42	0.00	2.57	524.69	#####	825.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	#####	0.00	0.00	0.00	#####	0.00
394.43	235.61	9.71	0.00	0.00	0.00	85.99	0.00	0.00	0.00	#####	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	#####	0.00	0.00	0.00	0.00	0.00
730.94	2,531.06	128.08	0.00	0.00	0.00	1,037.67	#####	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
16.89	0.00	0.00	0.00	0.00	0.00	37.00	0.00	0.00	0.00	0.00	0.00	425.29
0.00	0.00	0.00	0.00	0.00	0.00	0.00	#####	0.00	0.00	0.00	0.00	1,000.00
154.58	4,421.01	167.00	59.28	0.00	7.61	0.00	90.04	0.00	0.00	0.00	0.00	0.00
733.65	743.36	10.77	0.00	0.00	38.52	579.29	#####	85.00	0.00	0.00	0.00	0.00
36.31	126.90	0.00	0.00	0.00	0.00	27.93	#####	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	712.40	0.00	0.00	0.00	0.00	0.00

Desc

Statement of Revenue and
Expenditures

12/31/15

	2.1	2.2	2.3	2.4	2.5	2.6	2.7	2.8	2.9	2.10
	LATINAS	AGUILA	PALOMA	CASC	MASA	LATINOS	MUJERES	CASA ELENA	LFC	CLIENT RUN
Public Relations	61	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Expense	67									
Rents	61	22,513.99	32,482.20	32,482.20	49,440.00	85,072.59	22,513.98	30,160.43	17,072.10	86,651.00
	80									41,376.71
Small	61	0.00	0.00	0.00	1,563.03	0.00	0.00	0.00	0.00	1,242.37
Office/Household Equip.	90									
Small	61	1,343.81	3,390.91	3,390.91	1,662.73	6,753.28	1,343.81	1,805.71	794.90	743.66
Office/Household F & F	95									719.41
Software License &	61	68.50	69.90	69.90	0.00	0.00	68.49	96.11	59.94	78.07
Maintenance Exp	98									0.00
Support Services	62	0.00	0.00	0.00	79,640.75	0.00	0.00	0.00	6,819.47	0.00
	06									
Taxes	62	4,198.54	4,556.96	4,556.95	12,734.42	196.37	4,198.54	3,318.73	2,895.09	1,461.50
	10									40.66
Telephone	62	2,540.00	3,241.75	3,241.74	9,870.02	9,307.41	2,539.99	3,993.63	2,792.35	9,756.91
	15									3,589.73
Training	62	136.95	90.72	90.71	1,262.15	1,449.70	136.95	239.17	20.05	395.89
	20									45.36
Travel	62	5.00	30.50	30.50	7,438.02	4,208.69	5.00	25.00	0.63	458.51
	25									778.25
Utilities	62	4,438.69	3,642.70	3,642.70	12,215.82	15,038.46	4,438.69	4,347.13	2,301.40	13,221.93
	35									6,389.46
Urinalysis	62	5,017.50	2,655.00	2,655.00	31,695.00	37,905.00	5,017.50	8,685.00	0.00	32,760.00
	37									0.00
Vehicle Lease	62	0.00	0.00	0.00	600.00	0.00	0.00	0.00	0.00	49.44
	40									0.00
Total Expenditures		162,405.22	205,311.54	205,311.53	#####	#####	162,405.21	216,844.65	144,796.10	879,104.40
										228,406.60

Case 8:16-bk-10424-SC

Doc 1 Filed 02/02/16

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Date 02/02/2016, 8:39 PM

California Hispanic Commission on Alcohol Drug Abuse, Inc.

	2.11 SGVC	2.12 UNIDOS	2.13 WISTERIA HOUSE	2.14 BEV CASC	2.15 GILBERT HOUSE	2.16 SERENIDAD	2.17 LA FAMILIA	1419 21 St Corporate	9217 Caldera Way Owned Properties	1322 D St	Laboratorio	Discretionary Account
155,214.72	586,752.11	17,304.00	14,192.58	12,669.00	11,100.00	#####	#####	0.00	0.00	0.00	0.00	0.00
0.00	103.64	0.00	0.00	0.00	0.00	43.19	#####	0.00	0.00	0.00	0.00	0.00
2,796.48	5,605.71	779.08	0.00	549.82	252.94	38.07	#####	25.00	0.00	0.00	0.00	0.00
59.57	77.70	0.00	0.00	0.00	0.00	37.08	#####	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
114.74	55,805.31	0.00	5,062.57	0.00	0.00	72.06	#####	0.00	0.00	1,043.37	0.00	0.00
7,607.58	22,064.53	1,529.75	2,856.30	0.00	769.36	4,044.31	#####	105.14	0.00	0.00	0.00	0.00
39.73	716.50	54.00	0.00	0.00	5.88	37.76	#####	0.00	0.00	0.00	0.00	0.00
550.85	576.91	6.00	100.96	0.00	0.00	225.28	#####	0.00	0.00	0.00	0.00	7.25
7,390.50	32,837.84	3,005.46	789.13	2,103.67	834.81	4,805.30	#####	38.45	0.00	0.00	0.00	0.00
5,070.00	0.00	0.00	0.00	0.00	435.00	0.00	0.00	927.03	#####	0.00	0.00	0.00
1,452.57	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
556,402.25	#####	87,192.17	51,127.84	15,512.82	32,019.57	#####	#####	#####	#####	#####	#####	#####

Date: 02/02/2016, 8:39 PM

Statement of Revenue and

Expenditures

12/31/15

California Hispanic Commission on Alcohol Drug Abuse, Inc.

Excess Revenue

2.1	2.2	2.3	2.4	2.5	2.6	2.7	2.8	2.9	2.10
LATTINAS	AGUILA	PALOMA	CASC	MASA	LATTINOS	MUDERES	CASA ELENA	LFC	CLIENT RUN
(26,051.84)	(78,074.20)	(78,074.19)	(14,532.16)	#####	(26,051.84)	#####	(1,117.26)	197,013.74	(9,240.60)
Cost	Cost	Cost	Cost	Cost	Cost	Cost	Cost	Cost	Cost
Reimbursement at	Reimbursement at	Reimbursement at	Reimbursement at	Reimbursement at	Reimbursement at	Reimbursement at	Reimbursement at	Reimbursement at	Reimbursement at
Year End	Year End	Year End	Year End	Year End	Year End	Year End	Year End	Year End	Year End

Date: 02/02/2016, 8:39 PM

California Hispanic Commission on Alcohol Drug Abuse, Inc.									
2.11	2.12	2.13	2.14	2.15	2.16	2.17	<u>1419 21 St</u>	9217 Caldera	Discretionary
SGVC	UNIDOS	WISTERIA HOUSE	BEV CASC	GILBERT HOUSE	SERENIDAD	LA FAMILIA	Corporate	Way	Account
							Owned Properties		
(89,484.90)	#####	(27,511.17)	(51,127.84)	(1,112.82)	(18,059.57)	#####	#####	#####	#####
Cost									
Reimbursement at									
Year End									
Cost									
Reimbursement at									
Year End									
							292.98	#####	#####

Date: 2/2/2016, 8:39 PM

**Statement of Revenue and
Expenditures
12/31/15**

California Hispanic Commission on Alcohol Drug Abuse, Inc.

2.1	2.2	2.3	2.4	2.5	2.6	2.7	2.8	2.9	2.10
LATINAS	AGUILA	PALOMA	CASC	MASA	LATINOS	MUJERES	CASA ELENA	LFC	CLIENT RUN
LA Residential	LA Residential	LA Residential			LA Residential	LA Residential			

Date: 02/22/2016, 8:39 PM

California Hispanic Commission on Alcohol Drug Abuse, Inc.

2.11	2.12	2.13	2.14	2.15	2.16	2.17	1419 21 St	9217 Caldera	1322 D St	Laboratorio	Discretionary
SGVC	UNIDOS	WISTERIA HOUSE	BEV CASC	GILBERT HOUSE	SERENIDAD	LA FAMILIA	Corporate	Way			Account
							Owned Properties				

California Hispanic Commission on Alcohol and Drug Abuse, Inc.

**Statement of Revenue and Expenditures
From 07/01/15 through 12/31/15**

		<u>1419 21 St</u>	<u>9217 Caldera</u>	<u>1322 D St</u>	<u>Laboratorio</u>	<u>Discretionary</u>
		<u>Corporate</u>	<u>Way</u>			<u>Account</u>
		<u>Owned Properties</u>				
Revenue						
Grant Support	4000	0.00	0.00	0.00	0.00	0.00
Client Supportive Services	4001	0.00	0.00	0.00	0.00	0.00
Client Fees	4010	0.00	0.00	11,850.00	10,087.00	35.00
Food Stamp Income	4020	0.00	0.00	0.00	0.00	0.00
State Disability Insurance	4040	0.00	0.00	0.00	0.00	0.00
Dom Violence Client Fees	4045	0.00	0.00	0.00	0.00	0.00
Misc. Income	4050	0.00	0.00	0.00	0.00	0.00
Interest Income	4080	0.00	0.00	0.00	131,895.00	11,907.75
CHCADA Cash Match Revenue	4150	0.00	0.00	0.00	0.00	0.40
Rent Income	4200	0.00	0.00	0.00	0.00	0.00
					0.00	5,226.00
Total Revenue		<u>0.00</u>	<u>0.00</u>	<u>11,850.00</u>	<u>141,982.00</u>	<u>17,169.15</u>
Expenditures						
Administrative Salaries	5020	547,773.06	0.00	0.00	0.00	0.00
Program Salaries	5025	0.00	0.00	0.00	17,006.00	0.00
FICA Taxes	5500	30,097.00	0.00	0.00	1,300.99	0.00
Health Benefits	5502	71,681.45	0.00	0.00	3,011.36	0.00
Retirement & Others	5503	38,910.00	0.00	0.00	0.00	0.00
Worker's Comp	5504	8,998.04	0.00	0.00	266.94	0.00
Employer Training Tax	5506	0.01	0.00	0.00	0.00	0.00
SUTA TAXES	5510	2,277.68	0.00	0.00	95.23	0.00
Accting & Audit	6000	14,550.00	0.00	0.00	0.00	0.00
Activities	6005	0.00	0.00	0.00	0.00	0.00
Advertising	6010	125.69	0.00	0.00	0.00	0.00
Outreach	6011	0.00	0.00	0.00	0.00	0.00
Auto Expense	6015	2,906.01	40.00	0.00	0.00	0.00
Auto Insurance	6020	1,581.80	0.00	0.00	0.00	0.00
Bank Charges	6025	7,571.00	0.00	0.00	0.00	0.00
Board Expense	6038	8,003.60	0.00	0.00	0.00	0.00
Cash Match	6039	0.00	0.00	0.00	0.00	4,770.41
Cleaning & Maintenance	6040	13,082.02	41,846.12	2,333.00	41,660.00	0.00
Consultant Expense	6045	65,010.00	0.00	0.00	0.00	257.04
Consumable/Household Supplies	6050	1,248.95	192.89	0.00	0.00	0.00
Depreciation	6055	25,379.80	2,032.14	1,072.86	0.00	494.81
Donations	6062	0.00	0.00	0.00	0.00	0.00
Educational Materials	6069	0.00	0.00	0.00	0.00	2,300.00
Equipment Lease	6070	2,811.10	0.00	0.00	0.00	0.00
Equipment Repairs & Maint.	6075	0.00	0.00	0.00	0.00	0.00
Food	6085	0.00	0.00	0.00	0.00	0.00
Indirect Expense	6090	(1,040,815.29)	0.00	0.00	0.00	0.00
Insurance	6100	34,950.95	654.02	545.98	0.00	0.00
Interest Expense	6105	16,136.92	2,669.09	6,492.11	0.00	0.00
Late Charges	6110	530.00	0.00	20.73	0.00	0.00
Licensing\Dues	6115	4,717.00	825.00	0.00	0.00	197.15
Legal Expense	6118	41,513.28	0.00	0.00	0.00	0.00
Medical Supplies	6123	0.00	0.00	0.00	0.00	10,565.64
Misc. Expense	6125	3,013.33	0.00	0.00	17,296.20	0.00
Office Supplies	6130	4,728.05	0.00	0.00	0.00	0.00
Other Professional Services	6135	0.00	0.00	0.00	0.00	0.00
(Overage)/Shortage	6136	0.00	0.00	0.00	0.00	0.00
Penalties	6140	1,000.00	0.00	0.00	0.00	425.29
Physicians\Medical	6150	90.04	0.00	0.00	0.00	1,000.00
Postage	6155	1,287.04	85.00	0.00	0.00	0.00
Printing	6160	1,602.01	0.00	0.00	0.00	0.00
Publications/Subscriptions	6165	712.40	0.00	0.00	0.00	0.00
Public Relations Expense	6167	1,662.53	37.38	0.00	0.00	0.00
					0.00	885.86

		<u>1419 21 St</u>	<u>9217 Caldera</u>			
		Corporate	Way	1322 D St	Laboratorio	Discretionary Account
		Owned Properties				
Rents	6180	1,764.18	0.00	0.00	0.00	0.00
Small Office\Household Equip.	6190	1,292.78	0.00	0.00	0.00	0.00
Small Office\Household F & F	6195	1,316.35	25.00	0.00	0.00	0.00
Software License & Maintenance Exp	6198	11,477.91	0.00	0.00	0.00	0.00
Support Services	6206	0.00	0.00	0.00	0.00	0.00
Taxes	6210	1,744.22	0.00	0.00	0.00	0.00
Telephone	6215	20,778.65	105.14	0.00	1,043.37	0.00
Training	6220	1,091.00	0.00	0.00	0.00	0.00
Travel	6225	34,446.39	0.00	0.00	0.00	0.00
Utilities	6235	12,953.05	38.45	0.00	0.00	7.25
Urinalysis	6237	0.00	927.03	1,092.34	0.00	0.00
Vehicle Lease	6240	0.00	0.00	0.00	0.00	0.00
Total Expenditures		<u>0.00</u>	<u>49,477.26</u>	<u>11,557.02</u>	<u>81,680.09</u>	<u>20,903.45</u>
Excess Revenue		(0.00)	(49,477.26)	292.98	60,301.91	(3,734.30)

Fill in this information to identify the case and this filing:Debtor Name California Hispanic Commission on Drug and Alcohol AbuseUnited States Bankruptcy Court for the: CENTRAL DIST. OF CALIFORNIACase number
(if known) _____Entered 02/02/16 21:32:52 Desc
77 of 99Official Form 202**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

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

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets--Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *A Summary of Assets and Liabilities for Non-Individuals* (Official Form 206-Summary)
- ☐ Amended Schedule _____
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☒ Other document that requires a declaration _____

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

Executed on 01/29/2016
MM / DD / YYYY

X /s/ James Hernandez
Signature of individual signing on behalf of debtor

James Hernandez

Printed name

Director

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name California Hispanic Commission on Drug and Alcohol Abuse

United States Bankruptcy Court for the: CENTRAL DIST. OF CALIFORNIA

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

12/15

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 07/01/2015 to Filing date

☒ Operating a business
☐ Other _____

\$6,180,586.00

For prior year:

From 07/01/2014 to 06/30/2015

☒ Operating a business
☐ Other _____

\$12,679,410.00

For the year before that:

From 07/01/2013 to 06/30/2014

☒ Operating a business
☐ Other _____

\$12,426,728.00

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

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 \$6,225. (This amount may be adjusted on 4/01/16 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
Check all that apply

3.1. Wells Fargo Bank, NA

2 Months of Mortgage Payments

\$11,882.10

☒ Secured debt
☐ Unsecured loan repayments
☐ Suppliers or vendors
☐ Services
☐ Other _____

Creditor's name

P.O. Box 14517

Number Street

Des Moines

IA

50306

City

State

ZIP Code

Creditor's name and address		Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.2.	Genesis Tiltle Holding Corp. Creditor's name 1419 21st St. Number Street	2 Months Rent	\$7,876.40	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other Rent
Sacramento City		CA State	95611 ZIP Code	
Creditor's name and address		Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.3.	Genesis Title Holding Corp Creditor's name 1419 21st St. Number Street	2 Months Rent	\$13,214.88	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other Rent
Sacramento City		CA State	95811 ZIP Code	
Creditor's name and address		Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.4.	Genesis Title Holding Corp. Creditor's name 1419 21st St. Number Street	2 Months Rent	\$8,439.92	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other Rent
Sacramento City		CA State	95611 ZIP Code	
Creditor's name and address		Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.5.	Genesis Title Holding Corp. Creditor's name 1419 21st St. Number Street	2 Months Rent	\$16,480.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other Rent
Sacramento City		CA State	95611 ZIP Code	
Creditor's name and address		Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.6.	Genesis Title Holding Corp. Creditor's name 1419 21st St. Number Street	2 Months Rent	\$27,575.38	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other Rent
Sacramento City		CA State	95611 ZIP Code	
Creditor's name and address		Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.7.	Genesis Title Holding Corp. Creditor's name 1419 21st St. Number Street	2 Months Rent	\$8,736.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other Rent
Sacramento City		CA State	95611 ZIP Code	
Creditor's name and address		Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.8.	Genesis Title Holding Corp. Creditor's name 1419 21st St. Number Street	2 Months Rent	\$8,459.16	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other Rent
Sacramento City		CA State	95611 ZIP Code	

	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.9.	Genesis Title Holding Corp. Creditor's name 1419 21st St. Number Street	2 Months Rent	\$5,666.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other 2 Months Rent
	Sacramento CA 95611 City State ZIP Code			
	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.10.	Genesis Title Holding Corp. Creditor's name 1419 21st St. Number Street	2 Months Rent	\$26,277.24	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other Rent
	Sacramento CA 95611 City State ZIP Code			
	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.11.	Genesis Title Holding Corp. Creditor's name 1419 21st St. Number Street	2 Months Rent	\$13,792.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other Rent
	Sacramento CA 95611 City State ZIP Code			
	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.12.	Genesis Title Holding Corp. Creditor's name 1419 21st St. Number Street	2 Months Rent	\$12,900.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other Rent
	Sacramento CA 95611 City State ZIP Code			
	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.13.	Genesis Title Holding Corp. Creditor's name 1419 21st St. Number Street	1 Months Rent	\$115,730.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other Rent
	Sacramento CA 95611 City State ZIP Code			
	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.14.	Genesis Title Holding Corp. Creditor's name 1419 21st St. Number Street	2 Months Rent	\$5,600.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other Rent
	Sacramento CA 95611 City State ZIP Code			
	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.15.	Genesis Title Holding Corp. Creditor's name 1419 21st St. Number Street	2 Months Rent	\$4,730.86	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other Rent
	Sacramento CA 95611 City State ZIP Code			

Reasons for payment or transfer

page 4

Part 3:

Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or government 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
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

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

Part 5:

Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.
- ☒ None

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 the property transferred	Dates	Total amount or value
11.1.	Totaro & Shanahan	Pre Petition Work \$550.00 per hour post Petition	01/29/2016	\$25,000.00
	Address			
	P.O. Box 789			
	Number Street			
	Pacific Palisades CA 90272			
	City State ZIP Code			
	Email or website address			
	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

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

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

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.

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:

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

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

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

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

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.

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.

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

- ☒ No
☐ Yes. Provide details below.

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

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

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

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

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

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.

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
------	---------	-------------------------------------	-----------------------

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
------	---------	-------------------------------------	---

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.

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.

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.

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property 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 01/29/2016
MM / DD / YYYY

X

/s/ James Hernandez

Signature of individual signing on behalf of the debtor

Printed name James Hernandez

Position or relationship to debtor Director

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

- ☒ No
- ☐ Yes

**UNITED STATES BANKRUPTCY COURT
CENTRAL DISTRICT OF CALIFORNIA
SANTA ANA DIVISION**

In re **California Hispanic Commission on Drug and Alcohol Abuse**

Case No. _____

Chapter **11**

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept.....	<u>\$25,000.00</u>
Prior to the filing of this statement I have received.....	<u>\$25,000.00</u>
Balance Due.....	<u>Billed Hourly</u>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;

b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;

c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

01/29/2016

Date

/s/ Michael R. Totaro

Michael R. Totaro

Bar No. 102229

UNITED STATES BANKRUPTCY COURT
CENTRAL DISTRICT OF CALIFORNIA
SANTA ANA DIVISION

IN RE: **California Hispanic Commission on Drug and Alcohol Abuse**

CASE NO

CHAPTER **11**

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 1/29/2016

Signature /s/ James Hernandez
James Hernandez
Director

Date _____

Signature _____

/s/ Michael R. Totaro
Michael R. Totaro
102229
Totaro & Shanahan
P.O. Box 789
Pacific Palisades, CA 90272
(310) 573-0276

2010 Office Furniture
2227 N. Merce Ave.
South El Monte, CA 91733

Abila
Dept. 3303
P.O. Box 12303
Dallas, TX 75312

Ace Commercial Laundry
14404 Hoover St.
Westminster, CA 92683

ADT Home Systems
4128 N. Freeway Blvd.
Sacramento, CA 95834

Alliance Member Services
P.O. Box 49050
San Jose, CA 95161

American Express
P.O. Box 981537
El Paso, TX 79998

Aramark Uniform Services
P.O. Box 101179
Pasadena, Ca 91189

Arkadin, Inc.
Box 32726
Chicago, IL 60693

AT&T Mobility
P.O. Box 6463
Carol Stream, IL 60197

AT&T U-Verse
P.O. Box 5014
Carol Stream, IL 60197

AT&T Wireless
P.O. Box 5019
Carol Stream, IL 60197

Bay Alarm
P.O. Box 7137
San Francisco, CA 94120

Benicomp, Inc.
8310 Clinton Park Cr.
Fort Wayne, IN 46825

Blue Sheild of California
Attn. Nora Galicia
4203 Town Center Dr.
El Dorado Hills, Ca 95762

Bode & Bode Lock and Safe
1215 21st St.
Sacramento, CA 95811

Cal Water Service
P.O. Box 940001
San Jose, CA 95194

California Hispanic Commission on Drug a
1419 21st St.
Sacramento, CA 95811

Citizens Utility
American Water Co.
P.O. Box 7150
Pasadena, CA 91109

City of Anaheim
Business License Division
P.O. Box 61042
Anaheim, CA 92803

City of LA-LAHD
Building and Collection Unit
P.O. Box 30970
Los Angeles, CA 90030

City of Sacramento
P.O. Box 2770
Sacramento, CA 95812

City of Sacramento
915 I St. Rm 1214
Sacramento, CA 95814

Clinivate
115 California Blvd. #156
Pasadena, CA 91105

Colonial Life
Premium Processing
P.O. Box 903
Montebello, CA 90640

County of Sacramento Tax Collector
Unsecured Tax Dept.
P.O. Box 508
Sacramento, CA 95812

Coverall North America Inc.
2955 Momentum Pl.
Chicago, IL 60689

Department of Justice
P.O. Box 944255
Sacramento, CA 94244

Dept. of Motor Vehicles
P.O. Box 942894
Sacramento, CA 94294

DSA Technologies, Inc.
2372 Maritime Dr.
Elk Grove Village, CA 95758

Emilo Huerta
Law Offices of Emilo J. Huerta
P.O. Box 2244
Bakersfield, CA 93303

Federal Express Corp
P.O. Box 7221
Pasadena, CA 91109

Firetech Services
1012 W. Beverly Blvd. #321
Montebello, CA 90640

Ford Motor Credit
P.O. Box 542000
Omaha, NE 68154

Genesis Tilte Holding Corp.
1419 21st St.
Sacramento, CA 95611

Genesis Title Holding Co.
1419 21st St.
Sacramento, CA 95811

Genesis Title Holding Corp
1419 21st St.
Sacramento, Ca 95811

Genesis Title Holding Corp.
1419 21st St.
Sacramento, CA 95611

Graves Services, Inc.
9630 John St. #101
Santa Fe Springs, CA 90670

Hi-Tech Services
115 California St. #250
Pasadena, Ca 91105

Home Depot Credit Services
P.O. Box 183175
Dept. 32-2149092011
Columbus, OH 43218

IN Health
An In Health Bibbeo Systems
5076 Winters Chapel Rd. #200
Atlanta, GA 30360

Industrial Door Group, Inc.
1070 N. Armador St.
Anaheim, CA 92806

Integrated Office Technology
12150 Mora Dr. #2
Santa Fe Springs, Ca 90670

James Hernandez
1419 21st
Sacramento, CA 95811

JD Telecom
31372 Mesa View Dr.
Victorville, CA 92392

Lewitt, Hackman, Shapiro et al
16633 Ventura Blvd. #1100
Encino, CA 91436

Long Term Care Properties, Inc.
7 Corporate Plaza
Newport Beach, CA 92660

Los Angeles County Tax Collector
Revenue & Enforcement
P.O. Box 51391
Los Angeles, CA 90051

Nancy Perez
20 Verdin Lane
Aliso Viejo, CA 92656

Neshek's Auto
5034 E.Third St.
Los Angeles, CA 90022

Non-Profit United Worker's Comp.
610 Fulton Ave.#200
Sacramento, CA 95825

OC Fire Protection
137 W. Bristol Ln
Orange, CA 92865

OC Health Care Agency
405 W. Fifth St. 6th Fl
Santa Ana, CA 92701

Office of the United States Trustee
411 W. Fourth St. 9th Fl
Santa Ana, CA 92701

Office of the United States Trustee
411 W. Fourth St. 7th Fl.
Santa Ana, CA 92701

Office Pride Commercial
P.O. Box 577
Franklin, IN 46131

On Trac
P.O. Box 841664
Los Angeles, CA 90084

Ontario Refrigeration
635 S. Mountain Ave.
Ontarion, CA 91762

Orange County Treasure-Tax Collector
625 N. Ross St. Bldg. 11 Rm G58
Santa Ana, CA 92702

Orion
18047 Oak St.
Omaha, NE 68130

Pacific Coast Holding Investments
6800 Indiana Ave. #130
Riverside, CA 92506

Pacific Rim Printer and Mailer
5760 Hannum Ave.
Culver City, CA 95887

Performance Systems. LC
1701 W. D St.
Vinton, IA 52349

Premier Access Ins. Co.
P.O. Box 39000
Dept. 34114
San Francisco, CA 94139

Prosight Specialty Ins.
P.O. Box 969
Westbrook, CT 06498

Purchase Power
P.O. Box 371874
Pittsburg, PA 15250

R&S Architectural Products, Inc.
8711 Elder Creek Rd. #400
Sacramento, CA 95828

Raven Termite and Pest Control
3227 Producer Way #101
Pomona, CA 91768

Rocker Brothers
405 N. Centinela
Inglewood, CA 90302

Second Harvest Food Bank
8014 Marine Way
Irvine, CA 92618

Siemens Healthcare Diagnostic
P.O. Box 121102
Dallas, TX 75312

Sierra
9950 Horn Rd. #5
Sacramento, CA 95827

SMUD
P.O. Box 15555
Sacramento, CA 95852

So Cal Gas Co.
P.O. Box C
Monterey Park, CA 91756

SOLER
910 Florin Rd. #111
Sacramento, CA 95831

Southern California Edison
1551 W. San Bernardino Rd.
Covina, CA 91722

Stanley Pest Control El Monte
2555 Loma Ave.
South El Monte, CA 91733

Staples
Dept. 51-7815445415
P.O. Box 689020
Des Moines, IA 50368

SYVA
P.O. Box 121102
Dallas, TX 75312

The Bugman
525 N. Shepard St.
Anaheim, CA 92806

Time Warner Cable
P.O. Box 60074
City of Industry, CA 91771

Time Warner Cable Business
P.O. Box 223085
Pittsburg, PA 15251

TNT Auto Repair
4739 Telegraph Rd.
Los Angeles, CA 90022

Toshiba Financial Services
P.O. Box 31001
Pasadena, CA 95110

Totaro & Shanahan
P.O. Box 789
Pacific Palisades, CA 90272

Uline Ship Supplies
P.O. Box 88741
Chicago, IL 60680

US Healthworks
P.O. Box 50042
Los Angeles, CA 90074

Vaultlogix
P.O. Box 842605
Boston, MA 02284

Verizon Wireless
P.O. Box 660108
Dallas, TX 75266

Wells Fargo Bank, NA
P.O. Box 14517
Des Moines, IA 50306