

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE**

In re:)	Chapter 11
)	
EBH Topco, LLC, <i>et al.</i> , ¹)	Case No. 18-11212 (BLS)
)	
Debtors.)	Jointly Administered
)	
)	

**GLOBAL NOTES, METHODOLOGY, AND SPECIFIC
DISCLOSURES REGARDING THE DEBTORS' SCHEDULES OF
ASSETS AND LIABILITIES AND STATEMENTS OF FINANCIAL AFFAIRS**

Introduction

EBH Topco, LLC and its affiliated debtors and debtors-in-possession (each, a “Debtor”, and collectively, the “Debtors”), with the assistance of their advisors, have filed their respective Schedules of Assets and Liabilities (the “Schedules”) and Statements of Financial Affairs (the “Statements,” and together with the Schedules, the “Schedules and Statements”) with the United States Bankruptcy Court for the District of Delaware (the “Bankruptcy Court”), pursuant to section 521 of title 11 of the United States Code (the “Bankruptcy Code”) and Rule 1007 of the Federal Rules of Bankruptcy Procedure (the “Bankruptcy Rules”).

These Global Notes, Methodology, and Specific Disclosures Regarding the Schedules and Statements (the “Global Notes”) pertain to, are incorporated by reference in, and comprise an integral part of, each Debtor’s Schedules and Statements. The Global Notes should be referred to, considered, and reviewed in connection with any review of the Schedules and Statements.

¹ The Debtors in these chapter 11 cases, along with the last four digits of each Debtor's federal tax identification number, are EBH Topco, LLC (6103), Elements Behavioral Health, Inc. (7176), EBH Holding Company, Inc. (0370), EBH Big Rock, Inc. (1880), SoCal Rehab and Recovery, Inc. (3741), The Sexual Recovery Institute, Inc. (1279), Westside Sober Living Centers, Inc. (5717), Ehrman Subsidiary Corp. (3958), PROMAL2, Inc. (1377), PROMAL4, Inc. (2453), SBAR2, Inc. (9844), Promises Residential Treatment Center VI, Inc. (1112), Assurance Toxicology Services, LLC (9612), Elements Screening Services, Inc. (0055), TRS Behavioral Care, Inc. (6343), Spirit Lodge, LLC (1375), San Cristobal Treatment Center, LLC (1419), EBH Acquisition Subsidiary, Inc. (6132), EBH Services of Florida, Inc. (6802), Outpatient Services FL, Inc. (9596), EBH Northeast Services, Inc. (3551), Intensive Outpatient Services PA, Inc. (5581), Wrightsville Services, LLC (9535), NE Sober Living, Inc. (1955), Northeast Behavioral Services, Inc. (8881), The Ranch on Piney River, Inc. (0195), Outpatient Services TN, Inc. (5584), EBH Southwest Services, Inc. (5202), Elements Medical Group of Utah, Inc. (9820), Southeast Behavioral Health Services, Inc. (1267), Elements Medical Group of Mississippi, Inc. (4545), and Elements Medical Group of Arizona, Inc. (8468). The Debtors' mailing address is 5000 Airport Plaza Dr., Suite 100, Long Beach, California 90815.

The Schedules and Statements do not purport to represent financial statements prepared in accordance with Generally Accepted Accounting Principles in the United States, nor are they intended to be fully reconciled with the financial statements of each Debtor (whether publicly filed or otherwise). Additionally, the Schedules and Statements contain unaudited information that is subject to further review and potential adjustment, and reflect the Debtors' reasonable efforts to report the assets and liabilities of each Debtor on an unconsolidated basis.

In preparing the Schedules and Statements, the Debtors relied upon information derived from their books and records that was available at the time of such preparation. Although the Debtors have made reasonable efforts to ensure the accuracy and completeness of such financial information, inadvertent errors or omissions, as well as the discovery of conflicting, revised, or subsequent information, may cause a material change to the Schedules and Statements.

The Debtors and their officers, employees, agents, attorneys, and financial advisors do not guarantee or warrant the accuracy or completeness of the data that is provided in the Schedules and Statements and shall not be liable for any loss or injury arising out of or caused in whole or in part by any act or omission, whether negligent or otherwise, in procuring, compiling, collecting, interpreting, reporting, communicating, or delivering the information contained in the Schedules and Statements. Except as expressly required by the Bankruptcy Code, the Debtors and their officers, employees, agents, attorneys, and financial advisors expressly do not undertake any obligation to update, modify, revise or re-categorize the information provided in the Schedules and Statements or to notify any third party should the information be updated, modified, revised, or re-categorized.

The Schedules and Statements have been signed by an authorized representative of each Debtor. In reviewing and signing the Schedules and Statements, this representative relied upon the efforts, statements, and representations of the Debtors' other personnel and professionals. The representative has not (and could not have) personally verified the accuracy of each such statement and representation, including, for example, statements and representations concerning amounts owed to creditors and their addresses. **Neither the Schedules and Statements, nor the Global Notes, should be relied upon by any persons for information relating to current or future financial conditions, events, or performance of the Debtors.**

Global Notes and Overview of Methodology

1. **Reservation of Rights.** Reasonable efforts have been made to prepare and file complete and accurate Schedules and Statements; however, inadvertent errors or omissions may exist. The Debtors reserve all rights to amend or supplement the Schedules and Statements from time to time, in all respects, as may be necessary or appropriate (including, without limitation,: (a) the right to amend the Schedules and Statements with respect to a claim ("Claim") description, designation, or Debtor against which the Claim is asserted; (b) dispute or otherwise assert offsets or defenses to any Claim reflected in the Schedules and Statements as to amount, liability, priority, status, or classification; (c) subsequently designate any Claim as "disputed," "contingent," or "unliquidated," and/or (d) object to the extent, validity, enforceability, priority, or avoidability of any Claim). Any failure to designate a Claim in the Schedules and Statements as "disputed," "contingent," or "unliquidated" does not constitute an admission by the Debtors that such Claim or amount is not "disputed," "contingent," or

“unliquidated.” Listing a Claim does not constitute an admission of liability by the Debtor against which the Claim is listed or against any of the Debtors. Furthermore, nothing contained in the Schedules and Statements shall constitute a waiver of rights with respect to the Debtors’ chapter 11 cases, including, without limitation, issues involving Claims, substantive consolidation, defenses, equitable subordination, recharacterization, and/or causes of action arising under the provisions of chapter 5 of the Bankruptcy Code and any other relevant non-bankruptcy laws to recover assets or avoid transfers. Any specific reservation of rights contained elsewhere in the Global Notes does not limit in any respect the general reservation of rights contained in this paragraph. The actual value for any asset or liability may be different than what is reflected in the Debtors’ books and records or the Schedules and Statements, and the Debtors reserve the right to have the Bankruptcy Court determine such value.

2. **Confidential Information.** There may be instances in the Schedules and Statements where the Debtors deemed it necessary and appropriate to redact from the public record information such as names, addresses or amounts. Typically, the Debtors have used this approach because of (a) an agreement between the particular Debtor and a third party, (b) concerns of confidentiality, or (c) concerns for the privacy of an individual. The addresses of current and former employees, including directors and officers, have been removed from entries listed on certain of the Schedules and Statements, where applicable. The Debtors will mail any required notice or other documents to the address listed in their books and records for such parties. In addition, the Debtors may be parties to executory contracts with confidentiality provisions and, where applicable, such confidential information has not been included in the Schedules and Statements.
3. **Description of Cases and “As Of” Information Date.** On May 23, 2018 (the “Petition Date”), each of the Debtors filed a voluntary petition for relief under chapter 11 of the Bankruptcy Code. The Debtors continue to operate their business and manage their properties as debtors-in-possession pursuant to sections 1107(a) and 1108 of the Bankruptcy Code. The Debtors’ chapter 11 cases are being jointly administered pursuant to Bankruptcy Rule 1015(b). The Debtors’ assets and liabilities are reported as of the Petition Date.
4. **Net Book Value of Assets.** It would be prohibitively expensive, unduly burdensome, and an inefficient use of estate assets for the Debtors to obtain current market valuations for each of their assets. Accordingly, unless otherwise indicated, the Schedules and Statements reflect the net book value of the Debtors’ assets as of the Petition Date. Furthermore, as applicable, assets that have fully depreciated or were expensed for accounting purposes may not be reflected in the Schedules and Statements as they have no net book value. The Debtors reserve their right to amend or adjust the value of each asset or liability set forth in the Schedules and Statements.

Recharacterization. Notwithstanding the Debtors’ reasonable efforts to properly characterize, classify, categorize, or designate certain Claims, assets, executory contracts, unexpired leases,, postemployment benefits, and other items reported in the Schedules and Statements, the Debtors may, nevertheless, have improperly characterized, classified, categorized, designated, or omitted certain items. Accordingly, the Debtors reserve all of their rights to recharacterize, reclassify, recategorize, re-designate, add, or delete items reported in the Schedules and Statements at a

later time as is necessary or appropriate as additional information becomes available. Specifically, as the Debtors do not maintain their books and records on a legal entity basis, despite efforts to list the applicable asset or liability on the schedules of Debtors Spirit Lodge and San Cristobal, it may ultimately be determined that assets or liabilities of these entities may be listed on the schedules of TRS Behavioral Care, Inc. or vice versa.

5. **Real Property and Personal Property-Leased.** In the ordinary course of their business, the Debtors lease real property, and lease various articles of personal property from certain third-party lessors. The Debtors have made reasonable efforts to list all such leases in the Schedules and Statements. However, nothing in the Schedules or Statements is or shall be construed as an admission or determination as to the legal status of any lease (including whether to assume and assign or reject such lease or whether it is a true lease or a financing arrangement), and the Debtors reserve all of their rights with respect to all such issues.
6. **Excluded Assets and Liabilities.** The Debtors have sought to allocate assets and liabilities between the prepetition and post-petition periods based on the information and research conducted in connection with the preparation of the Schedules and Statements. As additional information becomes available and further research is conducted, the allocation of liabilities between the prepetition and post-petition periods may change.

The liabilities listed on the Schedules do not reflect any analysis of Claims under section 503(b)(9) of the Bankruptcy Code. Accordingly, the Debtors reserve all of their rights to dispute or challenge the validity of any asserted Claims under section 503(b)(9) of the Bankruptcy Code or the characterization of the structure of any such transaction or any document or instrument related to any creditor's Claim.

In certain instances, immaterial assets not included in the Debtors' books and records may have been excluded.

The Bankruptcy Court has authorized the Debtors to pay, in their discretion in the ordinary course of business, certain prepetition Claims on a post-petition basis. These schedules reflect such claims without reduction for post-petition payments on such claims. However, to the extent a claim has already been paid with respect to a pre-petition claim, future disbursements on account of such claim will take into account and will be reduced by any post-petition payments already made with respect to such claim.

7. **Insiders.** The parties identified as "insiders" have been included for informational purposes only. The Debtors do not take any position with respect to: (a) such person's influence over the control of the Debtors; (b) the management responsibilities or functions of such individual; (c) the decision-making or corporate authority of such individual; or (d) whether such individual could successfully argue that he or she is not an "insider" under applicable law, including, without limitation, the federal securities laws or with respect to any theories of liability or for any other purpose. Further, the inclusion of a party as an "insider" is not an acknowledgement or concession that such party is an "insider" for purposes of section 101(31) of the Bankruptcy Code.

8. **Intellectual Property Rights.** The exclusion of any intellectual property shall not be construed as an admission that such intellectual property rights have been abandoned, terminated, assigned, expired by their terms, or otherwise transferred pursuant to a sale, acquisition, or other transaction. Accordingly, the Debtors reserve all of their rights with respect to the legal status of any and all such intellectual property rights.
9. **Executory Contracts and Unexpired Leases.** Although the Debtors have made diligent attempts to attribute executory contracts and unexpired leases to the counterparties to such agreements, in certain instances, the Debtors may have inadvertently failed to do so. Accordingly, the Debtors reserve all of their rights with respect to the legal status of any and all such contracts and leases.
- Moreover, the Debtors have not set forth executory contracts and unexpired leases as assets in the Schedules and Statements, even though these contracts and leases may have some value to the Debtors' estates.
10. **Materialman's/Mechanic's Liens.** The assets listed in the Schedules and Statements are presented without consideration of any materialman's, or mechanic's liens.
11. **Classifications.** Listing a Claim, contract or lease on (a) Schedule D as "secured," (b) Schedule E/F, Part 1 as "priority unsecured," (c) Schedule E/F, Part 2 as "Non-priority unsecured," or (d) Schedule G as "executory" or "unexpired," does not constitute an admission by the Debtors of the legal rights of the claimant, or a waiver of the Debtors' rights to recharacterize or reclassify such Claims or contracts or leases or to setoff against such Claims.
12. **Causes of Action.** Despite their reasonable efforts to identify all known assets, the Debtors may not have listed all of their causes of action or potential causes of action against third parties (collectively, "Causes of Action") as assets in the Schedules and Statements, including, without limitation, causes of action arising under the provisions of chapter 5 of the Bankruptcy Code and any other relevant non-bankruptcy laws to recover assets or avoid transfers. The Debtors reserve all of their rights with respect to any: (a) cause of action (including avoidance actions), (b) controversy, (c) right of setoff, (d) cross-claim, (e) counterclaim, (d) recoupment, and (e) any Claim on contracts or for breaches of duties imposed by law or in equity, demand, right, action, lien, indemnity, guaranty, suit, obligation, liability, damage, judgment, account, defense, power, privilege, license, and franchise of any kind or character whatsoever, known, unknown, fixed or contingent, matured or unmatured, suspected or unsuspected, liquidated or unliquidated, disputed or undisputed, secured or unsecured, assertable directly or derivatively, whether arising before, on, or after the Petition Date, in contract or in tort, in law, or in equity, or pursuant to any other theory of law they may have, and neither these Global Notes nor the Schedules and Statements shall be deemed a waiver of any Claims or Causes of Action or in any way prejudice or impair the assertion of such Claims or Causes of Action.
13. **Intercompany Accounts and Claims.** In the ordinary course of business, the Debtors engage in routine business relationships with non-Debtor affiliates (the "Intercompany Transactions") resulting in intercompany receivables and payables, which are described more

fully in the Debtors' "first-day" cash management motion [*see* Docket No. 16]. Intercompany payables and receivables among the Debtors and its non-Debtor affiliates are reported on a net basis and at book value in Schedule AB77 and Schedule F, as applicable. Intercompany transfers between the Debtors and non-Debtor affiliates are set forth on Statement 4. The listing of any amounts with respect to such receivables and payables is not and shall not be construed as an admission of the characterization of such balances as debt, equity or otherwise. Furthermore, the listing of these amounts is not necessarily indicative of the ultimate recovery, if any, on any intercompany asset account or the impairment or Claim status of any intercompany liability account. Intercompany payables and receivables also may be subject to set off, recoupment, and netting not reflected in the Schedules and Statements. The Debtors reserve all rights to later change the characterization, classification, categorization or designation of intercompany accounts reported in the Schedules and Statements.

14. Summary of Significant Reporting Policies. The following is a summary of significant reporting policies:

- a. Undetermined Amounts. The description of an amount as "unknown," "TBD," "undetermined," or similar indication is not intended to reflect upon the materiality of such amount.
- b. Totals. All totals that are included in the Schedules and Statements represent totals of all known amounts. To the extent there are unknown or undetermined amounts, the actual total may be different than the listed total.
- c. Liens. The value of assets listed in the Schedules and Statements are presented without consideration of any liens that may attach (or have attached) to such property and equipment.

15. Currency. All amounts are reflected in U.S. dollars.

16. Net Operating Losses ("NOLs"). The value of the NOLs scheduled by the Debtors is unknown as it depends on the amount and timing of future taxable income against which the NOLs may be applied, on the form any restructuring may take, as well as on the application of various tax rules limiting the use of the NOLs.

Specific Disclosures with Respect to the Schedules

Schedule A/B.

Schedule A/B, Part 1, Question 3. Cash values held in financial accounts are listed on Schedule A/B, Part 1, Question 3, as of the Petition Date.

Schedule A/B, Part 3, Questions 11a, 11b. The Debtors have included estimates in their response to question 11a and 11b in certain instances where accounts receivable aging information by legal entity was not readily available.

Schedule A/B, Part 4, Question 15. The value of ownership interests in subsidiaries have been listed in Schedule A/B, Part 4, Question 15, as undetermined.

Schedule A/B, Part 5, Question 22. The Debtors expense supplies as incurred including the cost of certain books of de minimis value that are sold in the bookstore at its Ranch location.

Schedule A/B, Part 11, Questions 39, 41. The Debtors do not separately track furniture from equipment. Therefore furniture, as applicable, is listed in response to Question 41 (equipment).

Schedule A/B, Part 11, Questions 74-75. The Debtors' failure to list any contingent and/or unliquidated Claim or Cause of Action held by the Debtors in response to this question shall not constitute a waiver, release, relinquishment, or forfeiture of such Claim or Cause of Action.

Schedule D. The Debtors may not have included on Schedule D all parties that may believe their Claims are secured through setoff rights, mechanic's liens, or other lien rights. Filings under the Uniform Commercial Code are reflected on Schedule D.

Schedule E/F, Part 1. The listing of any Claim on Schedule E/F does not constitute an admission by the Debtors that such Claim is entitled to priority treatment under section 507 of the Bankruptcy Code. The Debtors reserve their right to dispute the priority status of any Claim on any basis.

Schedule E/F, Part 2. In the ordinary course of business, the Debtors receive requests for refunds or return of overpayments. These refunds are not separately listed on the Debtors' schedules but are more fully described in the Motion of Debtors for Entry of an Order Authorizing the Debtors to (i) Maintain, Administer, and Modify Client Refund Programs and Practice, and (ii) Honor Obligations related thereto [Docket No. 82].

Schedule E/F, Part 2. The Debtors have used reasonable efforts to report all general unsecured Claims against the Debtors on Schedule E/F, based upon the Debtors' books and records as of the Petition Date.

Although reasonable efforts have been made to identify the date each Claim on Schedule E/F was incurred or arose, the Debtors cannot guarantee the information is entirely inclusive and inadvertent errors or omissions, as well as the discovery of conflicting, revised, or subsequent information, may arise which may uncover claims hereto unscheduled.

Schedule G. Although reasonable efforts have been made to ensure the accuracy of each contract or other agreement listed on Schedule G, inadvertent errors may have occurred. Certain

information, such as the contact information of the counterparty, may not be included where such information could not be obtained using the Debtors' reasonable efforts.

Listing a contract or agreement on Schedule G does not constitute an admission that such contract or agreement is an executory contract or unexpired lease that was in effect on the Petition Date or is valid or enforceable. The Debtors hereby reserve all of their rights to dispute the validity, status, or enforceability of any contracts, agreements, or leases set forth on Schedule G and to amend or supplement Schedule G as necessary. Certain of the contracts and leases listed on Schedule G may contain certain renewal options, guarantees of payment, indemnifications, options to purchase, rights of first refusal, and other miscellaneous rights. Such rights, powers, duties, and obligations are not set forth separately on Schedule G. Certain confidentiality and non-disclosure agreements may not be listed on Schedule G. The Debtors reserve all of their rights with respect to such agreements.

Certain of the contracts and other agreements listed on Schedule G may consist of several parts, including purchase orders, amendments, restatements, waivers, letters, and other documents that may not be listed on Schedule G or that may be listed as a single entry. In some cases, the same supplier or provider appears multiple times on Schedule G. This multiple listing may reflect distinct agreements between the applicable Debtor and such supplier or provider, or may reflect a series of related agreements.

The Debtors reserve all of their rights, Claims and Causes of Action with respect to the contracts and other agreements listed on Schedule G, including the right to dispute or challenge the characterization of any transaction or any document or instrument related to a creditor's Claim or its relationship with the Debtors.

Omission of a contract or other agreement from Schedule G does not constitute an admission that such omitted contract or agreement is not an executory contract or unexpired lease. The Debtors' rights under the Bankruptcy Code with respect to any such omitted agreements are not impaired by the omission. Schedule G may be amended at any time to add any omitted contract or other agreement.

The listing of any contract or other agreement on Schedule G does not constitute an admission by the Debtors as to the validity of such contract or agreement or that such agreement is an executory contract or unexpired lease. The Debtors reserve all of their rights to dispute the effectiveness of any such contract or agreement listed on Schedule G or to amend Schedule G at any time to remove any contract or agreement.

The Debtors enter into executory contracts with patients which contracts are not listed on Schedule G for protection of patient confidentiality. These contracts are typically short-term the Debtors expect that most of their pre-petition patient contracts have expired on their own terms.

Schedule H. In the ordinary course of their business, the Debtors may be involved in pending or threatened litigation or Claims. These matters may involve multiple plaintiffs, claimants, and defendants, some or all of whom may assert cross-Claims and counter-Claims against other parties, and some of which may be co-obligors with, contributors to, or indemnitors of, the Debtors. Because all such Claims are contingent, disputed, or unliquidated, such Claims have

not been set forth individually on Schedule H. Litigation matters can be found on each Debtor's Schedule A/B, Part 11 and Statement, Part 3, as applicable.

Specific Disclosures with Respect to the Statements

Part 3, Question 7. The Debtors have used reasonable efforts to report all legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the Debtors were involved in any capacity within one year before the Petition Date.

Part 6, Question 11. Payments made on behalf of all Debtors appear in response to Question 11 for EBH Holding Company, Inc.

Part 12, Questions 22-24. The Debtors have made best efforts to respond with respect to environmental notices, however, the Debtors do not separately track such notices and therefore responsive notices, in particular those older than 2 years prior to the petition date may have been inadvertently omitted.

Part 13, Questions 28. For purposes of this response, the Debtors have included shareholders holding interests in excess of 5%.

Part 13, Questions 31. Certain of the Debtors may have been part of a tax consolidation group prior to acquisition by the Debtors.

Fill in this information to identify the case:Debtor name TRS Behavioral Care, Inc.

United States Bankruptcy Court for the: _____ District of _____

Case number (If known): 18-11229 (BLS)☐ 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*\$ 2,028,638.39**1b. Total personal property:**Copy line 91A from *Schedule A/B*\$ 3,957,260.14
+ undetermined amounts**1c. Total of all property:**Copy line 92 from *Schedule A/B*\$ 5,985,898.53
+ undetermined amounts**Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*\$ 182,191,287.00
+ undetermined amounts**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*\$ 0.00
+ undetermined amounts**3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*+ \$ 43,949,453.90
+ undetermined amounts**4. Total liabilities**

Lines 2 + 3a + 3b

\$ 226,140,740.90
+ undetermined amounts

Fill in this information to identify the case:Debtor name TRS Behavioral Care, Inc.

United States Bankruptcy Court for the: _____ District of _____

Case number (if known): 18-11229 (BLS)☐ Check if this is an amended filing

Official 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**

\$ 5,150.00

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. See Attached Rider _____ \$ 3,906.05

3.2. _____ \$ _____

4. Other cash equivalents (Identify all)4.1. None \$ 0.00

4.2. _____ \$ _____

5. Total of Part 1

\$ 9,056.05

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

Part 2: Deposits and prepayments**6. Does the debtor have any deposits or prepayments?**

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

Current value of debtor's interest**7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

7.1. See Attached Rider \$ 73,143.17

7.2. _____ \$ _____

Debtor TRS Behavioral Care, Inc.
NameCase number (if known) 18-11229 (BLS)**Part 5: Inventory, excluding agriculture assets**

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

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

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
20. Work in progress				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
21. Finished goods, including goods held for resale				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
22. Other inventory or supplies				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
23. Total of Part 5 Add lines 19 through 22. Copy the total to line 84.				\$ <u>0.00</u>

24. Is any of the property listed in Part 5 perishable?

- ☐ No
☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☐ No
☐ Yes. Book value _____ Valuation method _____ Current value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☐ No
☐ Yes

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

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

- ☒ No. Go to Part 7.
☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops—either planted or harvested			
_____	\$ _____	_____	\$ _____
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish			
_____	\$ _____	_____	\$ _____
30. Farm machinery and equipment (Other than titled motor vehicles)			
_____	\$ _____	_____	\$ _____
31. Farm and fishing supplies, chemicals, and feed			
_____	\$ _____	_____	\$ _____
32. Other farming and fishing-related property not already listed in Part 6			
_____	\$ _____	_____	\$ _____

Debtor TRS Behavioral Care, Inc.
NameCase number (if known) 18-11229 (BLS)**33. Total of Part 6.**

Add lines 28 through 32. Copy the total to line 85.

\$ 0.00**34. Is the debtor a member of an agricultural cooperative?**☐ No☐ Yes. Is any of the debtor's property stored at the cooperative?☐ No☐ Yes**35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**☐ No☐ Yes. Book value \$ _____ Valuation method _____ Current value \$ _____**36. Is a depreciation schedule available for any of the property listed in Part 6?**☐ No☐ Yes**37. Has any of the property listed in Part 6 been appraised by a professional within the last year?**☐ No☐ Yes**Part 7: Office furniture, fixtures, and equipment; and collectibles****38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**☐ No. Go to Part 8.☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture			
None	\$ _____	_____	\$ _____ 0.00
40. Office fixtures			
None	\$ _____	_____	\$ _____ 0.00
41. Office equipment, including all computer equipment and communication systems equipment and software			
See Attached Rider	\$ 186,306.73	_____	\$ 186,306.73
42. Collectibles <i>Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles</i>			
42.1 None	\$ _____	_____	\$ _____ 0.00
42.2 _____	\$ _____	_____	\$ _____
42.3 _____	\$ _____	_____	\$ _____

43. Total of Part 7.

Add lines 39 through 42. Copy the total to line 86.

\$ 186,306.73**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

Debtor TRS Behavioral Care, Inc.
Name

Case number (if known) 18-11229 (BLS)

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 Vehicles	\$ 6,159.76	Net Book Value	\$ 6,159.76
47.2	\$		\$
47.3	\$		\$
47.4	\$		\$
48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
48.1 None	\$		\$ 0.00
48.2	\$		\$
49. Aircraft and accessories			
49.1 None	\$		\$ 0.00
49.2	\$		\$
50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)			
None	\$		\$ 0.00
51. Total of Part 8. Add lines 47 through 50. Copy the total to line 87.			\$ 6,159.76

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

Debtor TRS Behavioral Care, Inc.
NameCase number (if known) 18-11229 (BLS)**Part 9: Real property****54. Does the debtor own or lease any real property?**

- ☐ No. Go to Part 10.
- ☒ Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1 Leasehold Improvements	Leasehold Improvements	\$ 2,028,638.39	Net book value	\$ 2,028,638.39
55.2		\$		\$
55.3		\$		\$
55.4		\$		\$
55.5		\$		\$
55.6		\$		\$

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.

\$ 2,028,638.39

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

Debtor TRS Behavioral Care, Inc.
NameCase number (if known) 18-11229 (BLS)

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☐ No
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☐ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☐ No
☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
☒ Yes. Fill in the information below.

Current value of
debtor's interest

71. Notes receivable

Description (include name of obligor)

Notes Receivable - Clear Lake Promissory Note	60,000.00	—	60,000.00	=	→	\$ 0.00
	Total face amount		doubtful or uncollectible amount			

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

See Attached Rider

Tax year	\$ 0.00
Tax year	\$ + undetermined amounts
Tax year	\$

73. Interests in insurance policies or annuities

See Attached Rider

\$ 0.00
+ undetermined amounts

74. Causes of action against third parties (whether or not a lawsuit has been filed)

None

\$ 0.00

Nature of claim

Amount requested

\$

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

None

\$ 0.00

Nature of claim

Amount requested

\$

76. Trusts, equitable or future interests in property

None

\$ 0.00

77. Other property of any kind not already listed Examples: Season tickets, country club membership

See Attached Rider

\$ 79,195.00
+ undetermined amounts
\$

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$ 79,195.00
+ undetermined amounts

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Debtor TRS Behavioral Care, Inc.
NameCase number (if known) 18-11229 (BLS)**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. <i>Copy line 5, Part 1.</i>	\$ <u>9,056.05</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$ <u>120,326.96</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$ <u>3,556,215.64</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	\$ <u>0.00</u> + undetermined amounts	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$ <u>0.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$ <u>0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$ <u>186,306.73</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$ <u>6,159.76</u>	
88. Real property. <i>Copy line 56, Part 9.</i> →		\$ <u>2,028,638.39</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$ <u>0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$ <u>79,195.00</u> + undetermined amounts	
91. Total. Add lines 80 through 90 for each column. 91a.	\$ <u>3,957,260.14</u> + undetermined amounts	+ 91b. \$ <u>2,028,638.39</u>
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.		\$ <u>5,985,898.53</u> + undetermined amounts

Debtor Name: TRS Behavioral Care, Inc.

Case Number: 18-11229 (BLS)

Assets - Real and Personal Property**Part 1, Question 3:** Checking, savings, money market, or financial brokerage accounts

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	Current value of debtor's interest
COMERICA INCORPORATED	ZBA Depository	7727	\$0.00
COMERICA INCORPORATED	Concentration	2891	\$626.00
COMERICA INCORPORATED	ZBA Disbursement	2933	\$0.00
COMERICA INCORPORATED	ZBA Depository	7644	\$0.00
WELLS FARGO & COMPANY	General Checking	1125	\$3,280.05
		TOTAL	\$3,906.05

Debtor Name: TRS Behavioral Care, Inc.

Case Number: 18-11229 (BLS)

Assets - Real and Personal Property**Part 2, Question 7:** Deposits, including security deposits and utility deposits

Description	Name of holder of deposit	Current value of debtor's interest
Security Deposit -Property	Jorge Alvarez- 819 W. Alabama	\$10,000.00
Security Deposit -Property	3815 Montrose Blvd. LLP	\$6,300.00
Damage Deposit	Vanguard	\$654.23
Security Deposit -Property	Rossini International	\$5,416.00
Security Deposit -Property	PBM Realty Ltd.	\$15,000.00
Security Deposit -Property	J & S Real Estate Investments	\$25,000.00
Security Deposit -Property	Richmond Eastside Holdings	\$7,149.94
Security Deposit -Property	Trestle Partners	\$2,124.25
Security Deposit -Property	RP Partners	\$1,498.75
	TOTAL	\$73,143.17

Debtor Name: TRS Behavioral Care, Inc.

Case Number: 18-11229 (BLS)

Assets - Real and Personal Property**Part 2, Question 8:** Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description	Name of holder of prepayment	Current value of debtor's interest
The Joint Commission	The Joint Commission	\$1,369.17
Renewal TRS FAC	Texas Dept of State Health Services	\$7,329.77
Quarterly Alarm	Tyco Integrated Security LLC	\$218.17
Lic Video Doctor	Doxy.Me LLC	\$1,950.97
Renewal Services	Terminix Processing Center	\$1,712.06
Quarterly Dues	Assoc. of Substance Abuse	\$516.13
Prepaid Rent	Ellag LLC	\$6,249.19
Prepaid Rent	Richmond Eastside Holdings LLC	\$2,094.65
Prepaid Rent	3815 Montrose Blvd LP	\$1,978.49
Prepaid Rent	J & S Real Estate Investment LP	\$18,595.16
Prepaid Rent	Richmond Eastside Holdings LLC	\$2,032.26
Prepaid Rent	3815 Montrose Blvd LP	\$2,054.03
Prepaid Rent	Trestle Partners LLC	\$648.62
Prepaid Rent	RP Partners	\$435.12
	TOTAL	\$47,183.79

Debtor Name: TRS Behavioral Care, Inc.

Case Number: 18-11229 (BLS)

Assets - Real and Personal Property

Part 4, Question 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	Valuation method used for current value	Current value of debtor's interest
Spirit Lodge, LLC	100	Net Book Value	Undetermined
San Cristobal Treatment Center, LLC	100	Net Book Value	Undetermined
		TOTAL	\$0.00 + undetermined amounts

Debtor Name: TRS Behavioral Care, Inc.

Case Number: 18-11229 (BLS)

Assets - Real and Personal Property**Part 7, Question 41:** Office equipment, including all computer equipment and communication systems equipment and software

General description	Basis	Depreciation	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
Computer Equipment	\$155,533.45	\$140,314.00	\$15,219.45	Net Book Value	\$15,219.45
Software	\$69,870.00	\$64,768.18	\$5,101.82	Net Book Value	\$5,101.82
Furniture/Equipment	\$440,963.24	\$351,497.93	\$89,465.31	Net Book Value	\$89,465.31
Capital Leases	\$218,119.40	\$141,599.25	\$76,520.15	Net Book Value	\$76,520.15
				TOTAL	\$186,306.73

Debtor Name: TRS Behavioral Care, Inc.

Case Number: 18-11229 (BLS)

Assets - Real and Personal Property**Part 11, Question 72:** Tax refunds and unused net operating losses (NOLs)

Description	Tax year	Current value of debtor's interest
New Mexico state NOL to offset income taxes in future years (estimated at \$145,826.62)	2014	Undetermined
New Mexico state NOL to offset income taxes in future years (estimated at \$73,654.37)	2015	Undetermined
New Mexico state NOL to offset income taxes in future years (estimated at \$96,811.00)	2017	Undetermined
	TOTAL	\$0.00 + undetermined amounts

Debtor Name: TRS Behavioral Care, Inc.

Case Number: 18-11229 (BLS)

Assets - Real and Personal Property**Part 11, Question 73:** Interests in insurance policies or annuities

Description	Policy type	Policy number	Current value of debtor's interest
Arch Insurance Group	CA Blanked Accident Policy	11SPR8169606	Undetermined
Philadelphia Indemnity Insurance Policy	General Liability Policy	PHPK1757926	Undetermined
Philadelphia Indemnity Insurance Policy	Automotive Policy	PHPK1757926	Undetermined
Philadelphia Indemnity Insurance Policy	Professional Liability Policy	PHPK1757926	Undetermined
Philadelphia Indemnity Insurance Policy	Umbrella Liability Policy	PHUB613051	Undetermined
Lexington Insurance Company	Property Policy	012116759	Undetermined
Hiscox Insurance Company	Terrorism and Sabotage Policy	UTS2534852.17	Undetermined
Berkshire Hathaway Homestate Ins Co	Workers Compensation Policy	EBWC807623	Undetermined
Berkshire Hathaway Homestate Ins Co	Workers Compensation Policy	EBWC807785	Undetermined
Colony Insurance Co	Excess Property Policy	XP264594	Undetermined
Capitol Specialty Insurance Corporation	Excess Liability \$10M xs \$5M Policy	HS20152220-03	Undetermined
Arch Insurance Group	Excess Liability \$5M xs \$5M Policy	UFE0059346-02	Undetermined
Underwriters at Lloyd's, London	Cyber Liability Policy	501633	Undetermined
National Union Fire Insurance Company of Pittsburgh, PA	Primary Directors & Officers Policy	04-989-56-14	Undetermined
Westchester Fire Insurance Company	Excess Directors & Officers Policy	G27552109 003	Undetermined
Argonaut Insurance Company	Excess Directors & Officers Policy	MLX 7601250-02	Undetermined
Endurance Risk Solutions Assurance Co.	Excess Directors & Officers Policy	DOX10008401601	Undetermined
National Union Fire Insurance Company of Pittsburgh, PA	Employment Practices Liability Policy	04-989-56-14	Undetermined
National Union Fire Insurance Company of Pittsburgh, PA	Fiduciary Liability Policy	04-989-56-14	Undetermined
National Union Fire Insurance Company of Pittsburgh, PA	Crime Coverage Policy	04-989-56-14	Undetermined
Federal Insurance Company	Employed Lawyers Professional Policy	8225-8418	Undetermined
Ohio Bureau of Workers Compensation	Workers Compensation Policy		Undetermined
Washington Dept of Labor & Industries	Workers Compensation Policy		Undetermined
		TOTAL	\$0.00 + undetermined amounts

Debtor Name: TRS Behavioral Care, Inc.

Case Number: 18-11229 (BLS)

Assets - Real and Personal Property**Part 11, Question 77:** Other property of any kind not already listed

Description	Current value of debtor's interest
Intercompany Receivable - The Ranch on the Piney River, Inc.	\$78,046.00
Intercompany Receivable - Southeast Behavioral Health Services, Inc.	\$1,149.00
UCC File Number 100008422956 Dated 3/25/2010	Undetermined
UCC File Number 110010322898 Dated 4/6/2011	Undetermined
TOTAL	\$79,195.00 + undetermined amounts

Fill in this information to identify the case:Debtor name TRS Behavioral Care, Inc.

United States Bankruptcy Court for the: _____ District of _____

Case number (if known): 18-11229 (BLS)☐ 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
CISCO SYSTEMS CAPITAL CRPDescribe debtor's property that is subject to a lien
As provided in UCC File Number 90028985293. See Schedule D disclosures.\$ Undetermined\$ UndeterminedCreditor's mailing address
1111 OLD EAGLE SCHOOL RD
WAYNE, PA 19087Describe the lien
As described in UCC File Number 90028985293. See Schedule D disclosures.

Creditor's email address, if known

Is the creditor an insider or related party?

- ☒ No
☐ Yes

Date debt was incurred 10/16/2009

Is anyone else liable on this claim?

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

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

- ☐ No
☒ Yes. Specify each creditor, including this creditor, and its relative priority.

See Schedule D disclosures.

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

2.2 Creditor's name
CITICAPITAL TECHNOLOGY FINANCE INCDescribe debtor's property that is subject to a lien
As provided in UCC File Number 30019694476. See Schedule D disclosures.\$ Undetermined\$ UndeterminedCreditor's mailing address
1255 WRIGHTS LN
WESTCHESTER, PA 19380Describe the lien
As described in UCC File Number 30019694476. See Schedule D disclosures.

Creditor's email address, if known

Is the creditor an insider or related party?

- ☒ No
☐ Yes

Date debt was incurred 03/06/2003

Is anyone else liable on this claim?

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

Last 4 digits of account number

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.

See Schedule D disclosures.

☐ Yes. The relative priority of creditors is specified on lines _____

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☒ Unliquidated
☒ Disputed

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

\$ 182,191,287.00
+ undetermined amounts

Debtor TRS Behavioral Care, Inc.
NameCase number (if known) 18-11229 (BLS)**Part 1: Additional Page**

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.

<p>2.3 Creditor's name CITICORP VENDOR FINANCE INC</p> <p>Creditor's mailing address PO BOX 728 PARK RIDGE, NJ 07656</p> <p>Creditor's email address, if known</p> <p>Date debt was incurred 03/07/2007 Last 4 digits of account number</p> <p>Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. See Schedule D disclosures. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines</p>	<p>Describe debtor's property that is subject to a lien As provided in UCC File Number 700077043. See Schedule D disclosures.</p> <p>Describe the lien As described in UCC File Number 700077043. See Schedule D disclosures.</p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p>As of the petition date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p>	<p><u>\$ Undetermined</u></p>	<p><u>\$ Undetermined</u></p>
<p>2.4 Creditor's name CORTLAND CAPITAL MARKET SERVICES LLC AS AGENT</p> <p>Creditor's mailing address 225 W. WASHINGTON ST. STE 2100 CHICAGO, IL 60606</p> <p>Creditor's email address, if known</p> <p>Date debt was incurred Undetermined Last 4 digits of account number</p> <p>Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. See Schedule D Disclosures. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines See Schedule D Disclosures.</p>	<p>Describe debtor's property that is subject to a lien See Schedule D Disclosures.</p> <p>Describe the lien Borrower - Second Lien Credit Agreement. See Schedule D Disclosures.</p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p>As of the petition date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p><u>\$47,512,247.00</u></p>	<p><u>\$ Undetermined</u></p>

Debtor TRS Behavioral Care, Inc.
NameCase number (if known) 18-11229 (BLS)**Part 1: Additional Page**
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.

2.5	Creditor's name CORTLAND CAPITAL MARKET SERVICES LLC AS AGENT Creditor's mailing address 225 W. WASHINGTON ST. STE 2100 CHICAGO, IL 60606 Creditor's email address, if known Date debt was incurred 06/06/2014 Last 4 digits of account number Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. See Schedule D disclosures. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines	Describe debtor's property that is subject to a lien As described in UCC File Number 1400180219. See Schedule D disclosures. Describe the lien All Assets and Proceeds. See Schedule disclosures. Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 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) As of the petition date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ <u>Undetermined</u>	\$ <u>Undetermined</u>
2.6	Creditor's name DELL FINANCIAL SERVICES, LP Creditor's mailing address 12234 N. IH-35, BLDG. B AUSTIN, TX 78753 Creditor's email address, if known Date debt was incurred 12/13/2007 Last 4 digits of account number Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. See Schedule D disclosures. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines	Describe debtor's property that is subject to a lien As provided in UCC File Number 70041999908. See Schedule D disclosures. Describe the lien Equipment Lease. See Schedule D disclosures Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 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) As of the petition date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ <u>Undetermined</u>	\$ <u>Undetermined</u>

Debtor TRS Behavioral Care, Inc.
NameCase number (if known) 18-11229 (BLS)**Part 1: Additional Page**

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.

2.7	Creditor's name DELL FINANCIAL SERVICES, LP Creditor's mailing address 12234 N. IH-35, BLDG. B AUSTIN, TX 78753 Creditor's email address, if known Date debt was incurred 08/31/2007 Last 4 digits of account number Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. See Schedule D disclosures. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines	Describe debtor's property that is subject to a lien As provided in UCC File Number 70029904061. See Schedule D disclosures. Describe the lien Equipment Lease. See Schedule D disclosures Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 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) As of the petition date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ <u>Undetermined</u>	\$ <u>Undetermined</u>
2.8	Creditor's name DELL FINANCIAL SERVICES, LP Creditor's mailing address 12234 N. IH-35, BLDG. B AUSTIN, TX 78753 Creditor's email address, if known Date debt was incurred 06/02/2005 Last 4 digits of account number Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. See Schedule D disclosures. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines	Describe debtor's property that is subject to a lien As provided in UCC File Number 50017250585. See Schedule D disclosures. Describe the lien Equipment Lien. See Schedule D disclosures. Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 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) As of the petition date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ <u>Undetermined</u>	\$ <u>Undetermined</u>

Debtor TRS Behavioral Care, Inc.
NameCase number (if known) 18-11229 (BLS)**Part 1: Additional Page**Column A
Amount of claim
Do not deduct the
value of collateralColumn 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.

2.9	Creditor's name DELL FINANCIAL SERVICES, LP Creditor's mailing address 12234 N. IH-35, BLDG. B AUSTIN, TX 78753 Creditor's email address, if known Date debt was incurred 02/16/2005 Last 4 digits of account number Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. See Schedule D disclosures. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines	Describe debtor's property that is subject to a lien As provided in UCC File Number 50005091898. See Schedule D disclosures. Describe the lien Equipment Lease. See Schedule D disclosures Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 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) As of the petition date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ <u>Undetermined</u>	\$ <u>Undetermined</u>
2.10	Creditor's name DELL FINANCIAL SERVICES, LP Creditor's mailing address 12234 N. IH-35, BLDG. B AUSTIN, TX 78753 Creditor's email address, if known Date debt was incurred 11/21/2005 Last 4 digits of account number Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. See Schedule D disclosures. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines	Describe debtor's property that is subject to a lien As provided in UCC File Number 50035913894. See Schedule D disclosures. Describe the lien Equipment Lien. See Schedule D disclosures. Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 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) As of the petition date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ <u>Undetermined</u>	\$ <u>Undetermined</u>

Debtor TRS Behavioral Care, Inc.
NameCase number (if known) 18-11229 (BLS)**Part 1: Additional Page**Column A
Amount of claim
Do not deduct the
value of collateralColumn 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.

2.11	Creditor's name DELL FINANCIAL SERVICES, LP Creditor's mailing address 12234 N. IH-35, BLDG. B HOUSTON, TX 78753 Creditor's email address, if known Date debt was incurred 09/11/2007 Last 4 digits of account number Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. See Schedule D disclosures. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines	Describe debtor's property that is subject to a lien As provided in UCC File Number 70031070018. See Schedule D disclosures. Describe the lien Equipment Lease. See Schedule D disclosures Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 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) As of the petition date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ <u>Undetermined</u>	\$ <u>Undetermined</u>
2.12	Creditor's name GENERAL ELECTRIC CAPITAL CORPORATION Creditor's mailing address PO BOX 35701 BILLINGS, MT 59107-5701 Creditor's email address, if known Date debt was incurred 03/16/2015 Last 4 digits of account number Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. See Schedule D disclosures. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines	Describe debtor's property that is subject to a lien As provided in UCC File Number 150007748466. See Schedule D disclosures. Describe the lien Equipment Lease. See Schedule D disclosures Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 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) As of the petition date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ <u>Undetermined</u>	\$ <u>Undetermined</u>

Debtor TRS Behavioral Care, Inc.
NameCase number (if known) 18-11229 (BLS)**Part 1: Additional Page**
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.

2.13 Creditor's name IRWIN COMMERCIAL FINANCE CORPORATION Creditor's mailing address 330 120TH AVENUE NE STE 110 BELLEVUE, WA 98005 Creditor's email address, if known Date debt was incurred 03/17/2008 Last 4 digits of account number Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. See Schedule D disclosures. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines	Describe debtor's property that is subject to a lien As provided in UCC File Number 80009262017. See Schedule D disclosures. Describe the lien Equipment Lien. See Schedule D disclosures. Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 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) As of the petition date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ <u>Undetermined</u>	\$ <u>Undetermined</u>
2.14 Creditor's name LEAF FUNDING, INC. Creditor's mailing address 1845 WALNUT ST STE 1000 PHILADELPHIA, PA 19103 Creditor's email address, if known Date debt was incurred 12/01/2008 Last 4 digits of account number Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. See Schedule D disclosures. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines	Describe debtor's property that is subject to a lien As provided in UCC File Number 40069671629. See Schedule D disclosures. Describe the lien As described in UCC File Number 40069671629. See Schedule D disclosures. Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 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) As of the petition date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ <u>Undetermined</u>	\$ <u>Undetermined</u>

Debtor TRS Behavioral Care, Inc.
NameCase number (if known) 18-11229 (BLS)**Part 1: Additional Page****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.

2.15	Creditor's name MARLIN LEASING CORP Creditor's mailing address 124 GAITHER DR STE 170 MOUNT LAUREL, NJ 08054 Creditor's email address, if known Date debt was incurred 01/07/2003 Last 4 digits of account number Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. See Schedule D disclosures. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines	Describe debtor's property that is subject to a lien As provided in UCC File Number 30013127623. See Schedule D disclosures. Describe the lien As described in UCC File Number 30013127623. See Schedule D disclosures. Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 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) As of the petition date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ <u>Undetermined</u>	\$ <u>Undetermined</u>
2.16	Creditor's name PROJECT BUILD BEHAVIORAL HEALTH, LLC, AS AGENT Creditor's mailing address 2 LANDMARK SQUARE, SUITE 207 STAMFORD, CT 06901 Creditor's email address, if known Date debt was incurred Undetermined Last 4 digits of account number Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. See Schedule D Disclosures. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines See Schedule D Disclosures.	Describe debtor's property that is subject to a lien See Schedule D Disclosures. Describe the lien Borrower - First Lien Credit Agreement. See Schedule D Disclosures. Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>134,679,040.00</u>	\$ <u>Undetermined</u>

Debtor TRS Behavioral Care, Inc.
NameCase number (if known) 18-11229 (BLS)**Part 1: Additional Page**Column A
Amount of claim
Do not deduct the
value of collateralColumn 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.

2.17	Creditor's name PROJECT BUILD BEHAVIORAL HEALTH, LLC, AS AGENT Creditor's mailing address 2 LANDMARK SQUARE, SUITE 207 STAMFORD, CT 06901 Creditor's email address, if known Date debt was incurred 05/14/2018 Last 4 digits of account number Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. See Schedule D disclosures. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines	Describe debtor's property that is subject to a lien As described in UCC File Number 18-00168639. See Schedule D disclosures. Describe the lien All Assets and Proceeds. See Schedule disclosures. Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 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) As of the petition date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ Undetermined	\$ Undetermined
2.18	Creditor's name TEXTRON FINANCIAL CORPORATION Creditor's mailing address 40 WESTMINSTER ROAD PROVIDENCE, RI 02903 Creditor's email address, if known Date debt was incurred 10/15/2008 Last 4 digits of account number Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. See Schedule D disclosures. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines	Describe debtor's property that is subject to a lien As provided in UCC File Number 80033732753. See Schedule D disclosures. Describe the lien Equipment Lien. See Schedule D disclosures. Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 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) As of the petition date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ Undetermined	\$ Undetermined

Debtor TRS Behavioral Care, Inc.
NameCase number (if known) 18-11229 (BLS)**Part 1: Additional Page**Column A
Amount of claim
Do not deduct the
value of collateralColumn 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.

2.19	Creditor's name TLC TONERLAND, L.P. Creditor's mailing address PO BOX 609 CEDAR RAPIDS, IA 52406 Creditor's email address, if known Date debt was incurred 07/22/2014 Last 4 digits of account number Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. See Schedule D disclosures. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines	Describe debtor's property that is subject to a lien As provided in UCC File Number 140023237901. See Schedule D disclosures. Describe the lien Equipment Lien. See Schedule D disclosures. Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 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) As of the petition date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ Undetermined	\$ Undetermined
2.20	Creditor's name WELLS FARGO FINANCIAL LEASING Creditor's mailing address 800 WALNUT ST DES MOINES, IA 50309 Creditor's email address, if known Date debt was incurred 11/30/2012 Last 4 digits of account number Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. See Schedule D disclosures. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines	Describe debtor's property that is subject to a lien As provided in UCC File Number 120037314253. See Schedule D disclosures. Describe the lien Equipment Lien. See Schedule D disclosures. Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 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) As of the petition date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ Undetermined	\$ Undetermined

Debtor TRS Behavioral Care, Inc.
NameCase number (if known) 18-11229 (BLS)**Part 1: Additional Page**Column A
Amount of claim
Do not deduct the
value of collateralColumn 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.

2.21	Creditor's name WELLS FARGO FINANCIAL LEASING Creditor's mailing address 800 WALNUT ST DES MOINES, IA 50309 Creditor's email address, if known Date debt was incurred 05/02/2013 Last 4 digits of account number Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. See Schedule D disclosures. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines	Describe debtor's property that is subject to a lien As provided in UCC File Number 130013952438. See Schedule D disclosures. Describe the lien Equipment Lien. See Schedule D disclosures. Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 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) As of the petition date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ Undetermined	\$ Undetermined
2.22	Creditor's name WELLS FARGO FINANCIAL LEASING Creditor's mailing address 800 WALNUT ST DES MOINES, IA 50309 Creditor's email address, if known Date debt was incurred 08/07/2013 Last 4 digits of account number Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. See Schedule D disclosures. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines	Describe debtor's property that is subject to a lien As provided in UCC File Number 130025188280. See Schedule D disclosures. Describe the lien Equipment Lien. See Schedule D disclosures. Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 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) As of the petition date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ Undetermined	\$ Undetermined

Debtor TRS Behavioral Care, Inc.
NameCase number (if known) 18-11229 (BLS)**Part 1: Additional Page**
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.

2.23 Creditor's name WELLS FARGO FINANCIAL LEASING Creditor's mailing address 800 WALNUT ST DES MOINES, IA 50309 Creditor's email address, if known Date debt was incurred 03/02/2011 Last 4 digits of account number Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. See Schedule D disclosures. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines	Describe debtor's property that is subject to a lien As provided in UCC File Number 110006325957. See Schedule D disclosures. Describe the lien As described in UCC File Number 110006325957. See Schedule D disclosures. Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 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) As of the petition date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ <u>Undetermined</u>	\$ <u>Undetermined</u>
2.24 Creditor's name WELLS FARGO FINANCIAL LEASING Creditor's mailing address 800 WALNUT ST DES MOINES, IA 50309 Creditor's email address, if known Date debt was incurred 01/15/2014 Last 4 digits of account number Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. See Schedule D disclosures. <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines	Describe debtor's property that is subject to a lien As provided in UCC File Number 140001417280. See Schedule D disclosures. Describe the lien Equipment Lien. See Schedule D disclosures. Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 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) As of the petition date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ <u>Undetermined</u>	\$ <u>Undetermined</u>

Debtor TRS Behavioral Care, Inc.
NameCase number (if known) 18-11229 (BLS)**Part 1:****Additional Page**

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.

<p>2.25 Creditor's name ZENO IMAGING</p> <p>Creditor's mailing address 10201 CENTURION PWKY NORTH STE 100 JACKSONVILLE, FL 32256</p> <p>Creditor's email address, if known</p> <p>Date debt was incurred 04/07/2008 Last 4 digits of account number</p> <p>Do multiple creditors have an interest in the same property?</p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes. Have you already specified the relative priority?</p> <p><input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. See Schedule D disclosures.</p> <p><input type="checkbox"/> Yes. The relative priority of creditors is specified on lines</p>	<p>Describe debtor's property that is subject to a lien As provided in UCC File Number 80011804507. See Schedule D disclosures.</p> <p>Describe the lien Equipment Lien. See Schedule D disclosures.</p> <p>Is the creditor an insider or related party?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p>As of the petition date, the claim is: Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p>	<p>\$ <u>Undetermined</u></p>	<p>\$ <u>Undetermined</u></p>
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Debtor TRS Behavioral Care, Inc.
NameCase number (if known) 18-11229 (BLS)**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no other need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1
did you enter the
related creditor?Last 4 digits of
account number
for this entity

Fill in this information to identify the case:Debtor TRS Behavioral Care, Inc.

United States Bankruptcy Court for the: _____ District of _____

Case number 18-11229 (BLS)
(If known)☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

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

Part 1: List All Creditors with PRIORITY Unsecured Claims

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

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

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1 Priority creditor's name and mailing address ANN HARRIS BENNETT, TAX ASSESSOR-COLLECTOR PO BOX 4622 HOUSTON, TX 77210-4622	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ Undetermined	\$ Undetermined
Date or dates debt was incurred Undetermined	Basis for the claim: Contingent Tax Liability		
Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8 _____)			

2.2 Priority creditor's name and mailing address ANN HARRIS BENNETT PO BOX 4089 HOUSTON, TX 77210-4089	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ Undetermined	\$ Undetermined
Date or dates debt was incurred Undetermined	Basis for the claim: Contingent Tax Liability		
Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8 _____)			

2.3 Priority creditor's name and mailing address CITY OF EULESS ENVIRONMENTAL HEALTH DEPT 201 N. ECTOR DRIVE EULESS, TX 76039	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ Undetermined	\$ Undetermined
Date or dates debt was incurred Undetermined	Basis for the claim: Contingent Tax Liability		
Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8 _____)			

Debtor TRS Behavioral Care, Inc.
NameCase number (if known) 18-11229 (BLS)**Part 1. Additional Page**

Copy this page only 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****2.4** Priority creditor's name and mailing address\$ Undetermined\$ UndeterminedHAYS COUNTY TAX OFFICE
LUANNE CARAWAY TAX
ASSESSOR/COLLECTOR
712 S STAGECOACH TRAIL #1120
SAN MARCOS, TX 78666-5620As of the petition filing date, the claim is:
Check all that apply.

- ☒ Contingent
☒ Unliquidated
☐ Disputed

Date or dates debt was incurred
UndeterminedBasis for the claim:
Contingent Tax Liability

Last 4 digits of account number

Is the claim subject to offset?

Specify code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (8)

- ☒ No
☐ Yes

2.5 Priority creditor's name and mailing address\$ Undetermined\$ UndeterminedHOUSTON DEPT OF HEALTH AND HUMAN
SERVICES
BUREAU OF CONSUMER HEALTH SVCS.
PO BOX 300008
HOUSTON, TX 77230-0008As of the petition filing date, the claim is:
Check all that apply.

- ☒ Contingent
☒ Unliquidated
☐ Disputed

Date or dates debt was incurred
UndeterminedBasis for the claim:
Contingent Tax Liability

Last 4 digits of account number

Is the claim subject to offset?

Specify code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (8)

- ☒ No
☐ Yes

2.6 Priority creditor's name and mailing address\$ Undetermined\$ UndeterminedNEW MEXICO GAS COMPANY INC
PO BOX 27885
ALBUQUERQUE, NM 87125-7885As of the petition filing date, the claim is:
Check all that apply.

- ☒ Contingent
☒ Unliquidated
☐ Disputed

Date or dates debt was incurred
UndeterminedBasis for the claim:
Contingent Tax Liability

Last 4 digits of account number

Is the claim subject to offset?

Specify code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (8)

- ☒ No
☐ Yes

2.7 Priority creditor's name and mailing address\$ Undetermined\$ UndeterminedOFFICE OF THE NEW MEXICO SECRETARY OF
STATE CORPORATIONS BUREAU
325 DON GASPAR
SUITE 300
SANTA FE, NM 87501As of the petition filing date, the claim is:
Check all that apply.

- ☒ Contingent
☒ Unliquidated
☐ Disputed

Date or dates debt was incurred
UndeterminedBasis for the claim:
Contingent Tax Liability

Last 4 digits of account number

Is the claim subject to offset?

Specify code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (8)

- ☒ No
☐ Yes

Debtor TRS Behavioral Care, Inc.
NameCase number (if known) 18-11229 (BLS)**Part 1. Additional Page**

Copy this page only 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**2.8 **Priority creditor's name and mailing address** \$ Undetermined \$ UndeterminedOFFICE OF THE SECRETARY OF STATE - TEXAS
CORPORATION SECTION
P.O. BOX 13697
AUSTIN, TX 78711-3697**As of the petition filing date, the claim is:**
Check all that apply.

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

Date or dates debt was incurred
Undetermined**Basis for the claim:**
Contingent Tax Liability**Last 4 digits of account number****Is the claim subject to offset?**

- ☒
- No
-
- ☐
- Yes

Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)2.9 **Priority creditor's name and mailing address** \$ Undetermined \$ UndeterminedRON WRIGHT, TAX ASSESSOR-COLLECTOR
PO BOX 961018
FORT WORTH, TX 76161-0018**As of the petition filing date, the claim is:**
Check all that apply.

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

Date or dates debt was incurred
Undetermined**Basis for the claim:**
Contingent Tax Liability**Last 4 digits of account number****Is the claim subject to offset?**

- ☒
- No
-
- ☐
- Yes

Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)2.10 **Priority creditor's name and mailing address** \$ Undetermined \$ UndeterminedSTAN HEMPHILL
BURNET CENTRAL APPRAISAL DIST
P O BOX 908
BURNET, TX 78611**As of the petition filing date, the claim is:**
Check all that apply.

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

Date or dates debt was incurred
Undetermined**Basis for the claim:**
Contingent Tax Liability**Last 4 digits of account number****Is the claim subject to offset?**

- ☒
- No
-
- ☐
- Yes

Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)2.11 **Priority creditor's name and mailing address** \$ Undetermined \$ UndeterminedTAOS COUNTY TREASURER
P.O. BOX 561534
DENVER, CO 80256-1534**As of the petition filing date, the claim is:**
Check all that apply.

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

Date or dates debt was incurred
Undetermined**Basis for the claim:**
Contingent Tax Liability**Last 4 digits of account number****Is the claim subject to offset?**

- ☒
- No
-
- ☐
- Yes

Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

Debtor TRS Behavioral Care, Inc.
NameCase number (if known) 18-11229 (BLS)**Part 1. Additional Page**

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Total claim**Priority amount****2.12 Priority creditor's name and mailing address**\$ Undetermined\$ UndeterminedTEXAS CERTIFICATION BOARD
OF ADDICTION PROFESSIONALS
401 RANCH ROAD 620 SOUTH, STE. 310
AUSTIN, TX 78734As of the petition filing date, the claim is:
Check all that apply.

- ☒ Contingent
☒ Unliquidated
☐ Disputed

Date or dates debt was incurred
UndeterminedBasis for the claim:
Contingent Tax Liability

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (8)**2.13 Priority creditor's name and mailing address**\$ Undetermined\$ UndeterminedTEXAS COMMISSION ON ENVIRONMENTAL
PO BOX 13089
AUSTIN, TX 78711-3089As of the petition filing date, the claim is:
Check all that apply.

- ☒ Contingent
☒ Unliquidated
☐ Disputed

Date or dates debt was incurred
UndeterminedBasis for the claim:
Contingent Tax Liability

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (8)**2.14 Priority creditor's name and mailing address**\$ Undetermined\$ UndeterminedTEXAS COMPTROLLER OF PUBLIC ACCOUNTS
LYNDON B. JOHNSON STATE OFFICE BUILDING
111 EAST 17TH STREET
AUSTIN, TX 78774As of the petition filing date, the claim is:
Check all that apply.

- ☒ Contingent
☒ Unliquidated
☐ Disputed

Date or dates debt was incurred
UndeterminedBasis for the claim:
Contingent Tax Liability

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (8)**2.15 Priority creditor's name and mailing address**\$ Undetermined\$ UndeterminedTEXAS COMPTROLLER OF PUBLIC ACCOUNTS
P.O. BOX 13528
CAPITOL STATION
AUSTIN, TX 78711-3528As of the petition filing date, the claim is:
Check all that apply.

- ☒ Contingent
☒ Unliquidated
☐ Disputed

Date or dates debt was incurred
UndeterminedBasis for the claim:
Contingent Tax Liability

Last 4 digits of account number

Is the claim subject to offset?

- ☒ No
☐ Yes

Specify code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (8)

Debtor TRS Behavioral Care, Inc.
NameCase number (if known) 18-11229 (BLS)**Part 1. Additional Page**

Copy this page only 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****2.16 Priority creditor's name and mailing address**\$ Undetermined\$ UndeterminedTEXAS DEPT OF LICENSING & REGULATION
PO BOX 12157
AUSTIN, TX 78711**As of the petition filing date, the claim is:**
Check all that apply.

- ☒ Contingent
☒ Unliquidated
☐ Disputed

Date or dates debt was incurred
Undetermined**Basis for the claim:**
Contingent Tax Liability**Last 4 digits of account number****Is the claim subject to offset?**

- ☒ No
☐ Yes

Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)**2.17 Priority creditor's name and mailing address**\$ Undetermined\$ UndeterminedTEXAS DEPT OF STATE HEALTH SERVICES
PO BOX 149347
AUSTIN, TX 78714-9347**As of the petition filing date, the claim is:**
Check all that apply.

- ☒ Contingent
☒ Unliquidated
☐ Disputed

Date or dates debt was incurred
Undetermined**Basis for the claim:**
Contingent Tax Liability**Last 4 digits of account number****Is the claim subject to offset?**

- ☒ No
☐ Yes

Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)**2.18 Priority creditor's name and mailing address**\$ Undetermined\$ UndeterminedTX STATE BOARD OF SOCIAL WORKER
EXAMINERS
PO BOX 12197
CAPITOL STATION
AUSTIN, TX 78711-2197**As of the petition filing date, the claim is:**
Check all that apply.

- ☒ Contingent
☒ Unliquidated
☐ Disputed

Date or dates debt was incurred
Undetermined**Basis for the claim:**
Contingent Tax Liability**Last 4 digits of account number****Is the claim subject to offset?**

- ☒ No
☐ Yes

Specify code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

Debtor TRS Behavioral Care, Inc.
Name

Case number (if known) 18-11229 (BLS)

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address ACCESS CONTROLS OF AUSTIN 4332 CYPRESS CANYON TRAIL SPICEWOOD, TX 78669 Date or dates debt was incurred <u>Undetermined</u> Last 4 digits of account number <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 type="checkbox"/> Disputed Basis for the claim: <u>Vendor Payable</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>2,260.15</u>
3.2	Nonpriority creditor's name and mailing address ADMIRAL LINEN/ALSCO INC 2030 KIPLING ST HOUSTON, TX 77098 Date or dates debt was incurred <u>Undetermined</u> Last 4 digits of account number <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 type="checkbox"/> Disputed Basis for the claim: <u>Vendor Payable</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>3,846.48</u>
3.3	Nonpriority creditor's name and mailing address ALAMO CITY TREATMENT SVCS 12042 BLANCO RD #101 SAN ANTONIO, TX 78216 Date or dates debt was incurred <u>Undetermined</u> Last 4 digits of account number <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 type="checkbox"/> Disputed Basis for the claim: <u>Vendor Payable</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>28,620.08</u>
3.4	Nonpriority creditor's name and mailing address ALCOHOL & OTHER DRUGS RESOURCE TAMMY SAMOUR DBA AOD SERVICES 1120 NASA PARKWAY #300-B HOUSTON, TX 77058 Date or dates debt was incurred <u>Undetermined</u> Last 4 digits of account number <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 type="checkbox"/> Disputed Basis for the claim: <u>Vendor Payable</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>4,431.41</u>
3.5	Nonpriority creditor's name and mailing address ALL SEASONS LANDSCAPING PO BOX 93186 AUSTIN, TX 78709 Date or dates debt was incurred <u>Undetermined</u> Last 4 digits of account number <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 type="checkbox"/> Disputed Basis for the claim: <u>Vendor Payable</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>3,264.37</u>
3.6	Nonpriority creditor's name and mailing address ALLIED SUBSTANCE ABUSE ASSOC LLC 5452 TX-105 SUITE 201 CONROE, TX 77304 Date or dates debt was incurred <u>Undetermined</u> Last 4 digits of account number <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 type="checkbox"/> Disputed Basis for the claim: <u>Vendor Payable</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes \$ <u>24,724.54</u>

Debtor TRS Behavioral Care, Inc.
NameCase number (if known) 18-11229 (BLS)**Part 2: Additional Page**

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Amount of claim

3.7	Nonpriority creditor's name and mailing address	\$47,871.25
	ALPHEUS DATA SERVICES LLC PO BOX 301630 DALLAS, TX 75303-1630 Date or dates debt was incurred Undetermined Last 4 digits of account number	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 Basis for the claim: Vendor Payable Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
3.8	Nonpriority creditor's name and mailing address	\$800.00
	AMERICAN AIRLINES DFW REC COMMITTEE DFW RECREATION COMMITTEE 6412 NORTH PARK DRIVE FORT WORTH, TX 76148 Date or dates debt was incurred Undetermined Last 4 digits of account number	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 Basis for the claim: Vendor Payable Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
3.9	Nonpriority creditor's name and mailing address	\$34,254.05
	ANGELICA TEXTILE SVCS PO BOX 532268 ATLANTA, GA 30353-2268 Date or dates debt was incurred Undetermined Last 4 digits of account number	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 Basis for the claim: Vendor Payable Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
3.10	Nonpriority creditor's name and mailing address	\$244,210.83
	ANN HARRIS BENNETT, TAX ASSESSOR-COLLECTOR PO BOX 4622 HOUSTON, TX 77210-4622 Date or dates debt was incurred Undetermined Last 4 digits of account number	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 Basis for the claim: Vendor Payable Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
3.11	Nonpriority creditor's name and mailing address	\$16,960.24
	APPIA COMMUNICATIONS INC 1030 HASTINGS ST #100 TRAVERSE CITY, MI 49686-3470 Date or dates debt was incurred Undetermined Last 4 digits of account number	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 Basis for the claim: Vendor Payable Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes

Debtor TRS Behavioral Care, Inc.
NameCase number (if known) 18-11229 (BLS)**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**

3.12	Nonpriority creditor's name and mailing address	\$1,368.00
	<p>ASCEND NATIONAL HEALTHCARE STAFFING 5380 W 34TH #288 HOUSTON, TX 77092</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.13	Nonpriority creditor's name and mailing address	\$11,313,146.48
	<p>ASSURANCE TOXICOLOGY SERVICES, LLC 933 N NAKOMA SUITE 120 SAN ANTONIO, TX 78216</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Intercompany Payable - Assurance Toxicology Services, LLC</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>
3.14	Nonpriority creditor's name and mailing address	\$236.44
	<p>AT&T PO BOX 105414 ATLANTA, GA 30348</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.15	Nonpriority creditor's name and mailing address	\$296.08
	<p>ATKINS EXPRESS PHARMACY 2607 US HWY 281 N MARBLE FALLS, TX 78654</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.16	Nonpriority creditor's name and mailing address	\$1,538.51
	<p>ATMOS ENERGY PO BOX 790311 ST LOUIS, MO 63179-0311</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor TRS Behavioral Care, Inc.
NameCase number (if known) 18-11229 (BLS)**Part 2: Additional Page**

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Amount of claim

3.17	Nonpriority creditor's name and mailing address	\$430.94
	<p>AZURE POOLS 1600 ALPINE TRAIL SAN MARCOS, TX 78666</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.18	Nonpriority creditor's name and mailing address	\$ Undetermined
	<p>BAZAN, JESSICA 7201 HART LN #1056 AUSTIN, TX 78731</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Workers' Compensation</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.19	Nonpriority creditor's name and mailing address	\$5,444.18
	<p>BEN E KEITH CO PO BOX 1570 FORT WORTH, TX 76101</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.20	Nonpriority creditor's name and mailing address	\$225.00
	<p>BLUE BASIN INC / BHC TRAINING BHC TRAINING PO BOX 28264 AUSTIN, TX 78755</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.21	Nonpriority creditor's name and mailing address	\$404.35
	<p>BROTHERS PRODUCE INC PO BOX 1207 FRIENDSWOOD, TX 77549-1207</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor TRS Behavioral Care, Inc.
NameCase number (if known) 18-11229 (BLS)**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**

3.22	Nonpriority creditor's name and mailing address	\$3,216.33
	<p>BRUCE KEENE / HILL CNTRY WEB DBA HILL COUNTRY WEB 21209 HWY 71 WEST #1 SPICEWOOD, TX 78669</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.23	Nonpriority creditor's name and mailing address	\$ Undetermined
	<p>BUZEK, REBECCA 5320 BEVERLY HILL ST APT 38A HOUSTON, TX 77056</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Potential Legal Claim</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.24	Nonpriority creditor's name and mailing address	\$239.41
	<p>C2R GLOBAL MANUFACTURING INC 701 BLACKHAWK DR UNIT A BURLINGTON, WI 53105</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.25	Nonpriority creditor's name and mailing address	\$2,000.00
	<p>CAIN, CLAIRE PO BOX 342183 AUSTIN, TX 78734</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Subcontractor Liability</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.26	Nonpriority creditor's name and mailing address	\$810.00
	<p>CANNON, CHAD 2801 S LAKELINE BLVD #2304 CEDAR PARK, TX 78613</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Subcontractor Liability</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor TRS Behavioral Care, Inc.
NameCase number (if known) 18-11229 (BLS)**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**

3.27	Nonpriority creditor's name and mailing address	\$11.21
	<p>CARDINAL HEALTH C/O BANK OF AMERICA LOCKBOX 5279 COLLECTIONS CENTER DR CHICAGO, IL 60693</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.28	Nonpriority creditor's name and mailing address	\$3,439.16
	<p>CARDINAL HEALTH MEDICAL PRODUCTS & SVCS PO BOX 730112 DALLAS, TX 75373-0112</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.29	Nonpriority creditor's name and mailing address	\$481.72
	<p>CARRIER CORPORATION PO BOX 93844 CHICAGO, IL 60673-3844</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.30	Nonpriority creditor's name and mailing address	\$1,661.39
	<p>CAWOODS PRODUCE INC 2311 W RUNDBERG LN #120 AUSTIN, TX 78758</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.31	Nonpriority creditor's name and mailing address	\$374.60
	<p>CENTERPOINT ENERGY PO BOX 4981 HOUSTON, TX 77210-4981</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>

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Amount of claim

3.32	Nonpriority creditor's name and mailing address	\$2,453.84
	<p>CENTEX HOME CHECK LLC CTHC SEPTIC & EXCAVATION LLC PO BOX 3123 WIMBERLEY, TX 78676</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.33	Nonpriority creditor's name and mailing address	\$2,670.23
	<p>CITY OF EULESS PO BOX 1545 EULESS, TX 76039-1545</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.34	Nonpriority creditor's name and mailing address	\$889.95
	<p>CITY OF HOUSTON WATER DEPT PO BOX 1560 HOUSTON, TX 77251</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.35	Nonpriority creditor's name and mailing address	\$150.00
	<p>CLIA LABORATORY PROGRAM P O BOX 530882 ATLANTA, GA 30353-0882</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.36	Nonpriority creditor's name and mailing address	\$3,570.00
	<p>CLIENT 2018-648052 ADDRESS ON FILE</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Refund</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>

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If no additional NONPRIORITY creditors exist, do not fill out or submit this page.**Amount of claim**

3.37	Nonpriority creditor's name and mailing address	\$881.60
	<p>CLIENT 2018-648083 ADDRESS ON FILE</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Refund</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
3.38	Nonpriority creditor's name and mailing address	\$246.50
	<p>CLIENT 2018-648195 ADDRESS ON FILE</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Refund</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
3.39	Nonpriority creditor's name and mailing address	\$1,428.00
	<p>CLIENT 2018-648202 ADDRESS ON FILE</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Refund</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
3.40	Nonpriority creditor's name and mailing address	\$1,083.71
	<p>CLIENT 2018-648238 ADDRESS ON FILE</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Refund</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
3.41	Nonpriority creditor's name and mailing address	\$918.00
	<p>CLIENT 2018-648264 ADDRESS ON FILE</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Refund</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	

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Amount of claim

3.42	Nonpriority creditor's name and mailing address	\$10,295.69
	<p>CLIENT 2018-648293 ADDRESS ON FILE</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Refund</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
3.43	Nonpriority creditor's name and mailing address	\$316.60
	<p>CLIENT 2018-648296 ADDRESS ON FILE</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Refund</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
3.44	Nonpriority creditor's name and mailing address	\$1,900.00
	<p>CLIENT 2018-648313 ADDRESS ON FILE</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Refund</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
3.45	Nonpriority creditor's name and mailing address	\$536.00
	<p>CLIENT 2018-648321 ADDRESS ON FILE</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Refund</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
3.46	Nonpriority creditor's name and mailing address	\$1,667.38
	<p>CLIENT 2018-648335 ADDRESS ON FILE</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Refund</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	

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3.47	Nonpriority creditor's name and mailing address	\$468.00
	<p>CLIENT 2018-648341 ADDRESS ON FILE</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Refund</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
3.48	Nonpriority creditor's name and mailing address	\$235.72
	<p>CLIENT 2018-648381 ADDRESS ON FILE</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Refund</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
3.49	Nonpriority creditor's name and mailing address	\$1,352.56
	<p>CLIENT 2018-648416 ADDRESS ON FILE</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Refund</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
3.50	Nonpriority creditor's name and mailing address	\$795.00
	<p>CLIENT 2018-648437 ADDRESS ON FILE</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Refund</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
3.51	Nonpriority creditor's name and mailing address	\$1,126.90
	<p>CLIENT 2018-648484 ADDRESS ON FILE</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Refund</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	

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3.52	Nonpriority creditor's name and mailing address	<u>\$97.80</u>
	<p>CLIENT 2018-648568 ADDRESS ON FILE</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Refund</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
3.53	Nonpriority creditor's name and mailing address	<u>\$3,311.44</u>
	<p>CLIENT 2018-648577 ADDRESS ON FILE</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Refund</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
3.54	Nonpriority creditor's name and mailing address	<u>\$30,000.00</u>
	<p>CLIENT 2018-648633 ADDRESS ON FILE</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Refund</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
3.55	Nonpriority creditor's name and mailing address	<u>\$10,556.58</u>
	<p>CLIENT 2018-648809 ADDRESS ON FILE</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Refund</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
3.56	Nonpriority creditor's name and mailing address	<u>\$2,327.72</u>
	<p>CLIENT 2018-648817 ADDRESS ON FILE</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Refund</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	

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Amount of claim

3.57	Nonpriority creditor's name and mailing address CLIENT 2018-651707 ADDRESS ON FILE Date or dates debt was incurred Undetermined Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Potential Legal Claim Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Undetermined
3.58	Nonpriority creditor's name and mailing address CLIENT 2018-651749 ADDRESS ON FILE Date or dates debt was incurred Undetermined Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Potential Legal Claim Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Undetermined
3.59	Nonpriority creditor's name and mailing address CLIENT 2018-652165 ADDRESS ON FILE Date or dates debt was incurred Undetermined Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Contingent Liability Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ Undetermined
3.60	Nonpriority creditor's name and mailing address CLIENT 2018-652166 ADDRESS ON FILE Date or dates debt was incurred Undetermined Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Contingent Liability Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ Undetermined
3.61	Nonpriority creditor's name and mailing address CLIENT 2018-652167 ADDRESS ON FILE Date or dates debt was incurred Undetermined Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Contingent Liability Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$ Undetermined

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Amount of claim

3.62	Nonpriority creditor's name and mailing address	\$ Undetermined
	<p>CLIENT 2018-652168 ADDRESS ON FILE</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Contingent Liability</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
3.63	Nonpriority creditor's name and mailing address	\$ Undetermined
	<p>CLIENT 2018-652169 ADDRESS ON FILE</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Contingent Liability</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
3.64	Nonpriority creditor's name and mailing address	\$ Undetermined
	<p>CLIENT 2018-652170 ADDRESS ON FILE</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Contingent Liability</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
3.65	Nonpriority creditor's name and mailing address	\$ Undetermined
	<p>CLIENT 2018-652171 ADDRESS ON FILE</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Contingent Liability</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
3.66	Nonpriority creditor's name and mailing address	\$ Undetermined
	<p>CLIENT 2018-652172 ADDRESS ON FILE</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Contingent Liability</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	

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Amount of claim

3.67	Nonpriority creditor's name and mailing address	\$ Undetermined
	<p>CLIENT 2018-652173 ADDRESS ON FILE</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Contingent Liability</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
3.68	Nonpriority creditor's name and mailing address	\$ Undetermined
	<p>CLIENT 2018-652174 ADDRESS ON FILE</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Contingent Liability</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
3.69	Nonpriority creditor's name and mailing address	\$ Undetermined
	<p>CLIENT 2018-652175 ADDRESS ON FILE</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Contingent Liability</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
3.70	Nonpriority creditor's name and mailing address	\$ Undetermined
	<p>CLIENT 2018-652176 ADDRESS ON FILE</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Contingent Liability</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
3.71	Nonpriority creditor's name and mailing address	\$ Undetermined
	<p>CLIENT 2018-652177 ADDRESS ON FILE</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Contingent Liability</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	

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Amount of claim

3.72	Nonpriority creditor's name and mailing address	\$ Undetermined
	<p>CLIENT 2018-652178 ADDRESS ON FILE</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Contingent Liability</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
3.73	Nonpriority creditor's name and mailing address	\$ Undetermined
	<p>CLIENT 2018-652179 ADDRESS ON FILE</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Contingent Liability</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
3.74	Nonpriority creditor's name and mailing address	\$ Undetermined
	<p>CLIENT 2018-652180 ADDRESS ON FILE</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Contingent Liability</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
3.75	Nonpriority creditor's name and mailing address	\$ Undetermined
	<p>CLIENT 2018-652181 ADDRESS ON FILE</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Contingent Liability</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
3.76	Nonpriority creditor's name and mailing address	\$ Undetermined
	<p>CLIENT 2018-652182 ADDRESS ON FILE</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Contingent Liability</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	

Debtor TRS Behavioral Care, Inc.
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Amount of claim

3.77	Nonpriority creditor's name and mailing address	\$ Undetermined
	<p>CLIENT 2018-652183 ADDRESS ON FILE</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Contingent Liability</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
3.78	Nonpriority creditor's name and mailing address	\$ Undetermined
	<p>CLIENT 2018-652184 ADDRESS ON FILE</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Contingent Liability</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
3.79	Nonpriority creditor's name and mailing address	\$ Undetermined
	<p>CLIENT 2018-652762 ADDRESS ON FILE</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Contingent Liability</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
3.80	Nonpriority creditor's name and mailing address	\$ Undetermined
	<p>CLIENT 2018-652765 ADDRESS ON FILE</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Contingent Liability</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
3.81	Nonpriority creditor's name and mailing address	\$ Undetermined
	<p>CLIENT 2018-652767 ADDRESS ON FILE</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Contingent Liability</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	

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Amount of claim

3.82	Nonpriority creditor's name and mailing address	\$ Undetermined
	<p>CLIENT 2018-652771 ADDRESS ON FILE</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Contingent Liability</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
3.83	Nonpriority creditor's name and mailing address	\$ Undetermined
	<p>CLIENT 2018-652978 ADDRESS ON FILE</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Contingent Liability</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
3.84	Nonpriority creditor's name and mailing address	\$ Undetermined
	<p>CLIENT 2018-652979 ADDRESS ON FILE</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Contingent Liability</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
3.85	Nonpriority creditor's name and mailing address	\$ Undetermined
	<p>CLIENT 2018-652980 ADDRESS ON FILE</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Contingent Liability</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
3.86	Nonpriority creditor's name and mailing address	\$ Undetermined
	<p>CLIENT 2018-652981 ADDRESS ON FILE</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Contingent Liability</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	

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Amount of claim

3.87	Nonpriority creditor's name and mailing address	\$ Undetermined
	<p>CLIENT 2018-652982 ADDRESS ON FILE</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Contingent Liability</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
3.88	Nonpriority creditor's name and mailing address	\$ Undetermined
	<p>CLIENT 2018-652983 ADDRESS ON FILE</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Contingent Liability</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
3.89	Nonpriority creditor's name and mailing address	\$ Undetermined
	<p>CLIENT 2018-652984 ADDRESS ON FILE</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Contingent Liability</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
3.90	Nonpriority creditor's name and mailing address	\$ Undetermined
	<p>CLIENT 2018-652985 ADDRESS ON FILE</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Contingent Liability</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
3.91	Nonpriority creditor's name and mailing address	\$ Undetermined
	<p>CLIENT 2018-652986 ADDRESS ON FILE</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Contingent Liability</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	

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3.92	Nonpriority creditor's name and mailing address	\$1,746.37
	COINMACH CORP - CSC CSC SERVICE WORKS PO BOX 27288 NEW YORK, NY 10087 Date or dates debt was incurred Undetermined Last 4 digits of account number	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 Basis for the claim: Vendor Payable Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
3.93	Nonpriority creditor's name and mailing address	\$ Undetermined
	COMANCHE, DENISE 105 QUAIL BRIAR LN ARLINGTON, TX 76002 Date or dates debt was incurred Undetermined Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Workers' Compensation Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
3.94	Nonpriority creditor's name and mailing address	\$1,423.88
	COMCAST PO BOX 660618 DALLAS, TX 75266-0618 Date or dates debt was incurred Undetermined Last 4 digits of account number	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 Basis for the claim: Vendor Payable Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
3.95	Nonpriority creditor's name and mailing address	\$ Undetermined
	COMMUNICATION WORKERS OF AMERICA, AFL-CIO 1700 S 1ST ST AUSTIN, TX 78704 Date or dates debt was incurred Undetermined Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Potential Legal Claim Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.96	Nonpriority creditor's name and mailing address	\$4.50
	CONDUENT INCORPORATED CONDUENT HR CONSULTING LLC PO BOX 202617 DALLAS, TX 75320-2617 Date or dates debt was incurred Undetermined Last 4 digits of account number	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 Basis for the claim: Vendor Payable Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes

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Amount of claim

3.97	Nonpriority creditor's name and mailing address	\$27,738.77
	<p>COUNSELINK INC 4701 WESTGATE BLVD STE D-404 AUSTIN, TX 78745</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.98	Nonpriority creditor's name and mailing address	\$624.00
	<p>CRALECO INVESTMENTS LP PO BOX 3061 WIMBERLEY, TX 78676</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.99	Nonpriority creditor's name and mailing address	\$65,115.76
	<p>DASU ENTERPRISES 14090 FM 290 #G-363 TOMBALL, TX 77377</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.100	Nonpriority creditor's name and mailing address	\$946.32
	<p>DIRECTV PO BOX 105249 ATLANTA, GA 30348-5249</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.101	Nonpriority creditor's name and mailing address	\$2,805.00
	<p>DISCO, DONENE 13600 STAUSS LANE FORT WORTH, TX 76155</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Subcontractor Liability</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>

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3.102	Nonpriority creditor's name and mailing address	\$2,520.00
	DOXY.ME LLC ATTN: RICKIE WELCH 3445 WINTON PL. STE 109 ROCHESTER, NY 14623 Date or dates debt was incurred Undetermined Last 4 digits of account number	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 Basis for the claim: Vendor Payable Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
3.103	Nonpriority creditor's name and mailing address	\$748.63
	EBH ACQUISITION SUBSIDIARY, INC. 3100 E COMMERCIAL BLVD SUITE 100 FORT LAUDERDALE, FL 33308 Date or dates debt was incurred Undetermined Last 4 digits of account number	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 Basis for the claim: Intercompany Payable - EBH Acquisition Subsidiary, Inc. Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.104	Nonpriority creditor's name and mailing address	\$8,000.00
	EBH NORTHEAST SERVICES, INC. 544 IRON RIDGE ROAD HANOVER, PA 17331 Date or dates debt was incurred Undetermined Last 4 digits of account number	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 Basis for the claim: Intercompany Payable - EBH Northeast Services, Inc. Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.105	Nonpriority creditor's name and mailing address	\$10,000.00
	EBH SERVICES OF FLORIDA, INC. 112 NORTH OAK STREET SUITE 109 LAKE WORTH, FL 33462 Date or dates debt was incurred Undetermined Last 4 digits of account number	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 Basis for the claim: Intercompany Payable - EBH Services of Florida, Inc. Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.106	Nonpriority creditor's name and mailing address	\$2,075.00
	EBH SOUTHWEST SERVICES, INC. 8072 S. HIGHLAND DRIVE SALT LAKE CITY, UT 84121 Date or dates debt was incurred Undetermined Last 4 digits of account number	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 Basis for the claim: Intercompany Payable - EBH Southwest Services, Inc. Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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3.107	Nonpriority creditor's name and mailing address	\$52.99
	<p>ECOLAB FOOD SAFETY SPECIALTIES INC 24198 NETWORK PLACE CHICAGO, IL 60673-1241</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.108	Nonpriority creditor's name and mailing address	\$245.00
	<p>EDGAR CONNERY/I CALL DBA ONE CALL SERVICES 520 SAMPSON HOUSTON, TX 77003</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Subcontractor Liability</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.109	Nonpriority creditor's name and mailing address	\$1,389.95
	<p>EFAX CORPORATE C/O J2 CLOUD SERVICES INC PO BOX 51873 LOS ANGELES, CA 90051-6173</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.110	Nonpriority creditor's name and mailing address	\$28,783,478.01
	<p>ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Intercompany Payable - Elements Behavioral Health, Inc.</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>
3.111	Nonpriority creditor's name and mailing address	\$7,951.66
	<p>ELEMENTS SCREENING SERVICES, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Intercompany Payable - Elements Screening Services, Inc.</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>

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Amount of claim

3.112	Nonpriority creditor's name and mailing address	\$340.61
	<p>FEDEX PO BOX 7221 PASADENA, CA 91109-7321</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.113	Nonpriority creditor's name and mailing address	\$8,042.97
	<p>FIRST CLASS WORKFORCE SOLUTIONS INC PO BOX 677373 DALLAS, TX 75267-7373</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.114	Nonpriority creditor's name and mailing address	\$148.44
	<p>FRONTIER COMMUNICATIONS PO BOX 740407 CINCINNATI, OH 45274-0407</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.115	Nonpriority creditor's name and mailing address	\$47,201.61
	<p>GARCIA, KEITH MD PHD COMPREHENSIVE PSYCHIATRY PLLC 13400 MADRONE MOUNTAIN WAY AUSTIN, TX 78737</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Subcontractor Liability</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.116	Nonpriority creditor's name and mailing address	\$ Undetermined
	<p>GOLDBERG, CLAYTON 9351 WILLOWVIEW LN HOUSTON, TX 77080</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Potential Legal Claim</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor TRS Behavioral Care, Inc.
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3.117	Nonpriority creditor's name and mailing address	\$3,908.46
	<p>GOLF CARS OF AUSTIN 16150 IH 35 BUDA, TX 78610</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.118	Nonpriority creditor's name and mailing address	\$5,852.83
	<p>GRAINGER DEPT 886483136 KANSAS CITY, MO 64141-6267</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.119	Nonpriority creditor's name and mailing address	\$4,565.46
	<p>GREAT SOUTHWESTERN FIRE & SAFETY INC 310 W COMMERCE ST DALLAS, TX 75208</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.120	Nonpriority creditor's name and mailing address	\$7,593.89
	<p>GREATAMERICA FINANCIAL SERVICES CORP PO BOX 660831 DALLAS, TX 75266-0831</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.121	Nonpriority creditor's name and mailing address	\$4,711.67
	<p>GREATAMERICA FINANCIAL SERVICES CORP ATTN: LEGAL DEPARTMENT 625 1ST ST SE #800 CEDAR RAPIDS, IA 52401</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Legal Settlement</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>

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Amount of claim

3.122	Nonpriority creditor's name and mailing address	\$4,869.09
<p>GREATER HOUSTON CLEANING LLC VANGUARD CLEANING SYSTEMS OF GREATER HOUSTON 6950 PORTWEST DR STE 110 HOUSTON, TX 77024</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>		<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.123	Nonpriority creditor's name and mailing address	\$11,000.00
<p>GREEN, CASEY MD 2900 PARK ARBOR CT. FORT WORTH, TX 76116</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>		<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Subcontractor Liability</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.124	Nonpriority creditor's name and mailing address	\$ Undetermined
<p>GREEN, KEVIN D. 1723 THORNBROOK DR MISSOURI CITY, TX 77489</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>		<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Potential Legal Claim</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.125	Nonpriority creditor's name and mailing address	\$2,000.00
<p>GUY BENDER LPC DBA CLINICAL CONSULTING SVCS LLC 3313 D'AMICO ST HOUSTON, TX 77019</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>		<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.126	Nonpriority creditor's name and mailing address	\$6,387.10
<p>HAUSER CLINIC & ASSOCIATES 5959 WEST LOOP SOUTH #600 BELLAIRE, TX 77401</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>		<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Subcontractor Liability</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>

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Amount of claim

3.127	Nonpriority creditor's name and mailing address	\$40.00
	<p>HAYS COUNTY DEVELOPMENT SERVICES 712 S STAGECOACH TRAIL SAN MARCOS, TX 78667</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.128	Nonpriority creditor's name and mailing address	\$308.08
	<p>HD SUPPLY FACILITIES MAINTENANCE PO BOX 509058 SAN DIEGO, CA 92150-9058</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.129	Nonpriority creditor's name and mailing address	\$1,534.65
	<p>HEB CORPORATE HEB CREDIT REC DEPT 308 PO BOX 4346 HOUSTON, TX 77210-4346</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.130	Nonpriority creditor's name and mailing address	\$7,020.22
	<p>HOME DEPOT CREDIT SERVICES DEPT 32-2500721711 PO BOX 78047 PHOENIX, AZ 85062-8047</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.131	Nonpriority creditor's name and mailing address	\$426.80
	<p>HOOD SPECIALTIE/FACILITEC FACILITEC SOUTHWEST 2300 COLD SPRINGS RD FORT WORTH, TX 76106</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>

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Amount of claim

3.132	Nonpriority creditor's name and mailing address	\$3,043.75
	<p>I LIVE WELL NUTRITION LLC ADRIEN PACZOSA DBA I LIVE WELL NUTRITION 3724 JEFFERSON SUITE 104 AUSTIN, TX 78731</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Subcontractor Liability</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.133	Nonpriority creditor's name and mailing address	\$721.99
	<p>IRON MOUNTAIN PO BOX 915004 DALLAS, TX 75391-5004</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.134	Nonpriority creditor's name and mailing address	\$9,000.00
	<p>IRVIN TRAINING SERVICES LLC JOEL IRVIN DBA IRVIN TRAINING SERVICES 11002 CONNEMARA COVE SAN ANTONIO, TX 78254</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Subcontractor Liability</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.135	Nonpriority creditor's name and mailing address	\$212.25
	<p>IRVING HOLDINGS INC DBA YELLOW CAB 2515 IRVING BLVD DALLAS, TX 75207-5911</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.136	Nonpriority creditor's name and mailing address	\$494.53
	<p>ISI COMMERCIAL REFRIGERATION PO BOX 654020 DALLAS, TX 75265-4020</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>

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3.137	Nonpriority creditor's name and mailing address	\$48,300.00
	<p>J & S REAL ESTATE INVESTMENT LP 2526 BELLMEADE ST HOUSTON, TX 77019</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.138	Nonpriority creditor's name and mailing address	\$1,500.00
	<p>JAN S MCGOWAN 13 LONE STAR TRAIL WIMBERLEY, TX 78676</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Subcontractor Liability</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.139	Nonpriority creditor's name and mailing address	\$623.67
	<p>JOHNSON CITY HYDRO GAS PO BOX 384 / 410 HWY 281 S JOHNSON CITY, TX 78636</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.140	Nonpriority creditor's name and mailing address	\$740.17
	<p>JOHNSTONE SUPPLY OF HOUSTON 2120 SHEPERD DR HOUSTON, TX 77007</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.141	Nonpriority creditor's name and mailing address	\$2,500,000.00
	<p>JOSEPH, GEORGE 2526 BELLMEADE STREET HOUSTON, TX 77019</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Legal Settlement</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>

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Amount of claim

3.142	Nonpriority creditor's name and mailing address	\$54.06
	<p>JUST ENERGY PO BOX 650518 DALLAS, TX 75265</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.143	Nonpriority creditor's name and mailing address	\$20,894.36
	<p>KIDD COUNSELING/ ROBERT KIDD DBA KIDD COUNSELING 302 W HOPKINS ST #1 SAN MARCOS, TX 78666</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.144	Nonpriority creditor's name and mailing address	\$565.04
	<p>KIT CARSON ELECTRIC COOP INC PO BOX 578 TAOS, NM 87571</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.145	Nonpriority creditor's name and mailing address	\$2,875.00
	<p>LEINNEWEBER PLUMBING CO INC PO BOX 1297 WIMBERLEY, TX 78676</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.146	Nonpriority creditor's name and mailing address	\$ Undetermined
	<p>LEWIS, LAURA B 5911 REAMER ST HOUSTON, TX 77074</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Potential Legal Claim</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

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Amount of claim

3.147	Nonpriority creditor's name and mailing address	\$16,174.34
	<p>LONE STAR FACILITY SRVS OF DFW CITY WIDE OF DFW 4821 MERLOT AVE STE 230 GRAPEVINE, TX 76051</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.148	Nonpriority creditor's name and mailing address	\$485.00
	<p>LONG, GREGORY B STEPPING STONES RECOVERY CONSULTANT PO BOX 126 GRAPEVINE, TX 76099</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Subcontractor Liability</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.149	Nonpriority creditor's name and mailing address	\$1,600.00
	<p>MARCOTTE, LAURA MCCABE 221 GOLDEN BEAR AUSTIN, TX 78738</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Subcontractor Liability</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.150	Nonpriority creditor's name and mailing address	\$ Undetermined
	<p>MCCREIGHT, III, WILLIAM JOSEPH M.D. 440 FISCHER STORE RD WIMBERLEY, TX 78676</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Potential Legal Claim</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.151	Nonpriority creditor's name and mailing address	\$13,931.06
	<p>MED PRO BILLING INC 7200 WEST MCNAB RD TAMARAC, FL 33321</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>

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3.152	Nonpriority creditor's name and mailing address	\$1,623.68
	<p>MED VALT PHARMACY LLC 2656 S LOOP WEST HOUSTON, TX 77054</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.153	Nonpriority creditor's name and mailing address	\$413.00
	<p>MEDSAFE WASTE LLC 204 LOUISE AVE STE A HENDERSONVILLE, TN 37075</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.154	Nonpriority creditor's name and mailing address	\$837.00
	<p>METROPLEX FILTER SVCS LTD METROPLEX FILTER SERVICES PO BOX 185487 FORT WORTH, TX 76181</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.155	Nonpriority creditor's name and mailing address	\$409.54
	<p>METROPLEX ICE MACHINES LLC 2524 WHITE SETTLEMENT RD FORT WORTH, TX 76107</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.156	Nonpriority creditor's name and mailing address	\$ Undetermined
	<p>MORGAN, ELIZABETH 8 PALOS VERDES DR WIMBERLEY, TX 78676</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Workers' Compensation</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>

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Amount of claim

3.157	Nonpriority creditor's name and mailing address	\$1.33
	<p>MUNICIPAL SVCS BUREAU CTRMA PROCESSING PO BOX 16777 AUSTIN, TX 78761</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.158	Nonpriority creditor's name and mailing address	\$2,242.25
	<p>NASH, JOHN 2034 VIKING DR HOUSTON, TX 77018</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Subcontractor Liability</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.159	Nonpriority creditor's name and mailing address	\$989.26
	<p>NASTASE, LUCIAN 512-DELIVER PO BOX 1745 GEORGETOWN, TX 78627</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Subcontractor Liability</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.160	Nonpriority creditor's name and mailing address	\$57.92
	<p>NEW MEXICO GAS COMPANY INC PO BOX 27885 ALBUQUERQUE, NM 87125-7885</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.161	Nonpriority creditor's name and mailing address	\$28.57
	<p>NM TAXATION & REVENUE DEPT PO BOX 25128 SANTA FE, NM 87504-5128</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>

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3.162	Nonpriority creditor's name and mailing address	\$64,806.69
	<p>NORTH PARK COUNSELING ASSOC INC 8350 MEADOW RD SUITE 194 DALLAS, TX 75231</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.163	Nonpriority creditor's name and mailing address	\$134.00
	<p>OCCUPATIONAL HEALTH CNTRS OF SOUTHWEST OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST P A PO BOX 9005 ADDISON, TX 75001</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.164	Nonpriority creditor's name and mailing address	\$12,450.98
	<p>OFFICE KEEPERS AUSTIN INC PO BOX 340609 AUSTIN, TX 78734</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.165	Nonpriority creditor's name and mailing address	\$ Undetermined
	<p>OLFERS, COLLEEN 15426 HYDE PK CYPRESS, TX 77429</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Potential Legal Claim</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.166	Nonpriority creditor's name and mailing address	\$4,594.78
	<p>PEDERNALES ELECTRIC CO-OP INC PO BOX 1 JOHNSON CITY, TX 78636</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>

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3.167	Nonpriority creditor's name and mailing address	\$5,012.90
	PENDLETON EXCAVATION LLC PO BOX 2573 WIMBERLEY, TX 78676 Date or dates debt was incurred Undetermined Last 4 digits of account number	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 Basis for the claim: Vendor Payable Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
3.168	Nonpriority creditor's name and mailing address	\$493.15
	PITNEY BOWES GLOBAL FINANCIAL SVCS LLC P O BOX 371887 PITTSBURGH, PA 15250-7887 Date or dates debt was incurred Undetermined Last 4 digits of account number	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 Basis for the claim: Vendor Payable Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
3.169	Nonpriority creditor's name and mailing address	\$15,967.75
	POWERS, JASON ZW MD PA 5129 MIMOSA DR BELLAIRE, TX 77401 Date or dates debt was incurred Undetermined Last 4 digits of account number	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 Basis for the claim: Subcontractor Liability Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
3.170	Nonpriority creditor's name and mailing address	\$793.96
	QUEST DIAGNOSTICS PO BOX 841725 DALLAS, TX 75284-1725 Date or dates debt was incurred Undetermined Last 4 digits of account number	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 Basis for the claim: Vendor Payable Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
3.171	Nonpriority creditor's name and mailing address	\$114.51
	QUEST DIAGNOSTICS PO BOX 841725 DALLAS, TX 75284 Date or dates debt was incurred Undetermined Last 4 digits of account number	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 Basis for the claim: Vendor Payable Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes

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Amount of claim

3.172	Nonpriority creditor's name and mailing address	\$539.64
	<p>QUEST DIAGNOSTICS PO BOX 841725 DALLAS, TX 75284</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.173	Nonpriority creditor's name and mailing address	\$1,661.47
	<p>QUEST DIAGNOSTICS PO BOX 841725 DALLAS, TX 75284</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.174	Nonpriority creditor's name and mailing address	\$7,165.50
	<p>RAY'S TOWN NORTH PHARMACY 975 NORTH COOPER ARLINGTON, TX 76011</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.175	Nonpriority creditor's name and mailing address	\$350.00
	<p>RAYSON, WILLIAM A 1904 FOUNTAIN WOOD DR EULESS, TX 76039</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.176	Nonpriority creditor's name and mailing address	\$525.00
	<p>RCOMSTOCK, ROBIN DBA RUBY COMSTOCK LAC 4315 JINX AVE AUSTIN, TX 78745</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Subcontractor Liability</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>

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Amount of claim

3.177	Nonpriority creditor's name and mailing address	\$5,444.33
	<p>READY REFRESH BY NESTLE PO BOX 856680 LOUISVILLE, KY 40285-6680</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.178	Nonpriority creditor's name and mailing address	\$13.53
	<p>REED'S KEY SHOP, INC. 3601 S. SANDMAN SUITE 230 HOUSTON, TX 77098</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.179	Nonpriority creditor's name and mailing address	\$11,509.62
	<p>RELIANT PO BOX 650475 DALLAS, TX 75265-0475</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.180	Nonpriority creditor's name and mailing address	\$161.50
	<p>REPUBLIC SERVICES PO BOX 78829 PHOENIX, AZ 85062-8829</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.181	Nonpriority creditor's name and mailing address	\$ Undetermined
	<p>RICE, DENISE MARIE 105 QUAIL BRIAR LN ARLINGTON, TX 76002</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Workers' Compensation</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>

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3.182	Nonpriority creditor's name and mailing address	\$75.01
	<p>SAN CRISTOBAL MUTUAL DOMESTIC WATER PO BOX 113 SAN CRISTOBAL, NM 87564</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
3.183	Nonpriority creditor's name and mailing address	\$23,264.82
	<p>SCHEIN, HENRY PO BOX 7156 PASADENA, CA 91109-7156</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
3.184	Nonpriority creditor's name and mailing address	\$ Undetermined
	<p>SHKURTI, ELED 20423 STONE FALLS CT CYPRESS, TX 77433</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Potential Legal Claim</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	
3.185	Nonpriority creditor's name and mailing address	\$3,998.32
	<p>SHRED-IT USA LLC 28883 NETWORK PLACE CHICAGO, IL 60673-1288</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
3.186	Nonpriority creditor's name and mailing address	\$76.25
	<p>SOUTHLAND HARDWARE 1822 WESTHEIMER RD HOUSTON, TX 77098</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	

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3.187	Nonpriority creditor's name and mailing address	\$1,808.39
	<p>SOUTHWEST ENGINEERS PO BOX 2499 SLIDELL, LA 70459</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.188	Nonpriority creditor's name and mailing address	\$463.22
	<p>SPICEWOOD GENERAL STORE PO BOX 635 SPICEWOOD, TX 78669</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.189	Nonpriority creditor's name and mailing address	\$215.00
	<p>SPICEWOOD PLUMBING 337 RED BLUFF RD. SPICEWOOD, TX 78669</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.190	Nonpriority creditor's name and mailing address	\$350.00
	<p>STANFORD, STEVIE 320 HERITAGE DRIVE AUSTIN, TX 78737</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Subcontractor Liability</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.191	Nonpriority creditor's name and mailing address	\$32,970.50
	<p>STAPLES ADVANTAGE DEPT LA PO BOX 83689 CHICAGO, IL 60696-3689</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>

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Amount of claim

3.192	Nonpriority creditor's name and mailing address	\$ Undetermined
	<p>STRAWBRIDGE, MATTHEW 330 POSEY PASS NEW BRAUNFELS, TX 78132</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Workers' Compensation</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
3.193	Nonpriority creditor's name and mailing address	\$6,042.79
	<p>SYSKO FOOD SVCS OF HOUSTON 10710 GREENS CROSSING BLVD HOUSTON, TX 77038-2716</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
3.194	Nonpriority creditor's name and mailing address	\$ Undetermined
	<p>TABBERT, MICHAEL 2016 N RED CEDAR CIR THE WOODLANDS, TX 77380</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Workers' Compensation</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
3.195	Nonpriority creditor's name and mailing address	\$5,541.95
	<p>TAOS COUNTY TREASURER P.O. BOX 561534 DENVER, CO 80256-1534</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
3.196	Nonpriority creditor's name and mailing address	\$231.88
	<p>TAOSNET LLC 201 CAMINO DE LA MERCED TAOS, NM 87571</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	

Debtor TRS Behavioral Care, Inc.
NameCase number (if known) 18-11229 (BLS)**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

3.197	Nonpriority creditor's name and mailing address	\$ Undetermined
<p>TAYLOR RECOVERY CENTER, L.L.C 5711 LAVENDER STREET HOUSTON, TX 77026</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Potential Legal Claim</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		
3.198	Nonpriority creditor's name and mailing address	\$ Undetermined
<p>TAYLOR SOBER LIVING, L.L.C 5711 LAVENDER STREET HOUSTON, TX 77026</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Potential Legal Claim</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		
3.199	Nonpriority creditor's name and mailing address	\$9,901.74
<p>TERMINIX PROCESSING CENTER PO BOX 742592 CINCINNATI, OH 45274-2592</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>		
3.200	Nonpriority creditor's name and mailing address	\$1,994.59
<p>TERRY'S LAWN CARE INC PO BOX 941 ALED0, TX 76008</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>		
3.201	Nonpriority creditor's name and mailing address	\$7,061.41
<p>TEXAS BUILT PLUMBING PO BOX 80227 KELLER, TX 76248</p> <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>		

Debtor TRS Behavioral Care, Inc.
NameCase number (if known) 18-11229 (BLS)**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

3.202	Nonpriority creditor's name and mailing address	\$1,633.95
	<p>TEXAS DISPOSAL SYSTEMS INC PO BOX 660816 DALLAS, TX 75266-0816</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.203	Nonpriority creditor's name and mailing address	\$3,318.68
	<p>THE BRANDT COMPANIES LLC PO BOX 227351 DALLAS, TX 75222-7351</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Subcontractor Liability</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.204	Nonpriority creditor's name and mailing address	\$ Undetermined
	<p>THE RIGHT STEP, INC. 902 W ALABAMA HOUSTON, TX 77006</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Potential Legal Claim</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.205	Nonpriority creditor's name and mailing address	\$2,500.00
	<p>THE SWANN GROUP INC 11413 HOLLISTER DR AUSTIN, TX 78739</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.206	Nonpriority creditor's name and mailing address	\$217.43
	<p>TIME WARNER CABLE PO BOX 60074 CITY OF INDUSTRY, CA 91716</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor TRS Behavioral Care, Inc.
NameCase number (if known) 18-11229 (BLS)**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**

3.207	Nonpriority creditor's name and mailing address	\$13,313.52
	<p>TLC OFFICE SYSTEMS L-3791 COLUMBUS, OH 43260-3791</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.208	Nonpriority creditor's name and mailing address	\$20,480.00
	<p>TRUE RECOVERY INTERVENTIONS LLC 1779 WELLS BRANCH PARKWAY STE 110B-289 AUSTIN, TX 78728</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.209	Nonpriority creditor's name and mailing address	\$4,508.82
	<p>TYCO INTEGRATED SECURITY LLC PO BOX 371967 PITTSBURGH, PA 15250-7967</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.210	Nonpriority creditor's name and mailing address	\$33,456.58
	<p>US FOODS INC/EULESS PO BOX 843202 DALLAS, TX 75284-3202</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.211	Nonpriority creditor's name and mailing address	\$2,619.35
	<p>US FOODS INC/HOUSTON PO BOX 840396 DALLAS, TX 75284-0396</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor TRS Behavioral Care, Inc.
NameCase number (if known) 18-11229 (BLS)**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**3.212 **Nonpriority creditor's name and mailing address** \$16,624.65US FOODS INC/WIMBERELY
PO BOX 841587
DALLAS, TX 75284-1587As of the petition filing date, the claim is:
Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Vendor Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- ☐ No
☐ Yes

3.213 **Nonpriority creditor's name and mailing address** \$520.00VANDYKE & JENKE OF TEXAS
DBA COURAGEOUS HEARTS CPR
311 REIMER AVE
SAN MARCOS, TX 78666As of the petition filing date, the claim is:
Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Vendor Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- ☐ No
☐ Yes

3.214 **Nonpriority creditor's name and mailing address** \$3,662.60VANGUARD MODULAR BUILDING SYSTEMS LLC
PO BOX 827527
PHILADELPHIA, PA 19182-7527As of the petition filing date, the claim is:
Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Vendor Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- ☐ No
☐ Yes

3.215 **Nonpriority creditor's name and mailing address** \$557.70WASTE MANAGEMENT OF NEW MEXICO INC
RIO RANCHO HAULING
PO BOX 78251
PHOENIX, AZ 85062-8251As of the petition filing date, the claim is:
Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Vendor Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- ☐ No
☐ Yes

3.216 **Nonpriority creditor's name and mailing address** \$5,266.37WASTE MANAGEMENT OF TEXAS INC
HOUSTON METRO
PO BOX 660345
DALLAS, TX 75266-0345As of the petition filing date, the claim is:
Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Vendor Payable

Date or dates debt was incurred Undetermined

Is the claim subject to offset?

Last 4 digits of account number

- ☐ No
☐ Yes

Debtor TRS Behavioral Care, Inc.
NameCase number (if known) 18-11229 (BLS)**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

3.217	Nonpriority creditor's name and mailing address	<u>\$958.47</u>
	<p>WELLS FARGO FINANCIAL LEASING PO BOX 10306 DES MOINES, IA 50306-0306</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.218	Nonpriority creditor's name and mailing address	<u>\$33,915.11</u>
	<p>WELLS FARGO VENDOR FIN SERV PO BOX 51043 LOS ANGELES, CA 90051-5343</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.219	Nonpriority creditor's name and mailing address	<u>\$ Undetermined</u>
	<p>WESTERN SURETY COMPANY 101 S. PHILLIPS AVENUE SIOUX FALLS, SD 57104</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Surety Bond #69644279 in the amount of \$3000 for the benefit of The City of Euless Water Department</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.220	Nonpriority creditor's name and mailing address	<u>\$29,722.35</u>
	<p>WESTSIDE SOBER LIVING CENTERS, INC. 20725 ROCKCROFT DRIVE MALIBU, CA 90265</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Intercompany Payable - Westside Sober Living Centers, Inc.</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p>
3.221	Nonpriority creditor's name and mailing address	<u>\$1,322.03</u>
	<p>WIMBERLEY ACE HARDWARE 14307 RANCH ROAD 12 WIMBERLEY, TX 78676</p> <p>Date or dates debt was incurred Undetermined</p> <p>Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor Payable</p> <p>Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor TRS Behavioral Care, Inc.
NameCase number (if known) 18-11229 (BLS)**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**

3.222	Nonpriority creditor's name and mailing address	\$332.28
WIMBERLEY HYDRO GAS CO PO BOX 204 / 319 FM 2325 WIMBERLEY, TX 78676		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: Vendor Payable Date or dates debt was incurred Undetermined Last 4 digits of account number
Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes		
3.223	Nonpriority creditor's name and mailing address	\$62,306.92
WRIGHTSVILLE SERVICES, LLC 1166 HILTS ROAD WRIGHTSVILLE, PA 17368		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: Intercompany Payable - Wrightsville Services, LLC Date or dates debt was incurred Undetermined Last 4 digits of account number
Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

Debtor TRS Behavioral Care, Inc.
NameCase number (if known) 18-11229 (BLS)**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
1 BUZEK, REBECCA C/O MILLER, SCAMARDI & CARRABBA, P.C., ATTN: DAVID LESTER MILLER 6525 WASHINGTON AVE HOUSTON, TX 77007	Line 23 <input type="checkbox"/> Not listed. Explain _____	
2 GOLDBERG, CLAYTON C/O MILLER, SCAMARDI & CARRABBA, P.C., ATTN: DAVID LESTER MILLER 6525 WASHINGTON AVE HOUSTON, TX 77007	Line 116 <input type="checkbox"/> Not listed. Explain _____	
3 GREEN, KEVIN D. C/O KEENER, CRAIG ROCKWELL 3223 SMITH STE 308 HOUSTON, TX 77006	Line 124 <input type="checkbox"/> Not listed. Explain _____	
4 OLFERS, COLLEEN C/O MILLER, SCAMARDI & CARRABBA, P.C., ATTN: DAVID LESTER MILLER 6525 WASHINGTON AVE HOUSTON, TX 77007	Line 165 <input type="checkbox"/> Not listed. Explain _____	
5 SHKURTI, ELED C/O MILLER, SCAMARDI & CARRABBA, P.C., ATTN: DAVID LESTER MILLER 6525 WASHINGTON AVE HOUSTON, TX 77007	Line 184 <input type="checkbox"/> Not listed. Explain _____	
6 TAYLOR RECOVERY CENTER, L.L.C C/O FOLEY & LARDNER LLP, ATTN ALEXANDER C. CHAE 1000 LOUISIANA STREET, SUITE 2000 HOUSTON, TX 77002-2099	Line 197 <input type="checkbox"/> Not listed. Explain _____	
7 TAYLOR SOBER LIVING, L.L.C C/O FOLEY & LARDNER LLP, ATTN ALEXANDER C. CHAE 1000 LOUISIANA STREET, SUITE 2000 HOUSTON, TX 77002-2099	Line 198 <input type="checkbox"/> Not listed. Explain _____	

Debtor

TRS Behavioral Care, Inc.
Name

Case number (if known) 18-11229 (BLS)

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. \$ 0.00
+ undetermined amounts

5b. Total claims from Part 2

5b. + \$ 43,949,453.90
+ undetermined amounts

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

5c. \$ 43,949,453.90
+ undetermined amounts

Fill in this information to identify the case:Debtor name TRS Behavioral Care, Inc.

United States Bankruptcy Court for the: _____ District of _____

Case number (if known): 18-11229 (BLS) Chapter 11☐ 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	Assignment And Amendment of Lease Known As 3815 Montrose Blvd Houston TX Dated 05/01/2014	3815 MONTROSE BLVD LP 3815 MONTROSE BLVD #211 HOUSTON, TX 77006
	State the term remaining List the contract number of any government contract	Undetermined	
2.2	State what the contract or lease is for and the nature of the debtor's interest	Lease Agreement Dated 02/23/2011	ADVANCED BUSINESS COPIERS 14925 STUEBNER AIRLINE #200 HOUSTON, TX 77069
	State the term remaining List the contract number of any government contract	Undetermined	
2.3	State what the contract or lease is for and the nature of the debtor's interest	Facility Services Agreement And All Applicable Amendments And Addendums Dated 05/01/2009	AETNA 1425 UNION MEETING ROAD PO BOX 5 BLUE BELL, PA 19422
	State the term remaining List the contract number of any government contract	Undetermined	
2.4	State what the contract or lease is for and the nature of the debtor's interest	Facility Services Agreement And All Applicable Amendments And Addendums Dated 05/01/2009	AETNA 1425 UNION MEETING ROAD PO BOX 5 BLUE BELL, PA 19422
	State the term remaining List the contract number of any government contract	Undetermined	
2.5	State what the contract or lease is for and the nature of the debtor's interest	Sublease Agreement - 605 Chase Drive Ste 3 Tyler Smith TX Dated 09/09/2014	ALLIED SUBSTANCE ABUSE ASSOCIATES LLC 5452 TX-105 SUITE 201 CONROE, TX 77304
	State the term remaining List the contract number of any government contract	Undetermined	

Debtor TRS Behavioral Care, Inc.
NameCase number (if known) 18-11229 (BLS)**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
2.6	State what the contract or lease is for and the nature of the debtor's interest	Amended and Restated Management Agreement	ALLIED SUBSTANCE ABUSE ASSOCIATES, LLC DBA ALLIED COUNSELING ASSOCIATES OF CONROE JANES PATTERSON 704 NORTH THOMPSON SUITE 170 CONROE, TX 77301
	State the term remaining List the contract number of any government contract	Undetermined	
2.7	State what the contract or lease is for and the nature of the debtor's interest	Dedicated Internet Access Service Order Form Dated 07/10/2013	ALPHEUS DATA SERVICES L.L.C. PO BOX 301630 DALLAS, TX 75303-1630
	State the term remaining List the contract number of any government contract	Undetermined	
2.8	State what the contract or lease is for and the nature of the debtor's interest	Transport Service Order Form Dated 07/30/2014	ALPHEUS DATA SERVICES L.L.C. PO BOX 301630 DALLAS, TX 75303-1630
	State the term remaining List the contract number of any government contract	Undetermined	
2.9	State what the contract or lease is for and the nature of the debtor's interest	Dedicated Internet Access Service Order Form Dated 03/20/2013	ALPHEUS DATA SERVICES L.L.C. PO BOX 301630 DALLAS, TX 75303-1630
	State the term remaining List the contract number of any government contract	Undetermined	
2.10	State what the contract or lease is for and the nature of the debtor's interest	Dedicated Internet Access Service Order Form Dated 07/03/2013	ALPHEUS DATA SERVICES L.L.C. PO BOX 301630 DALLAS, TX 75303-1630
	State the term remaining List the contract number of any government contract	Undetermined	
2.11	State what the contract or lease is for and the nature of the debtor's interest	Dedicated Internet Access Service Order Form Dated 02/26/2013	ALPHEUS DATA SERVICES L.L.C. PO BOX 301630 DALLAS, TX 75303-1630
	State the term remaining List the contract number of any government contract	Undetermined	
2.12	State what the contract or lease is for and the nature of the debtor's interest	Dedicated Internet Access Service Order Form Dated 07/03/2013	ALPHEUS ATTN: KIMBERLY BLOOMQUIST 1301 FANNIN 20TH FLOOR HOUSTON, TX 77002
	State the term remaining List the contract number of any government contract	Undetermined	

Debtor TRS Behavioral Care, Inc.
NameCase number (if known) 18-11229 (BLS)**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
2.13	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Dedicated Internet Access Service Order Form Dated 02/26/2013</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>ALPHEUS ATTN: KIMBERLY BLOOMQUIST 1301 FANNIN 20TH FLOOR HOUSTON, TX 77002</p>
2.14	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Dedicated Internet Access Service Order Form Dated 02/26/2013</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>ALPHEUS ATTN: KIMBERLY BLOOMQUIST 1301 FANNIN 20TH FLOOR HOUSTON, TX 77002</p>
2.15	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Dedicated Internet Access Service Order Form Dated 02/26/2013</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>ALPHEUS ATTN: KIMBERLY BLOOMQUIST 1301 FANNIN 20TH FLOOR HOUSTON, TX 77002</p>
2.16	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Lease Agreement</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>ALVRAT INC.</p>
2.17	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Commercial Sublease Agreement- 819 W Alabama Houston TX Dated 04/01/2013</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>ALVRAT INC</p>
2.18	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Facility Participating Provider Agreement Dated 08/30/2017</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>AMERICAN BH ATTN: PRESIDENT 2204 LAKESHORE DRIVE SUITE 135 BIRMINGHAM, AL 35209</p>
2.19	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Lease Agreement</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>AMERICAN ICE MACHINE 5504 OAK GREEN HOUSE ROAD HOUSTON, TX 77084</p>

Debtor TRS Behavioral Care, Inc.
NameCase number (if known) 18-11229 (BLS)**Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

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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
2.20	State what the contract or lease is for and the nature of the debtor's interest	Service Agreement	APPIA COMMUNICATIONS, INC. ATTN: VICTOR VON SCHLEGELL, PRESIDENT 1030 HASTINGS ST., SUITE 2100 TRAVERSE CITY, MI 49686
	State the term remaining List the contract number of any government contract	Undetermined	
2.21	State what the contract or lease is for and the nature of the debtor's interest	Service Agreement	AT&T CORP. ATTN: MASTER AGREEMENT SUPPORT TEAM ONE AT&T WAY BEDMINSTER, NJ 07921-0752
	State the term remaining List the contract number of any government contract	Undetermined	
2.22	State what the contract or lease is for and the nature of the debtor's interest	Master Services Agreement	AT&T CORP. ATTN: MASTER AGREEMENT SUPPORT TEAM ONE AT&T WAY BEDMINSTER, NJ 07921-0752
	State the term remaining List the contract number of any government contract	Undetermined	
2.23	State what the contract or lease is for and the nature of the debtor's interest	Hospital Agreement And All Applicable Amendments And Addendums Dated 08/01/2008	BCBS OF TEXAS ATTN: VP, NETWORK MANAGEMENT PO BOX 833840 RICHARDSON, TX 75083-3840
	State the term remaining List the contract number of any government contract	Undetermined	
2.24	State what the contract or lease is for and the nature of the debtor's interest	Hospital Agreement And All Applicable Amendments And Addendums Dated 08/01/2008	BCBS OF TEXAS ATTN: VP, NETWORK MANAGEMENT PO BOX 833840 RICHARDSON, TX 75083-3840
	State the term remaining List the contract number of any government contract	Undetermined	
2.25	State what the contract or lease is for and the nature of the debtor's interest	Institution Agreement Dated 05/01/2018	BCBS TX/TRIWEST (VETERANS CHOICE) ATTN: VP, NETWORK MANAGEMENT PO BOX 833840 RICHARDSON, TX 75083-3840
	State the term remaining List the contract number of any government contract	Undetermined	
2.26	State what the contract or lease is for and the nature of the debtor's interest	Facility Participation Agreement And All Applicable Amendments And Addendums Dated 10/19/2000	BEACON HEALTH OPTIONS/VALUE OPTIONS/BEACON HEALTH STRATEGIES PO BOX 6065 CYPRESS, CA 90630
	State the term remaining List the contract number of any government contract	Undetermined	

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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
2.27	State what the contract or lease is for and the nature of the debtor's interest	Facility Agreement And All Applicable Amendments And Addendums Dated 07/13/2000	BEACON HEALTH OPTIONS/VALUE OPTIONS/BEACON HEALTH STRATEGIES PO BOX 6065 CYPRESS, CA 90630
	State the term remaining List the contract number of any government contract	Undetermined	
2.28	State what the contract or lease is for and the nature of the debtor's interest	Facility Agreement Dated 09/27/2002	BEACON HEALTH OPTIONS/VALUE OPTIONS/BEACON HEALTH STRATEGIES PO BOX 6065 CYPRESS, CA 90630
	State the term remaining List the contract number of any government contract	Undetermined	
2.29	State what the contract or lease is for and the nature of the debtor's interest	Hospital Services Agreement And All Applicable Amendments And Addendums Dated 07/01/2003	BEHAVIORAL HEALTH SYSTEMS ATTN: PATRICIA L. FRIEDLEY TWO METROPLEX DRIVE SUITE 500 BIRMINGHAM, AL 35209
	State the term remaining List the contract number of any government contract	Undetermined	
2.30	State what the contract or lease is for and the nature of the debtor's interest	Independent Contractor Services Agreement Dated 07/29/2013	BREEDING, KAREN F. 3625 MANCHACA RD, SUITE 202 AUSTIN, TX 78704
	State the term remaining List the contract number of any government contract	Undetermined	
2.31	State what the contract or lease is for and the nature of the debtor's interest	Independent Contractor Services Agreement Dated 07/29/2009	CAIN, CLAIRE P.O. BOX 342183 AUSTIN, TX 78734
	State the term remaining List the contract number of any government contract	Undetermined	
2.32	State what the contract or lease is for and the nature of the debtor's interest	Independent Contractor Services Agreement Dated 02/12/2014	CANNON, CHAD 2801 S. LAKELINE BLVD, APT 2304 CEDAR PARK, TX 78613
	State the term remaining List the contract number of any government contract	Undetermined	
2.33	State what the contract or lease is for and the nature of the debtor's interest	Facility Participation Agreement And All Applicable Amendments And Addendums Dated 07/20/2005	CENPATICO/ AMBETTER/ SUPERIOR ATTN: NETWORK DEVELOPMENT DEPT. 504 LAVACA SUITE 850 AUSTIN, TX 78701
	State the term remaining List the contract number of any government contract	Undetermined	

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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
2.34	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Institution Agreement And All Applicable Amendments And Addendums Dated 03/21/2007</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>CIGNA NETWORK SERVICES 11095 VIKING DRIVE #350 EDEN PRAIRIE, MN 55344</p>
2.35	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Janitorial Services Agreement Dated 03/19/2017</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>CITYWIDE OF DFW ATTN: SCOTT M. BECKE 4821 MERLOT AVENUE SUITE 230 CRAPEVINE, TX 76051</p>
2.36	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Lease Agreement</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>CLAUDE WYNN</p>
2.37	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Service Agreement</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>COMCAST BUSINESS CLASS VP/ENTERPRISES SALES ONE COMCAST CENTER 1701 JFK BLVD. PHILADELPHIA, PA 19103</p>
2.38	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Collective Bargaining Agreement Dated 12/04/2017</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>COMMUNICATIONS WORKERS OF AMERICA, LOCAL UNION 6186 CWA, LOCAL 6186 ORGANIZING COORDINATOR 12215 TELEGRAPH RD STE 210 SANTA FE SPRINGS, CA 90670</p>
2.39	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Provider Agreement Dated 10/01/2010</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>COMMUNITY FIRST HEALTH ATTN: PATRINA FOWLER, VP/COO 12238 SILICON DRIVE SUITE 100 SAN ANTONIO, TX 78249</p>
2.40	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Facility Agreement And All Applicable Amendments And Addendums Dated 11/14/1995</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>COMPSYCH ATTN: NETWORK SERVICES DIRECTOR NBC TOWER 455 N. CITYFRONT PLAZA DRIVE, 13TH FLOOR CHICAGO, IL 60611-5322</p>

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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
2.41	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Independent Contractor Services Agreement Dated 04/30/2013</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>COMSTOCK, ROBIN</p> <p>4315 JINX AVENUE</p> <p>AUSTIN, TX 78745</p>
2.42	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Amended and Restated Management Agreement</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>COUNSELINK, INC</p> <p>GENARO SANDOVAL</p> <p>WESTGATE PROFESSIONAL CENTER</p> <p>SUITE 404-D</p> <p>4701 WESTGATE BLVD.</p> <p>AUSTIN, TX 78745</p>
2.43	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Facility Agreement And All Applicable Amendments And Addendums Dated 09/01/2011</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>COVENTRY/FIRST HEALTH- UNDER AETNA</p> <p>1425 UNION MEETING ROAD</p> <p>PO BOX 5</p> <p>BLUE BELL, PA 19422</p>
2.44	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Amended and Restated Management Agreement</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>DASU ENTERPRISES, INC.</p> <p>DAVID HANNA</p> <p>16100 CAIRNWAY</p> <p>SUITE 350</p> <p>HOUSTON, TX 77084</p>
2.45	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Management Agreement</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>DASU ENTERPRISES, INC.</p> <p>DAVID HANNA</p> <p>403 WEST GRAND PARKWAY SOUTH</p> <p>SUITE G</p> <p>KATY, TX 77494</p>
2.46	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Management Agreement</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>DASU ENTERPRISES, INC.</p> <p>DAVID HANNA</p> <p>265 FM 1960 BYPASS E</p> <p>HUMBLE, TX 77338</p>
2.47	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Service Agreement</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>DIRECTV</p> <p>PO BOX 105249</p> <p>ATLANTA, GA 30348-5249</p>

Debtor TRS Behavioral Care, Inc.
NameCase number (if known) 18-11229 (BLS)**Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

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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
2.48	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Independent Contractor Services Agreement Dated 08/03/2009</p>	<p>DISCO, DONENE 13600 STAUSS LANE FORT WORTH, TX 76155</p>
	<p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	
2.49	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Software Agreement</p>	<p>DOXY.ME LLC ATTN: LEGAL DEPARTMENT 3445 WINTON PL SUITE 109 ROCHESTER, NY 14623</p>
	<p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	
2.50	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Software Agreement</p>	<p>EFAX CORPORATE ATTN: LEGAL DEPARTMENT 6922 HOLLYWOOD BLVD #500 LOS ANGELES, CA 90028</p>
	<p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	
2.51	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>First Amendment To Amended And Restated Lease Agreement Dated 05/27/2015</p>	<p>ELLAG LLC GEORGE JOSEPH, PRESIDENT 2526 BELLMEADE HOUSTON, TX 77019</p>
	<p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	
2.52	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Lease Contract And All Applicable Amendments And Addendums Dated 05/27/2015</p>	<p>ELLAG LLC GEORGE JOSEPH, PRESIDENT 2526 BELLMEADE HOUSTON, TX 77019</p>
	<p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	
2.53	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Sublease Agreement- 918 West Alabama Houston TX Dated 06/27/2013</p>	<p>ELLAG LLC GEORGE JOSEPH, PRESIDENT 2526 BELLMEADE HOUSTON, TX 77019</p>
	<p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	
2.54	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Amended And Restated Lease Agreement- Houston Central- Houston TX Dated 08/15/2012</p>	<p>ELLAG LLC GEORGE JOSEPH, PRESIDENT 3631 MERRICK HOUSTON, TX 77019</p>
	<p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	

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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
2.55	State what the contract or lease is for and the nature of the debtor's interest	Service Agreement	ENTRANCE SOFTWARE 720 RUSK HOUSTON, TX 77002
	State the term remaining List the contract number of any government contract	Undetermined	
2.56	State what the contract or lease is for and the nature of the debtor's interest	Customer Service Agreement entered into as of May 29, 2017	FIRST CLASS WORKFORCE SOLUTIONS 310 VISION DR. SUITE B COLUMBIA, IL 62236
	State the term remaining List the contract number of any government contract	Undetermined	
2.57	State what the contract or lease is for and the nature of the debtor's interest	Service Agreement	FRONTIER COMMUNICATIONS PO BOX 740407 CINCINNATI, OH 45274-0407
	State the term remaining List the contract number of any government contract	Undetermined	
2.58	State what the contract or lease is for and the nature of the debtor's interest	Agreement For Medical Director Services Dated 05/15/2017	GARCIA, KEITH M.D., PHD P.O. BOX 157 DRIFTWOOD, TX 78619
	State the term remaining List the contract number of any government contract	Undetermined	
2.59	State what the contract or lease is for and the nature of the debtor's interest	Management Agreement	GEARY L GOLDSMITH LLC GEARY GOLDSMITH 6320 SOUTHWEST BLVD. SUITE 115 FORT WORTH, TX 76109
	State the term remaining List the contract number of any government contract	Undetermined	
2.60	State what the contract or lease is for and the nature of the debtor's interest	Settlement Agreement And All Applicable Amendments And Addendums Dated 08/20/2014	GEORGE P. JOSEPH 2526 BELLMEADE ST. HOUSTON, TX 77019
	State the term remaining List the contract number of any government contract	Undetermined	
2.61	State what the contract or lease is for and the nature of the debtor's interest	Third Amendment To Confidential Settlement Agreement With George Joseph Dated 09/26/2016	GEORGE P. JOSEPH 2526 BELLMEADE ST. HOUSTON, TX 77019
	State the term remaining List the contract number of any government contract	Undetermined	

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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
2.62	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Fourth Amendment To Confidential Settlement Agreement With George Joseph Dated 06/30/2017</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>GEORGE P. JOSEPH 2526 BELLMEADE ST. HOUSTON, TX 77019</p>
2.63	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Second Amendment To Confidential Settlement Agreement With George Joseph Dated 01/20/2016</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>GEORGE P. JOSEPH 2526 BELLMEADE ST. HOUSTON, TX 77019</p>
2.64	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Equipment Lease</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>GREATAMERICA FINANCIAL SERVICES CORP ATTN: LEGAL DEPARTMENT 625 1ST ST SE #800 CEDAR RAPIDS, IA 52401</p>
2.65	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Agreement For Medical Director Services Dated 07/01/2013</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>GREEN, CASEY 2219 W EULESS BOULEVARD EULESS, TX 76040</p>
2.66	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Agreement For Medical Services Dated 11/01/2014</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>HAUSER, DONALD 5959 WEST LOOP SOUTH, SUITE 600 BELLAIRE, TX 77401</p>
2.67	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Participation Agreement Dated 10/01/2017</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>HEALTH EZ; AMERICA'S PPO 7201 WEST 78TH STREET SUITE 100 BLOOMINGTON, MN 55439</p>
2.68	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Provider Agreement And All Applicable Amendments And Addendums Dated 03/25/2004</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>HEALTHSMART ATTN: LEGAL DEPT. 222 W. LAS COLINAS BLVD. SUITE 600N IRVING, TX 75039</p>

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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
2.69	State what the contract or lease is for and the nature of the debtor's interest	Management Agreement	HEALTHY RECOVERY SOLUTIONS, PLLC TAMMY SAMOUR AND JAYNE PAYNE 16815 ROYAL CREST SUITES 130 140 AND 240 HOUSTON, TX 77058
	State the term remaining List the contract number of any government contract	Undetermined	
2.70	State what the contract or lease is for and the nature of the debtor's interest	Service Agreement	HILL COUNTRY WEB 21209 HWY 71 WEST #1 SPICEWOOD, TX 78669
	State the term remaining List the contract number of any government contract	Undetermined	
2.71	State what the contract or lease is for and the nature of the debtor's interest	Facility Participation Agreement Dated 01/01/2018	HUMANA MILITARY (TRICARE) PROVIDER DEV. DEPT. 2101 W. JOHN CARPENTER FRWY IRVING, TX 75063-3228
	State the term remaining List the contract number of any government contract	Undetermined	
2.72	State what the contract or lease is for and the nature of the debtor's interest	Facility Participation Agreement And All Applicable Amendments And Addendums Dated 09/29/2005	HUMANA PROVIDER DEV. DEPT. ATTN: SHANNON JOHNSON 2101 W. JOHN CARPENTER FRWY IRVING, TX 75063-3228
	State the term remaining List the contract number of any government contract	Undetermined	
2.73	State what the contract or lease is for and the nature of the debtor's interest	Participating Provider Agreement And All Applicable Amendments And Addendums Dated 01/05/2017	IMAGINE HEALTH C/O IMAGINE HEALTH, INC. ATTN: HOWARD YOURN, GENERAL COUNSEL 6995 UNION PARK CENTER, SUITE 250 COTTONWOOD HEIGHTS, UT 84047
	State the term remaining List the contract number of any government contract	Undetermined	
2.74	State what the contract or lease is for and the nature of the debtor's interest	Participating Provider Agreement And All Applicable Amendments And Addendums Dated 01/05/2017	IMAGINE HEALTH C/O IMAGINE HEALTH, INC. ATTN: HOWARD YOURN, GENERAL COUNSEL 6995 UNION PARK CENTER, SUITE 250 COTTONWOOD HEIGHTS, UT 84047
	State the term remaining List the contract number of any government contract	Undetermined	
2.75	State what the contract or lease is for and the nature of the debtor's interest	Facility Agreement Dated 07/01/1997	INTEGRATED BEHAVIORAL HEALTH
	State the term remaining List the contract number of any government contract	Undetermined	

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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
2.76	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Customer Agreement Dated 07/26/2013</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>IRON MOUNTAIN INFORMATION MANAGEMENT, LLC</p> <p>11624 E SHEA BLVD</p> <p>SCOTTSDALE, AZ 85259</p>
2.77	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Independent Contractor Services Agreement Dated 03/05/2018</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>IRVIN, JOEL</p> <p>11002 CONNEMARA COVE</p> <p>SAN ANTONIO, TX 78254</p>
2.78	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Landlord Subordination And Collateral Access Agreement For 2219 West Eules Blvd Eules, TX Dated 08/15/2012</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>J & S REAL ESTATE INVESTMENT L P</p> <p>JSRE GP, INC ATTN: GEORGE JOSEPH, PRESIDENT</p> <p>3631 MERRICK</p> <p>HOUSTON, TX 77025</p>
2.79	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Landlord Subordination And Collateral Access Agreement For 440 Fischer Store Rd Wimberly TX Dated 08/15/2012</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>J & S REAL ESTATE INVESTMENT L P</p> <p>JSRE GP, INC ATTN: GEORGE JOSEPH, PRESIDENT</p> <p>3631 MERRICK</p> <p>HOUSTON, TX 77025</p>
2.80	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Assignment And Amendment of Lease Known As 3815 Montrose Blvd Houston TX Dated 03/06/2017</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>JASON NORWOOD</p>
2.81	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Independent Contractor Services Agreement Dated 05/16/2014</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>LEVIEN, BRIDGET</p> <p>3274 JEFFERSON STREET</p> <p>AUSTIN, TX 78731</p>
2.82	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Lease Agreement</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>LIBERTY IN MONTROSE, L.P.</p> <p>9601 KATY FREEWAY #475</p> <p>HOUSTON, TX 77024</p>

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NameCase number (if known) 18-11229 (BLS)**Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

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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
2.83	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Commercial Sublease Agreement- 819 W Alabama Houston TX Dated 04/01/2017</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>LIBERTY MONTROSE LP 9601 KATY FREEWAY #475 HOUSTON, TX 77024</p>
2.84	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Amendment Dated 05/15/2008</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>MAGELLAN MAGELLAN HEALTH SERVICES OF CA, INC., ATTN: CEO 3131 CAMNIO DEL RIO NORTH SUITE 400 SAN DIEGO, CA 92108-5701</p>
2.85	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Amendment Dated 01/20/2012</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>MAGELLAN MAGELLAN HEALTH SERVICES OF CA, INC., ATTN: CEO 3131 CAMNIO DEL RIO NORTH SUITE 400 SAN DIEGO, CA 92108-5701</p>
2.86	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Facility Participation Agreement Dated 09/18/2002</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>MAGELLAN MAGELLAN HEALTH SERVICES OF CA, INC., ATTN: CEO 3131 CAMNIO DEL RIO NORTH SUITE 400 SAN DIEGO, CA 92108-5701</p>
2.87	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Amendment Dated 06/24/2013</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>MAGELLAN MAGELLAN HEALTH SERVICES OF CA, INC., ATTN: CEO 3131 CAMNIO DEL RIO NORTH SUITE 400 SAN DIEGO, CA 92108-5701</p>
2.88	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Addendum Dated 07/30/2014</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>MAGELLAN MAGELLAN HEALTH SERVICES OF CA, INC., ATTN: CEO 3131 CAMNIO DEL RIO NORTH SUITE 400 SAN DIEGO, CA 92108-5701</p>
2.89	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Amendment Dated 07/30/2010</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>MAGELLAN MAGELLAN HEALTH SERVICES OF CA, INC., ATTN: CEO 3131 CAMNIO DEL RIO NORTH SUITE 400 SAN DIEGO, CA 92108-5701</p>

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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
2.90	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Participation Agreement Dated 05/17/2018</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>MAGELLAN MAGELLAN HEALTH SERVICES OF CA, INC., ATTN: CEO 3131 CAMNIO DEL RIO NORTH SUITE 400 SAN DIEGO, CA 92108-5701</p>
2.91	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Amendment Dated 02/26/2017</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>MAGELLAN MAGELLAN HEALTH SERVICES OF CA, INC., ATTN: CEO 3131 CAMNIO DEL RIO NORTH SUITE 400 SAN DIEGO, CA 92108-5701</p>
2.92	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Amendment Dated 09/27/2015</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>MAGELLAN MAGELLAN HEALTH SERVICES OF CA, INC., ATTN: CEO 3131 CAMNIO DEL RIO NORTH SUITE 400 SAN DIEGO, CA 92108-5701</p>
2.93	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Amendment Dated 02/26/2017</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>MAGELLAN MAGELLAN HEALTH SERVICES OF CA, INC., ATTN: CEO 3131 CAMNIO DEL RIO NORTH SUITE 400 SAN DIEGO, CA 92108-5701</p>
2.94	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Amendment Dated 01/20/2012</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>MAGELLAN MAGELLAN HEALTH SERVICES OF CA, INC., ATTN: CEO 3131 CAMNIO DEL RIO NORTH SUITE 400 SAN DIEGO, CA 92108-5701</p>
2.95	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Amendment Dated 06/24/2013</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>MAGELLAN MAGELLAN HEALTH SERVICES OF CA, INC., ATTN: CEO 3131 CAMNIO DEL RIO NORTH SUITE 400 SAN DIEGO, CA 92108-5701</p>
2.96	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Participation Agreement Dated 09/01/2018</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>MAGELLAN MAGELLAN HEALTH SERVICES OF CA, INC., ATTN: CEO 3131 CAMNIO DEL RIO NORTH SUITE 400 SAN DIEGO, CA 92108-5701</p>

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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
2.97	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Amendment Dated 08/16/2015</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>MAGELLAN MAGELLAN HEALTH SERVICES OF CA, INC., ATTN: CEO 3131 CAMNIO DEL RIO NORTH SUITE 400 SAN DIEGO, CA 92108-5701</p>
2.98	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Amendment Dated 09/11/2008</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>MAGELLAN MAGELLAN HEALTH SERVICES OF CA, INC., ATTN: CEO 3131 CAMNIO DEL RIO NORTH SUITE 400 SAN DIEGO, CA 92108-5701</p>
2.99	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Amendment Dated 09/11/2008</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>MAGELLAN MAGELLAN HEALTH SERVICES OF CA, INC., ATTN: CEO 3131 CAMNIO DEL RIO NORTH SUITE 400 SAN DIEGO, CA 92108-5701</p>
2.100	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Participation Agreement Dated 02/26/2017</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>MAGELLAN MAGELLAN HEALTH SERVICES OF CA, INC., ATTN: CEO 3131 CAMNIO DEL RIO NORTH SUITE 400 SAN DIEGO, CA 92108-5701</p>
2.101	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Amendment Dated 08/15/2015</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>MAGELLAN MAGELLAN HEALTH SERVICES OF CA, INC., ATTN: CEO 3131 CAMNIO DEL RIO NORTH SUITE 400 SAN DIEGO, CA 92108-5701</p>
2.102	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Amendment Dated 03/17/2010</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>MAGELLAN MAGELLAN HEALTH SERVICES OF CA, INC., ATTN: CEO 3131 CAMNIO DEL RIO NORTH SUITE 400 SAN DIEGO, CA 92108-5701</p>
2.103	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Amendment Dated 03/17/2010</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>MAGELLAN MAGELLAN HEALTH SERVICES OF CA, INC., ATTN: CEO 3131 CAMNIO DEL RIO NORTH SUITE 400 SAN DIEGO, CA 92108-5701</p>

Debtor TRS Behavioral Care, Inc.
NameCase number (if known) 18-11229 (BLS)**Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

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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
2.104	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Amendment Dated 07/30/2010</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>MAGELLAN MAGELLAN HEALTH SERVICES OF CA, INC., ATTN: CEO 3131 CAMNIO DEL RIO NORTH SUITE 400 SAN DIEGO, CA 92108-5701</p>
2.105	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Independent Contractor Services Agreement Dated 07/01/2014</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>MCCABE MARCOTTE, LAURA 221 GOLDEN BEAR AUSTIN, TX 78738</p>
2.106	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Independent Contractor Services Agreement Dated 12/08/2010</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>MCGOWAN, JAN S 13 LONE STAR TRAIL WIMBERLEY, TX 78676</p>
2.107	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Service Agreement</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>MED PRO BILLING INC 7200 WEST MCNAB RD TAMARAC, FL 33321</p>
2.108	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Facility Participation Agreement Dated 04/15/2009</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>MH NET / MHA MANAGED HEALTH NETWORK, INC. ATTN: DENA MADDOX, VP 1600 LOS GAMOS DRIVE, SUITE 300 SAN RAFAEL, CA 94903</p>
2.109	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Participating Provider Agreement And All Applicable Amendments And Addendums Dated 05/01/2007</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>MHN MANAGED HEALTH NETWORK, INC. ATTN: DENA MADDOX, VP 1600 LOS GAMOS DRIVE, SUITE 300 SAN RAFAEL, CA 94903</p>
2.110	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Amendment Dated 08/01/2009</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>MULTIPLAN/PHCS ATTN: MARK TABAK PRESIDENT AND CEO 115 FIFTH AVENUE NEW YORK, NY 10003-1004</p>

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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
2.111	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Facility Agreement And All Applicable Amendments And Addendums Dated 12/01/2011</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>MULTIPLAN/PHCS ATTN: MARK TABAK PRESIDENT AND CEO 115 FIFTH AVENUE NEW YORK, NY 10003-1004</p>
2.112	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Facility Agreement Dated 08/01/2002</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>MULTIPLAN/PHCS ATTN: MARK TABAK PRESIDENT AND CEO 115 FIFTH AVENUE NEW YORK, NY 10003-1004</p>
2.113	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Amendment Dated 08/01/2007</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>MULTIPLAN/PHCS ATTN: MARK TABAK PRESIDENT AND CEO 115 FIFTH AVENUE NEW YORK, NY 10003-1004</p>
2.114	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Facility Participation Agreement Dated 11/07/2001</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>NEW DIRECTIONS</p>
2.115	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Facility Participation Agreement And All Applicable Amendments And Addendums Dated 10/19/2000</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>OPTUM UBH C/O THE RANCH MS ATTN: NICK POAN, CFO 3949 HIGHWAY NORTH BRANDON, MS 39047</p>
2.116	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Independent Contractor Services Agreement Dated 05/16/2014</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>PACZOSA, ADRIEN 3274 JEFFERSON STREET AUSTIN, TX 78731</p>
2.117	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Lease Agreement</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>PITNEY BOWES PO BOX 371887 PITTSBURGH, PA 15250-7887</p>

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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
2.118	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Independent Contractor Services Agreement</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>POWERS, JASON MD 5350 YARWELL HOUSTON, TX 77096</p>
2.119	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Laboratory Services Agreement</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>QUEST DIAGNOSTICS CLINICAL LABORATORIES, INC. ATTN: CONTRACTS MANAGER, SOUTHWEST 4770 REGENT BLVD IRVING, TX 75063</p>
2.120	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Independent Contractor Services Agreement Dated 01/21/2014</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>RAYSON, WILLIAM BILL'S FITNESS, LLC 1904 FOUNTAIN WOOD DR. EULESS, TX 76039</p>
2.121	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Lease Agreement</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>RICHMOND EASTSIDE HOLDINGS C/O MOODY RAMBIN 1455 W LOOP SOUTH #700 HOUSTON, TX 77027</p>
2.122	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Management Agreement</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>ROBERT KIDD DBA KIDD COUNSELING ROBERT KIDD 302 WEST HOPKINS STREET UNITS 1&2 SAN MARCOS, TX 78666</p>
2.123	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>First Amendment To Commercial Lease Agreement Dated 07/26/2013</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>ROSSINI INTERNATIONAL, INC. PO BOX 96 BELLAIRE, TX 77402-0096</p>
2.124	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Office Lease Contract- Crosslands Plaza office Park Dated 11/01/2014</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>RP PARTNERS LTD 1701 RIVER RUN STE 504 FORTH WORTH, TX 76107</p>

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2.125	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Lease Agreement Dated 04/13/2015</p>	<p>SECAP FINANCE 10 CLIPPER RD W. CONSHOHOCKEN, PA 19428</p>
	<p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	
2.126	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Lease Agreement Dated 04/10/2015</p>	<p>SECAP FINANCE 10 CLIPPER RD W. CONSHOHOCKEN, PA 19428</p>
	<p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	
2.127	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Client Service Agreement Dated 02/16/2005</p>	<p>SHRED-IT 28883 NETWORK PLACE CHICAGO, IL 60673</p>
	<p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	
2.128	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Client Service Agreement Dated 03/31/2008</p>	<p>SHRED-IT 28883 NETWORK PLACE CHICAGO, IL 60673</p>
	<p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	
2.129	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Lease Agreement</p>	<p>SOUTHWEST OFFICE SYSTEMS INC ACCOUNTING DEPT. PO BOX 612248 DFW, TX 75261-2248</p>
	<p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	
2.130	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Service Agreement</p>	<p>SPICEWOOD GENERAL STORE PO BOX 635 SPICEWOOD, TX 78669</p>
	<p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	
2.131	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Independent Contractor Services Agreement Dated 05/01/2016</p>	<p>STANFORD, STEVIE 320 HERITAGE DRIVE AUSTIN, TX 78737</p>
	<p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	

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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
2.132	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Amended and Restated Management Agreement</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>STEVE MURPHY DBA ALAMO CITY TREATMENT SERVICE</p> <p>STEVE MURPHY</p> <p>12042 BLANCO ROAD</p> <p>SUITE 101</p> <p>SAN ANTONIO, TX 78216</p>
2.133	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Amended and Restated Management Agreement</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>STEVEN M. CRUMP, MS, LPC, LCDC DBA NORTHPARK COUNSELING ASSOCIATES, INC.</p> <p>STEVEN M. CRUMP</p> <p>5646 MILTON STREET</p> <p>SUITE 340</p> <p>DALLAS, TX 75206</p>
2.134	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Management Agreement</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>STEVEN M. CRUMP, MS, LPC, LCDC DBA NORTHPARK COUNSELING ASSOCIATES, INC.</p> <p>425 OLD NEWMAN ROAD</p> <p>UNITS 201 & 202</p> <p>FRISCO, TX 75034</p>
2.135	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Amended and Restated Management Agreement</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>STEVEN M. CRUMP, MS, LPC, LCDC DBA NORTHPARK COUNSELING ASSOCIATES, INC.</p> <p>STEVEN M. CRUMP</p> <p>ONE PRESTON CENTER</p> <p>8222 DOUGLAS AVENUE</p> <p>SUITE 390</p> <p>DALLAS, TX 75225</p>
2.136	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Amended and Restated Management Agreement</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>STEVEN M. CRUMP, MS, LPC, LCDC DBA NORTHPARK COUNSELING ASSOCIATES, INC.</p> <p>STEVEN M. CRUMP</p> <p>1200 COMMERCE</p> <p>SUITE 116</p> <p>PLANO, TX 75093</p>
2.137	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Commercial Lease Agreement-425 Westpark Way Eules TX Dated 12/23/2014</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>TANVI HOLDINGS LLC</p> <p>C/O SCOTT BROWN COMMERCIAL</p> <p>1400 DALLAS DR</p> <p>DENTON, TX 76205</p>
2.138	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Service Agreement</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>TAOSNET</p> <p>201 CAMINO DE LA MERCED</p> <p>TAOS, NM 87571</p>

Debtor TRS Behavioral Care, Inc.
NameCase number (if known) 18-11229 (BLS)**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
2.139	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Landscaping & Mowing Services Contract Dated 06/01/2013</p>	<p>TERRY'S LAWN CARE, INC. ATTN: MARTY TERRY P.O. BOX 941 ALEDO, TX 76008</p>
	<p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	
2.140	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Service Agreement And All Applicable Amendments And Addendums Dated 06/01/2006</p>	<p>TEXAS CHILDREN'S HEALTH PLAN ATTN: CHRISTOPHER M. BORN, PRESIDENT</p>
	<p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	
2.141	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Facility Participation Agreement Dated 10/01/2009</p>	<p>TEXAS TRUE CHOICE ATTN: MIKE DIEL DIRECTOR OF NETWORK DEV. 5000 LEGACY DRIVE , SUITE 100 PLANO, TX 75024</p>
	<p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	
2.142	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Service Agreement Dated 01/29/2015</p>	<p>TIME WARNER CABLE ENTERPRISES LLC 1900 BLUE CREST LN SAN ANTONIO, TX 78247</p>
	<p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	
2.143	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Service Agreement Dated 01/29/2015</p>	<p>TIME WARNER CABLE ENTERPRISES LLC 1900 BLUE CREST LN SAN ANTONIO, TX 78247</p>
	<p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	
2.144	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Copier Lease Agreement Dated 12/31/2014</p>	<p>TLC OFFICE SYSTEMS TLC TONERLAND, L.P. 8711 FALLBROOK HOUSTON, TX 77064</p>
	<p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	
2.145	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Sales Order</p>	<p>TLC OFFICE SYSTEMS 8711 FALLBROOK HOUSTON, TX 77064</p>
	<p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	

Debtor TRS Behavioral Care, Inc.
NameCase number (if known) 18-11229 (BLS)**Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

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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
2.146	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Agreement Dated 12/31/2014</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>TLC OFFICE SYSTEMS 8711 FALLBROOK HOUSTON, TX 77064</p>
2.147	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Sales Orders and Agreements Dated 03/15/2014</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>TLC OFFICE SYSTEMS 8711 FALLBROOK HOUSTON, TX 77064</p>
2.148	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Sales Order</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>TLC OFFICE SYSTEMS 8711 FALLBROOK HOUSTON, TX 77064</p>
2.149	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Sales Order Dated 12/31/2014</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>TLC OFFICE SYSTEMS 8711 FALLBROOK HOUSTON, TX 77064</p>
2.150	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Participation Agreement Dated 01/00/1900</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>TMHP/HHSC (FOR TX MEDICAID ENROLLMENT) ATTN: JOHN BURLEY, CEO 3400 MONTROSE BLVD. SUITE 540 HOUSTON, TX 77006</p>
2.151	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Employee Benefits Pool Provider Agreement Dated 01/01/2002</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>TML</p>
2.152	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Lease Agreement</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>TRESTLE PARTNERS PO BOX 1927 DENTON, TX 76202</p>

Debtor TRS Behavioral Care, Inc.
NameCase number (if known) 18-11229 (BLS)**Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

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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
2.153	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Provider Agreement Dated 06/01/2017</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>TRPN ATTN: ROBERT MALONE, PRESIDENT CEO 910 HALE PLACE SUITE 101 CHULA VISTA, CA 91914</p>
2.154	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Provider Agreement Dated 04/01/2015</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>TRPN ATTN: ROBERT MALONE, PRESIDENT CEO 910 HALE PLACE SUITE 101 CHULA VISTA, CA 91914</p>
2.155	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Lease Agreement</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>VANGUARD</p>
2.156	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Hospital Services Agreement Dated 01/01/2018</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>VISTA 360 PO BOX 27788 AUSTIN, TX 78755</p>
2.157	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Equipment Lease(s)</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>WELLS FARGO FINANCIAL LEASING ATTN: LEGAL DEPARTMENT PO BOX 10306 DES MOINES, IA 50306-0306</p>
2.158	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Lease Agreement</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>WIMBERLEY CLEAR WATER PROPERTY LLC</p>
2.159	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Preliminary Feasibility Study Agreement- 918 West Alabama St Houston TX Dated 04/04/2013</p> <p>State the term remaining</p> <p>Undetermined</p> <p>List the contract number of any government contract</p>	<p>Y-SQUARE DESIGN BUILD LLC 8582 KATY FREEWAY SUITE 220 HOUSTON, TX 77024</p>

Fill in this information to identify the case:Debtor name TRS Behavioral Care, Inc.

United States Bankruptcy Court for the: _____ District of _____

Case number (If known): 18-11229 (BLS)☐ Check if this is an amended filing**Official 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:
2.1 Wrightsville Services, LLC	1166 Hilts Road Wrightsville, 17368	CORTLAND CAPITAL MARKET SERVICES LLC AS AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2 EBH Acquisition Subsidiary, Inc.	3100 E Commercial Blvd Suite 100 Fort Lauderdale, 33308	CORTLAND CAPITAL MARKET SERVICES LLC AS AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3 EBH Big Rock, Inc.	5000 Airport Plaza Drive Suite 100 Long Beach, 90815	CORTLAND CAPITAL MARKET SERVICES LLC AS AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4 EBH Big Rock, Inc.	5000 Airport Plaza Drive Suite 100 Long Beach, 90815	CORTLAND CAPITAL MARKET SERVICES LLC AS AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5 EBH Northeast Services, Inc.	544 Iron Ridge Road Hanover, 17331	CORTLAND CAPITAL MARKET SERVICES LLC AS AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.6 EBH Services of Florida, Inc.	112 North Oak Street Suite 109 Lake Worth, 33462	CORTLAND CAPITAL MARKET SERVICES LLC AS AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor TRS Behavioral Care, Inc.
NameCase number (if known) 18-11229 (BLS)**Additional Page if Debtor Has More Codebtors****Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.**

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.7 SoCal Rehab and Recovery, Inc.	5000 Airport Plaza Drive Suite 100 Long Beach, 90815	CORTLAND CAPITAL MARKET SERVICES LLC AS AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.8 Southeast Behavioral Health Services, Inc.	3949 Highway 43 North Brandon, 39047	CORTLAND CAPITAL MARKET SERVICES LLC AS AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.9 Spirit Lodge, LLC	840 County Road 420 Spicewood, 78669	CORTLAND CAPITAL MARKET SERVICES LLC AS AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.10 The Ranch on the Piney River, Inc.	6107 Pinewood Road Nunnally, 37137	CORTLAND CAPITAL MARKET SERVICES LLC AS AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.11 The Sexual Recovery Institute, Inc.	5000 Airport Plaza Drive Suite 100 Long Beach, 90815	CORTLAND CAPITAL MARKET SERVICES LLC AS AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.12 Westside Sober Living Centers, Inc.	20725 Rockcroft Drive Malibu, 90265	CORTLAND CAPITAL MARKET SERVICES LLC AS AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.13 Outpatient Services TN, Inc.	5000 Airport Plaza Drive Suite 100 Long Beach, 90815	CORTLAND CAPITAL MARKET SERVICES LLC AS AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.14 PROMAL2, Inc.	20723 Rockcroft Drive Malibu, 90265	CORTLAND CAPITAL MARKET SERVICES LLC AS AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.15 PROMAL4, Inc.	20729 Rockcroft Drive Malibu, 90265	CORTLAND CAPITAL MARKET SERVICES LLC AS AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.16 Promises Residential Treatment Center VI, Inc.	20713 Rockcroft Drive Malibu, 90265	CORTLAND CAPITAL MARKET SERVICES LLC AS AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.17 San Cristobal Treatment Center, LLC	176 Camino del Medio San Cristobal, 87564	CORTLAND CAPITAL MARKET SERVICES LLC AS AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor TRS Behavioral Care, Inc.
NameCase number (if known) 18-11229 (BLS)**Additional Page if Debtor Has More Codebtors****Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.**

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.18 SBAR2, Inc.	5000 Airport Plaza Drive Suite 100 Long Beach, 90815	CORTLAND CAPITAL MARKET SERVICES LLC AS AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.19 Elements Medical Group of Utah, Inc.	5000 Airport Plaza Drive Suite 100 Long Beach, 90815	CORTLAND CAPITAL MARKET SERVICES LLC AS AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.20 Elements Screening Services, Inc.	5000 Airport Plaza Drive Suite 100 Long Beach, 90815	CORTLAND CAPITAL MARKET SERVICES LLC AS AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.21 Intensive Outpatient Services PA, Inc.	5000 Airport Plaza Drive Suite 100 Long Beach, 90815	CORTLAND CAPITAL MARKET SERVICES LLC AS AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.22 NE Sober Living, Inc.	6143 Mill Road Egg Harbor Township, 08234	CORTLAND CAPITAL MARKET SERVICES LLC AS AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.23 Northeast Behavioral Services, Inc.	421 Bethel Road Somers Point, 08244	CORTLAND CAPITAL MARKET SERVICES LLC AS AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.24 Outpatient Services FL, Inc.	5000 Airport Plaza Drive Suite 100 Long Beach, 90815	CORTLAND CAPITAL MARKET SERVICES LLC AS AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.25 EBH Services of Florida, Inc.	112 North Oak Street Suite 109 Lake Worth, 33462	CORTLAND CAPITAL MARKET SERVICES LLC AS AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.26 EBH Southwest Services, Inc.	8072 S. Highland Drive Salt Lake City, 84121	CORTLAND CAPITAL MARKET SERVICES LLC AS AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.27 Ehrman Subsidiary Corp.	5000 Airport Plaza Drive Suite 100 Long Beach, 90815	CORTLAND CAPITAL MARKET SERVICES LLC AS AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.28 Elements Behavioral Health, Inc.	5000 Airport Plaza Drive Suite 100 Long Beach, 90815	CORTLAND CAPITAL MARKET SERVICES LLC AS AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor TRS Behavioral Care, Inc.
NameCase number (if known) 18-11229 (BLS)**Additional Page if Debtor Has More Codebtors****Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.**

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.29 Elements Medical Group of Arizona, Inc.	5000 Airport Plaza Drive Suite 100 Long Beach, 90815	CORTLAND CAPITAL MARKET SERVICES LLC AS AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.30 Elements Medical Group of Mississippi, Inc.	3949 Highway 43 North Brandon, 39047	CORTLAND CAPITAL MARKET SERVICES LLC AS AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.31 Elements Behavioral Health, Inc.	5000 Airport Plaza Drive Suite 100 Long Beach, 90815	JOSEPH, GEORGE	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.32 Assurance Toxicology Services, LLC	933 N Nakoma Suite 120 San Antonio, 78216	PROJECT BUILD BEHAVIORAL HEALTH, LLC, AS AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.33 EBH Acquisition Subsidiary, Inc.	3100 E Commercial Blvd Suite 100 Fort Lauderdale, 33308	PROJECT BUILD BEHAVIORAL HEALTH, LLC, AS AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.34 EBH Big Rock, Inc.	5000 Airport Plaza Drive Suite 100 Long Beach, 90815	PROJECT BUILD BEHAVIORAL HEALTH, LLC, AS AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.35 EBH Holding Company, Inc.	5000 Airport Plaza Drive Suite 100 Long Beach, 90815	PROJECT BUILD BEHAVIORAL HEALTH, LLC, AS AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.36 EBH Northeast Services, Inc.	544 Iron Ridge Road Hanover, 17331	PROJECT BUILD BEHAVIORAL HEALTH, LLC, AS AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.37 EBH Services of Florida, Inc.	112 North Oak Street Suite 109 Lake Worth, 33462	PROJECT BUILD BEHAVIORAL HEALTH, LLC, AS AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.38 Southeast Behavioral Health Services, Inc.	3949 Highway 43 North Brandon, 39047	PROJECT BUILD BEHAVIORAL HEALTH, LLC, AS AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.39 Spirit Lodge, LLC	840 County Road 420 Spicewood, 78669	PROJECT BUILD BEHAVIORAL HEALTH, LLC, AS AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor TRS Behavioral Care, Inc.
NameCase number (if known) 18-11229 (BLS)**Additional Page if Debtor Has More Codebtors****Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.**

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.40 The Ranch on the Piney River, Inc.	6107 Pinewood Road Nunnelly, 37137	PROJECT BUILD BEHAVIORAL HEALTH, LLC, AS AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.41 The Sexual Recovery Institute, Inc.	5000 Airport Plaza Drive Suite 100 Long Beach, 90815	PROJECT BUILD BEHAVIORAL HEALTH, LLC, AS AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.42 Westside Sober Living Centers, Inc.	20725 Rockcroft Drive Malibu, 90265	PROJECT BUILD BEHAVIORAL HEALTH, LLC, AS AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.43 Wrightsville Services, LLC	1166 Hitts Road Wrightsville, 17368	PROJECT BUILD BEHAVIORAL HEALTH, LLC, AS AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.44 PROMAL2, Inc.	20723 Rockcroft Drive Malibu, 90265	PROJECT BUILD BEHAVIORAL HEALTH, LLC, AS AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.45 PROMAL4, Inc.	20729 Rockcroft Drive Malibu, 90265	PROJECT BUILD BEHAVIORAL HEALTH, LLC, AS AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.46 Promises Residential Treatment Center VI, Inc.	20713 Rockcroft Drive Malibu, 90265	PROJECT BUILD BEHAVIORAL HEALTH, LLC, AS AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.47 San Cristobal Treatment Center, LLC	176 Camino del Medio San Cristobal, 87564	PROJECT BUILD BEHAVIORAL HEALTH, LLC, AS AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.48 SBAR2, Inc.	5000 Airport Plaza Drive Suite 100 Long Beach, 90815	PROJECT BUILD BEHAVIORAL HEALTH, LLC, AS AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.49 SoCal Rehab and Recovery, Inc.	5000 Airport Plaza Drive Suite 100 Long Beach, 90815	PROJECT BUILD BEHAVIORAL HEALTH, LLC, AS AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.50 Elements Screening Services, Inc.	5000 Airport Plaza Drive Suite 100 Long Beach, 90815	PROJECT BUILD BEHAVIORAL HEALTH, LLC, AS AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

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Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.51 Intensive Outpatient Services PA, Inc.	5000 Airport Plaza Drive Suite 100 Long Beach, 90815	PROJECT BUILD BEHAVIORAL HEALTH, LLC, AS AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.52 NE Sober Living, Inc.	6143 Mill Road Egg Harbor Township, 08234	PROJECT BUILD BEHAVIORAL HEALTH, LLC, AS AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.53 Northeast Behavioral Services, Inc.	421 Bethel Road Somers Point, 08244	PROJECT BUILD BEHAVIORAL HEALTH, LLC, AS AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.54 Outpatient Services FL, Inc.	5000 Airport Plaza Drive Suite 100 Long Beach, 90815	PROJECT BUILD BEHAVIORAL HEALTH, LLC, AS AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.55 Outpatient Services TN, Inc.	5000 Airport Plaza Drive Suite 100 Long Beach, 90815	PROJECT BUILD BEHAVIORAL HEALTH, LLC, AS AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.56 EBH Southwest Services, Inc.	8072 S. Highland Drive Salt Lake City, 84121	PROJECT BUILD BEHAVIORAL HEALTH, LLC, AS AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.57 Ehrman Subsidiary Corp.	5000 Airport Plaza Drive Suite 100 Long Beach, 90815	PROJECT BUILD BEHAVIORAL HEALTH, LLC, AS AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.58 Elements Behavioral Health, Inc.	5000 Airport Plaza Drive Suite 100 Long Beach, 90815	PROJECT BUILD BEHAVIORAL HEALTH, LLC, AS AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.59 Elements Medical Group of Arizona, Inc.	5000 Airport Plaza Drive Suite 100 Long Beach, 90815	PROJECT BUILD BEHAVIORAL HEALTH, LLC, AS AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.60 Elements Medical Group of Mississippi, Inc.	3949 Highway 43 North Brandon, 39047	PROJECT BUILD BEHAVIORAL HEALTH, LLC, AS AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.61 Elements Medical Group of Utah, Inc.	5000 Airport Plaza Drive Suite 100 Long Beach, 90815	PROJECT BUILD BEHAVIORAL HEALTH, LLC, AS AGENT	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case and this filing:Debtor Name TRS Behavioral Care, Inc.

United States Bankruptcy Court for the: _____ District of _____

Case number (if known): 18-11229 (BLS)**Official Form 202****Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/

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

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

Declaration and signature

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

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

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

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

Executed on 06/24/2018
MM / DD / YYYY

X/s/ Martin McGahan

Signature of individual signing on behalf of debtor

Martin McGahan
Printed name

Chief Restructuring Officer
Position or relationship to debtor

Fill in this information to identify the case:Debtor name TRS Behavioral Care, Inc.

United States Bankruptcy Court for the: _____ District of _____

Case number (if known): 18-11229 (BLS)☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy 04/16**

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

Part 1: Income**1. Gross revenue from business**☐ None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year			Sources of revenue Check all that apply	Gross revenue (before deductions and exclusions)
From the beginning of the fiscal year to filing date:	From <u>01/01/2018</u> MM / DD / YYYY	to <u>Filing date</u>	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	\$ <u>9,126,794.00</u>
For prior year:	From <u>01/01/2017</u> MM / DD / YYYY	to <u>12/31/2017</u> MM / DD / YYYY	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	\$ <u>25,376,175.00</u>
For the year before that:	From <u>01/01/2016</u> MM / DD / YYYY	to <u>12/31/2016</u> MM / DD / YYYY	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	\$ <u>29,958,375.00</u>

2. Non-business revenue

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

☒ None

			Description of sources of revenue	Gross revenue from each source (before deductions and exclusions)
From the beginning of the fiscal year to filing date:	From _____ MM / DD / YYYY	to <u>Filing date</u>	_____	\$ _____
For prior year:	From _____ MM / DD / YYYY	to _____ MM / DD / YYYY	_____	\$ _____
For the year before that:	From _____ MM / DD / YYYY	to _____ MM / DD / YYYY	_____	\$ _____

Debtor TRS Behavioral Care, Inc.
NameCase number (if known) 18-11229 (BLS)**Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

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

☐ None

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

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

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

☐ None

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

Debtor TRS Behavioral Care, Inc.
NameCase number (if known) 18-11229 (BLS)**5. Repossessions, foreclosures, and returns**

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

☒ None

	Creditor's name and address	Description of the property	Date	Value of property
5.1.	Creditor's name Street City State ZIP Code			\$
5.2.	Creditor's name Street City State ZIP Code			\$

6. Setoffs

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

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
Creditor's name Street City State ZIP Code			\$
Last 4 digits of account number: XXXX- _ _ _ _			

Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

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

☐ None

Case title	Nature of case	Court or agency's name and address	Status of case
7.1. See Attached Rider		Name	<input type="checkbox"/> Pending
Case number		Street	<input type="checkbox"/> On appeal
		City State ZIP Code	<input type="checkbox"/> Concluded
7.2.		Court or agency's name and address	<input type="checkbox"/> Pending
Case title		Name	<input type="checkbox"/> On appeal
Case number		Street	<input type="checkbox"/> Concluded
		City State ZIP Code	

Debtor TRS Behavioral Care, Inc.
NameCase number (if known) 18-11229 (BLS)**8. Assignments and receivership**

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

☒ None

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

Part 4: Certain Gifts and Charitable Contributions**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**☒ None

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

Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☒ None

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

Debtor TRS Behavioral Care, Inc.
NameCase number (if known) 18-11229 (BLS)**Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

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

☐ None

Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.1. See response to Statements question 11 for Elements Behavioral Health, Inc.			\$
Address			
Street			
City State ZIP Code			
Email or website address			
Who made the payment, if not debtor?			

Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.2.			\$
Address			
Street			
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

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

Debtor TRS Behavioral Care, Inc.
NameCase number (if known) 18-11229 (BLS)**13. Transfers not already listed on this statement**

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

☒ None

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

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

Part 7: Previous Locations**14. Previous addresses**

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

☐ Does not apply

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

Debtor TRS Behavioral Care, Inc.
NameCase number (if known) 18-11229 (BLS)**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.

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

15.1. See Attached Rider

Facility name

Street

City

State

ZIP Code

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.

How are records kept?

Check all that apply:

☐ Electronically☐ Paper

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

15.2.

Facility name

Street

City

State

ZIP Code

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.

How are records kept?

Check all that apply:

☐ Electronically☐ Paper**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. Patient Names, Addresses, Birth Dates, Phone Numbers, Social Security Numbers, Payment Information, Medical and Treatment Records

Does the debtor have a privacy policy about that information?

☐ No☒ Yes**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**☐ No. Go to Part 10.

Yes. Does the debtor serve as plan administrator?

☒ No. Go to Part 10.☐ Yes. Fill in below:

Name of plan

Employer identification number of the plan

EIN: _____

Has the plan been terminated?

☐ No☐ Yes

Debtor TRS Behavioral Care, Inc.
NameCase number (if known) 18-11229 (BLS)**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

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

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

☐ None

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

19. Safe deposit boxes

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

☒ None

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

20. Off-premises storage

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

☐ None

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

Debtor TRS Behavioral Care, Inc.
NameCase number (if known) 18-11229 (BLS)**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

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

☒ None

Owner's name and address	Location of the property	Description of the property	Value
Name			\$
Street			
City State ZIP Code			

Part 12: Details About Environmental Information

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

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

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

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

☒ No☐ Yes. Provide details below.

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

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

☒ No☐ Yes. Provide details below.

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

Debtor TRS Behavioral Care, Inc.
NameCase number (if known) 18-11229 (BLS)**24. Has the debtor notified any governmental unit of any release of hazardous material?**

- ☒ No
☐ Yes. Provide details below.

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

Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

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

- ☐ None

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

Debtor TRS Behavioral Care, Inc.
NameCase number (if known) 18-11229 (BLS)**26. Books, records, and financial statements**

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

☐ None

Name and address

Dates of service

26a.1. See Attached Rider

From _____ To _____

Name and address

Dates of service

26a.2.

Name _____

Street _____

City _____

State _____

ZIP Code _____

From _____ To _____

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

☐ None

Name and address

Dates of service

26b.1. BDO SEIDMAN, LLP
PO BOX 31001-0860
PASADENA, CA 91110-0860

From 2008 To Present

Name and address

Dates of service

26b.2.

Name _____

Street _____

City _____

State _____

ZIP Code _____

From _____ To _____

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

☐ None

Name and address

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

26c.1. See Attached Rider

Debtor TRS Behavioral Care, Inc.
NameCase number (if known) 18-11229 (BLS)**Name and address****If any books of account and records are unavailable, explain why**

26c.2.

Name

Street

City

State

ZIP Code

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

☐ None**Name and address**

26d.1. See Attached Rider

Name and address

26d.2.

Name

Street

City

State

ZIP Code

27. Inventories

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

☒ No☐ Yes. Give the details about the two most recent inventories.**Name of the person who supervised the taking of the inventory****Date of inventory****The dollar amount and basis (cost, market, or other basis) of each inventory**

\$ _____

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

27.1.

Name

Street

City

State

ZIP Code

Debtor TRS Behavioral Care, Inc.
NameCase number (if known) 18-11229 (BLS)

Name of the person who supervised the taking of the inventory

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

\$ _____

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

27.2.

Name _____

Street _____

City _____

State _____

ZIP Code _____

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

Name

Address

Position and nature of any
interest

% of interest, if any

See Attached Rider

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 interestPeriod during which
position or interest was
held

See Attached Rider

From _____ To _____

From _____ To _____

From _____ To _____

From _____ To _____

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

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

☐ No☒ Yes. Identify below.

Name and address of recipient

Amount of money or
description and value of
property

Dates

Reason for
providing the value

30.1. See Attached Rider

Name _____

Street _____

City _____

State _____

ZIP Code _____

Relationship to debtor _____

Debtor TRS Behavioral Care, Inc.
NameCase number (if known) 18-11229 (BLS)**Name and address of recipient**

30.2

Name _____

Street _____

City _____

State _____

ZIP Code _____

Relationship to debtor

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

☐ No☒ Yes. Identify below.**Name of the parent corporation****Employer Identification number of the parent corporation**EBH Holding Company, Inc.

EIN: 90-0770370

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

☒ No☐ Yes. Identify below.**Name of the pension fund****Employer Identification number of the pension fund**

EIN: _____ - _____

Part 14: Signature and Declaration

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

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

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

Executed on 06/24/2018
MM / DD / YYYY

X/s/ Martin McGahanPrinted name Martin McGahan

Signature of individual signing on behalf of the debtor

Position or relationship to debtor Chief Restructuring Officer

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

☐ No☒ Yes

Debtor Name: TRS Behavioral Care, Inc.

Case Number: 18-11229 (BLS)

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**Part 2, Question 3:** Certain payments or transfers to creditors within 90 days before filing this case

Creditor Name & Address	Check or Wire Number	Payment Date	Reason For Payment	Amount Paid
3815 MONTROSE BLVD LP 3815 MONTROSE BLVD #211 HOUSTON, TX 77006	006657	02/26/2018	Other - Rent	\$6,814.79
	006844	03/28/2018	Other - Rent	\$6,814.79
	007078	04/30/2018	Other - Rent	\$6,814.79
SUBTOTAL				\$20,444.37
ACCESS CONTROLS OF AUSTIN 4332 CYPRESS CANYON TRAIL SPICEWOOD, TX 78669	006853	03/28/2018	Services	\$99.75
SUBTOTAL				\$99.75
ACCESS SERVICE TEAM DBA OF ACCESS ELECTRIC INC PO BOX 7732 PASADENA, TX 77508	006854	03/28/2018	Services	\$384.36
SUBTOTAL				\$384.36
ADMIRAL LINEN/ALSCO INC 2030 KIPLING ST HOUSTON, TX 77098	006781	03/21/2018	Suppliers or vendors	\$2,598.84
	006855	03/28/2018	Suppliers or vendors	\$4,256.31
	006908	04/05/2018	Suppliers or vendors	\$2,663.79
	007083	05/01/2018	Suppliers or vendors	\$15,847.02
SUBTOTAL				\$25,365.96
ALAMO CITY TREATMENT SVCS 12042 BLANCO RD #101 SAN ANTONIO, TX 78216	EFT000000809	03/09/2018	Other - Affiliate IOP Manager	\$11,490.52
	EFT000000820	03/23/2018	Other - Affiliate IOP Manager	\$8,311.95
	EFT000000827	04/09/2018	Other - Affiliate IOP Manager	\$9,796.08
	EFT000000837	04/24/2018	Other - Affiliate IOP Manager	\$8,943.92
	EFT000000847	05/09/2018	Other - Affiliate IOP Manager	\$10,789.12
SUBTOTAL				\$49,331.59
ALCOHOL & OTHER DRUGS RESOURCE 1120 NASA PARKWAY #300-B HOUSTON, TX 77058	EFT000000811	03/09/2018	Other - Affiliate IOP Manager	\$2,190.66
	EFT000000822	03/23/2018	Other - Affiliate IOP Manager	\$4,815.78
	EFT000000829	04/09/2018	Other - Affiliate IOP Manager	\$4,898.48
	EFT000000839	04/24/2018	Other - Affiliate IOP Manager	\$3,566.26
	EFT000000849	05/09/2018	Other - Affiliate IOP Manager	\$5,726.65
SUBTOTAL				\$21,197.83

Debtor Name: TRS Behavioral Care, Inc.

Case Number: 18-11229 (BLS)

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

Part 2, Question 3: Certain payments or transfers to creditors within 90 days before filing this case

Creditor Name & Address	Check or Wire Number	Payment Date	Reason For Payment	Amount Paid
ALL SEASONS LANDSCAPING PO BOX 93186 AUSTIN, TX 78709	006782	03/21/2018	Services	\$330.69
	006856	03/28/2018	Services	\$876.83
SUBTOTAL				\$1,207.52
ALLIED SUBSTANCE ABUSE ASSOC LLC 5452 TX-105 SUITE 201 CONROE, TX 77304	EFT000000810	03/09/2018	Other - Affiliate IOP Manager	\$4,020.97
	EFT000000821	03/23/2018	Other - Affiliate IOP Manager	\$3,228.37
	EFT000000828	04/09/2018	Other - Affiliate IOP Manager	\$5,582.96
	EFT000000838	04/24/2018	Other - Affiliate IOP Manager	\$5,717.83
	EFT000000848	05/09/2018	Other - Affiliate IOP Manager	\$6,225.13
SUBTOTAL				\$24,775.26
ALPHEUS DATA SERVICES LLC PO BOX 301630 DALLAS, TX 75303-1630	006663	02/28/2018	Other - Utilities	\$34,901.56
	006907	04/05/2018	Services	\$35,425.08
SUBTOTAL				\$70,326.64
ANGELICA TEXTILE SVCS PO BOX 532268 ATLANTA, GA 30353-2268	006783	03/21/2018	Suppliers or vendors	\$7,342.68
	006857	03/28/2018	Suppliers or vendors	\$7,422.87
	006909	04/05/2018	Suppliers or vendors	\$1,531.16
	007139	05/08/2018	Suppliers or vendors	\$202,623.52
SUBTOTAL				\$218,920.23
APPIA COMMUNICATIONS INC 1030 HASTINGS ST SUITE 100 TRAVERSE CITY, MI 49686-3470	006668	02/28/2018	Services	\$37,664.58
	006858	03/28/2018	Services	\$37,390.38
SUBTOTAL				\$75,054.96
ARRILLAGA, CASEY 25 PLEASANT VALLEY RD WIMBERLEY, TX 78676	006910	04/05/2018	Other - Employee-related	\$48.65
SUBTOTAL				\$48.65
ASCEND NATIONAL HEALTHCARE STAFFING 5380 W 34TH #288 HOUSTON, TX 77092	006784	03/21/2018	Services	\$1,368.00
	006911	04/05/2018	Services	\$1,026.00
	006978	04/19/2018	Services	\$655.50
	007087	05/03/2018	Services	\$527.25
SUBTOTAL				\$3,576.75

Debtor Name: TRS Behavioral Care, Inc.

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Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**Part 2, Question 3:** Certain payments or transfers to creditors within 90 days before filing this case

Creditor Name & Address	Check or Wire Number	Payment Date	Reason For Payment	Amount Paid
ASSOCIATION OF SUBSTANCE ABUSE PROGRAM PROVIDERS OF TEXAS 115 TRAVIS STREET KERVILLE, TX 78028	007027	04/26/2018	Other - Marketing	\$1,200.00
SUBTOTAL				\$1,200.00
AT&T PO BOX 105414 ATLANTA, GA 30348	006769	03/15/2018	Services	\$254.50
	006913	04/05/2018	Services	\$254.55
SUBTOTAL				\$509.05
ATKINS EXPRESS PHARMACY 2607 US HWY 281 N MARBLE FALLS, TX 78654	006952	04/12/2018	Suppliers or vendors	\$610.91
SUBTOTAL				\$610.91
ATMOS ENERGY PO BOX 790311 ST LOUIS, MO 63179-0311	006717	03/08/2018	Other - Utilities	\$3,217.80
	006912	04/05/2018	Other - Utilities	\$1,215.16
SUBTOTAL				\$4,432.96
AZURE POOLS 1600 ALPINE TRAIL SAN MARCOS, TX 78666	006786	03/21/2018	Services	\$324.75
	007146	05/10/2018	Services	\$324.75
SUBTOTAL				\$649.50
BARNETT, RONALD 1409 NELL ST PASADENA, TX 77506	006718	03/08/2018	Other - Employee-related	\$36.80
	006787	03/21/2018	Other - Employee-related	\$74.06
	006914	04/05/2018	Other - Employee-related	\$70.38
	006980	04/19/2018	Other - Employee-related	\$92.00
	007088	05/03/2018	Other - Employee-related	\$73.60
SUBTOTAL				\$346.84
BEE CAVE DRILLING 185 ANGEL FIRE DR DRIPPING SPRINGS, TX 78620	006859	03/28/2018	Services	\$511.86
SUBTOTAL				\$511.86
BEN E KEITH CO PO BOX 1570 FORT WORTH, TX 76101	006686	02/28/2018	Suppliers or vendors	\$2,681.02
	006744	03/08/2018	Suppliers or vendors	\$2,882.50
	006811	03/21/2018	Suppliers or vendors	\$11,751.60
	006887	03/28/2018	Suppliers or vendors	\$2,585.80
	006933	04/05/2018	Suppliers or vendors	\$1,836.86

Debtor Name: TRS Behavioral Care, Inc.

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Creditor Name & Address	Check or Wire Number	Payment Date	Reason For Payment	Amount Paid
BEN E KEITH CO PO BOX 1570 FORT WORTH, TX 76101	006998	04/19/2018	Suppliers or vendors	\$8,129.97
	007050	04/26/2018	Suppliers or vendors	\$628.76
	007112	05/03/2018	Suppliers or vendors	\$2,778.50
	007166	05/10/2018	Suppliers or vendors	\$2,539.34
	007204	05/17/2018	Suppliers or vendors	\$2,548.74
SUBTOTAL				\$38,363.09
BLUE BASIN INC / BHC TRAINING BHC TRAINING PO BOX 28264 AUSTIN, TX 78755	006789	03/21/2018	Services	\$375.00
SUBTOTAL				\$375.00
BREEDING, KAREN F 3625 MANCHACA RD #202 AUSTIN, TX 78704	006721	03/08/2018	Services	\$400.00
	007091	05/03/2018	Services	\$750.00
SUBTOTAL				\$1,150.00
BROTHERS PRODUCE INC PO BOX 1207 FRIENDSWOOD, TX 77549-1207	007147	05/10/2018	Suppliers or vendors	\$505.20
SUBTOTAL				\$505.20
BRUCE KEENE / HILL CNTRY WEB DBA HILL COUNTRY WEB 21209 HWY 71 WEST #1 SPICEWOOD, TX 78669	006773	03/15/2018	Services	\$1,881.25
	006995	04/19/2018	Services	\$1,881.25
SUBTOTAL				\$3,762.50
CAIN, CLAIRE PO BOX 342183 AUSTIN, TX 78734	006669	02/28/2018	Services	\$875.00
	006722	03/08/2018	Services	\$750.00
	006790	03/21/2018	Services	\$3,250.00
	006861	03/28/2018	Services	\$1,000.00
	006916	04/05/2018	Services	\$375.00
	006983	04/19/2018	Services	\$375.00
	007029	04/26/2018	Services	\$2,750.00
	007148	05/10/2018	Services	\$375.00
SUBTOTAL				\$9,750.00
CALAWAY, ASHLEY 82 SHADY BLUFF DR WIMBERLEY, TX 78676	006970	04/12/2018	Other - Employee-related	\$129.72
SUBTOTAL				\$129.72

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Creditor Name & Address	Check or Wire Number	Payment Date	Reason For Payment	Amount Paid
CANNON, CHAD 2801 S LAKELINE BLVD #2304 CEDAR PARK, TX 78613	006670	02/28/2018	Services	\$270.00
	006723	03/08/2018	Services	\$900.00
	006791	03/21/2018	Services	\$270.00
	006862	03/28/2018	Services	\$270.00
	006917	04/05/2018	Services	\$270.00
	006984	04/19/2018	Services	\$282.50
	007030	04/26/2018	Services	\$1,050.00
	007092	05/03/2018	Services	\$180.00
SUBTOTAL				\$3,492.50
CARDINAL HEALTH 1683 MEDICAL PRODUCTS & SVCS PO BOX 730112 DALLAS, TX 75373-0112	006671	02/28/2018	Suppliers or vendors	\$30,407.90
	006724	03/08/2018	Suppliers or vendors	\$339.95
	006863	03/28/2018	Suppliers or vendors	\$1,380.70
	006918	04/05/2018	Suppliers or vendors	\$202.52
SUBTOTAL				\$32,331.07
CARTER, MICHAEL 2029 BUCKLEY ROUND ROCK, TX 78664	006954	04/12/2018	Other - Employee-related	\$45.45
	006985	04/19/2018	Other - Employee-related	\$185.56
	007094	05/03/2018	Other - Employee-related	\$6.94
	007191	05/17/2018	Other - Employee-related	\$83.00
SUBTOTAL				\$320.95
CARTER, RONALD D PO BOX 1985 BANDERA, TX 78003	006698	02/28/2018	Other - Refund	\$1,104.28
	007024	04/23/2018	Other - Refund	\$1,824.84
SUBTOTAL				\$2,929.12

Debtor Name: TRS Behavioral Care, Inc.

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Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**Part 2, Question 3:** Certain payments or transfers to creditors within 90 days before filing this case

Creditor Name & Address	Check or Wire Number	Payment Date	Reason For Payment	Amount Paid
CAWOODS PRODUCE INC 2311 W RUNDBERG LN #120 AUSTIN, TX 78758	006672	02/28/2018	Suppliers or vendors	\$169.80
	006725	03/08/2018	Suppliers or vendors	\$5,042.60
	006792	03/21/2018	Suppliers or vendors	\$1,287.06
	006864	03/28/2018	Suppliers or vendors	\$2,028.56
	006919	04/05/2018	Suppliers or vendors	\$1,627.85
	006955	04/12/2018	Suppliers or vendors	\$117.65
	007023	04/19/2018	Suppliers or vendors	\$591.82
	007032	04/26/2018	Suppliers or vendors	\$2,413.24
	007095	05/03/2018	Suppliers or vendors	\$965.34
	007149	05/10/2018	Suppliers or vendors	\$1,529.80
SUBTOTAL				\$15,773.72
CENTERPOINT ENERGY PO BOX 4981 HOUSTON, TX 77210-4981	006793	03/21/2018	Other - Utilities	\$2,210.10
	007033	04/26/2018	Other - Utilities	\$2,180.40
SUBTOTAL				\$4,390.50
CENTEX HOME CHECK LLC PO BOX 3123 WIMBERLEY, TX 78676	006673	02/28/2018	Services	\$85.00
	006794	03/21/2018	Services	\$85.00
	006920	04/05/2018	Services	\$340.00
SUBTOTAL				\$510.00
CITY OF EULESS PO BOX 1545 EULESS, TX 76039-1545	006841	03/22/2018	Other - Utilities	\$2,083.78
	007035	04/26/2018	Other - Utilities	\$2,410.12
SUBTOTAL				\$4,493.90
CITY OF HOUSTON WATER DEPT PO BOX 1560 HOUSTON, TX 77251	006674	02/28/2018	Other - Utilities	\$9,602.46
	006726	03/08/2018	Other - Utilities	\$40.73
	006865	03/28/2018	Other - Utilities	\$5,863.41
	007034	04/26/2018	Other - Utilities	\$6,861.26
SUBTOTAL				\$22,367.86
CLIA LABORATORY PROGRAM P O BOX 530882 ATLANTA, GA 30353-0882	006956	04/12/2018	Other - Compliance/licenses	\$150.00
SUBTOTAL				\$150.00
CLIENT 2018-649137 ADDRESS ON FILE	006713	02/28/2018	Other - Refund	\$5,279.00
SUBTOTAL				\$5,279.00

Debtor Name: TRS Behavioral Care, Inc.

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Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**Part 2, Question 3:** Certain payments or transfers to creditors within 90 days before filing this case

Creditor Name & Address	Check or Wire Number	Payment Date	Reason For Payment	Amount Paid
CLIENT 2018-649253 ADDRESS ON FILE	007074	04/27/2018	Other - Refund	\$3,679.58
SUBTOTAL				\$3,679.58
CLIENT 2018-649271 ADDRESS ON FILE	CCREFUND-20180214	02/28/2018	Other - Refund	\$651.00
SUBTOTAL				\$651.00
CLIENT 2018-649289 ADDRESS ON FILE	006801	03/21/2018	Other - Refund	\$855.00
SUBTOTAL				\$855.00
CLIENT 2018-649401 ADDRESS ON FILE	007073	04/27/2018	Services	\$2,023.00
SUBTOTAL				\$2,023.00
CLIENT 2018-649411 ADDRESS ON FILE	006826	03/21/2018	Other - Refund	\$154.00
SUBTOTAL				\$154.00
CLIENT 2018-649483 ADDRESS ON FILE	CCREFUND-20180208	02/28/2018	Other - Refund	\$8,680.00
SUBTOTAL				\$8,680.00
CLIENT 2018-649484 ADDRESS ON FILE	006906	03/29/2018	Other - Refund	\$2,391.00
SUBTOTAL				\$2,391.00
CLIENT 2018-649505 ADDRESS ON FILE	CCREFUND-20180403	04/03/2018	Other - Refund	\$700.00
SUBTOTAL				\$700.00
CLIENT 2018-649508 ADDRESS ON FILE	006905	03/28/2018	Other - Refund	\$9,400.00
SUBTOTAL				\$9,400.00
CLIENT 2018-649563 ADDRESS ON FILE	006814	03/21/2018	Other - Refund	\$200.00
SUBTOTAL				\$200.00
CLIENT 2018-649666 ADDRESS ON FILE	006973	04/17/2018	Other - Refund	\$215.00
SUBTOTAL				\$215.00
CLIENT 2018-649700 ADDRESS ON FILE	CCREFUND-20180208	02/28/2018	Other - Refund	\$500.00
SUBTOTAL				\$500.00
CLIENT 2018-649764 ADDRESS ON FILE	CCREFUND-20180213	02/28/2018	Other - Refund	\$3,312.00
SUBTOTAL				\$3,312.00

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Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**Part 2, Question 3:** Certain payments or transfers to creditors within 90 days before filing this case

Creditor Name & Address	Check or Wire Number	Payment Date	Reason For Payment	Amount Paid
CLIENT 2018-649771 ADDRESS ON FILE	006972	04/16/2018	Other - Refund	\$1,430.00
SUBTOTAL				\$1,430.00
COINMACH CORP - CSC PO BOX 27288 NEW YORK, NY 10087	006727	03/08/2018	Services	\$470.76
SUBTOTAL				\$470.76
COMCAST PO BOX 660618 DALLAS, TX 75266-0618	006675	02/28/2018	Services	\$344.97
	006728	03/08/2018	Services	\$110.26
	006729	03/08/2018	Services	\$295.79
	006730	03/08/2018	Services	\$221.74
	006770	03/15/2018	Services	\$156.86
	006771	03/15/2018	Services	\$138.46
	006772	03/15/2018	Services	\$38.50
	006796	03/21/2018	Services	\$351.71
	006867	03/28/2018	Services	\$344.97
	006921	04/05/2018	Services	\$110.26
	006922	04/05/2018	Services	\$221.74
	006957	04/12/2018	Services	\$366.33
	006986	04/19/2018	Services	\$156.86
	006987	04/19/2018	Services	\$138.46
	006988	04/19/2018	Services	\$38.50
	007037	04/26/2018	Services	\$344.97
	007038	04/26/2018	Services	\$351.71
SUBTOTAL				\$3,732.09
COMSTOCK, ROBIN DBA RUBY COMSTOCK LAC 4315 JINX AVE AUSTIN, TX 78745	006797	03/21/2018	Services	\$400.00
	006923	04/05/2018	Services	\$250.00
	006989	04/19/2018	Services	\$650.00
	007154	05/10/2018	Services	\$375.00
SUBTOTAL				\$1,675.00
COUNCIL ON ALCOHOL & DRUG ABUSE 1349 EMPIRE CENTRAL DR #800 DALLAS, TX 75247	007155	05/10/2018	Other - Marketing	\$1,200.00
SUBTOTAL				\$1,200.00

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Creditor Name & Address	Check or Wire Number	Payment Date	Reason For Payment	Amount Paid
COUNCIL ON RECOVERY PO BOX 2768 HOUSTON, TX 77252-2768	006990	04/19/2018	Other - Marketing	\$1,500.00
SUBTOTAL				\$1,500.00
COUNSELINK INC 4701 WESTGATE BLVD STE D-404 AUSTIN, TX 78745	EFT000000812	03/09/2018	Other - Affiliate IOP Manager	\$12,604.73
	EFT000000823	03/23/2018	Other - Affiliate IOP Manager	\$21,901.66
	EFT000000830	04/09/2018	Other - Affiliate IOP Manager	\$16,195.46
	EFT000000840	04/24/2018	Other - Affiliate IOP Manager	\$14,808.15
	EFT000000850	05/09/2018	Other - Affiliate IOP Manager	\$9,986.55
SUBTOTAL				\$75,496.55
DASU ENTERPRISES 14090 FM 290 #G-363 TOMBALL, TX 77377	EFT000000813	03/09/2018	Other - Affiliate IOP Manager	\$11,093.23
	EFT000000819	03/12/2018	Other - Affiliate IOP Manager	\$5,000.00
	EFT000000824	03/23/2018	Other - Affiliate IOP Manager	\$17,585.37
	EFT000000831	04/09/2018	Other - Affiliate IOP Manager	\$21,450.92
	EFT000000841	04/24/2018	Other - Affiliate IOP Manager	\$22,639.63
	EFT000000851	05/09/2018	Other - Affiliate IOP Manager	\$23,359.44
SUBTOTAL				\$101,128.59
DE LA PENA, ERNESTO 8585 STEAMLINE CIRCLE AUSTIN, TX 78745	006869	03/28/2018	Other - Employee-related	\$51.97
SUBTOTAL				\$51.97
DENOFA, CARMEN 112 RETAMA LANE KYLE, TX 78640	006991	04/19/2018	Other - Employee-related	\$961.40
SUBTOTAL				\$961.40
DIRECTV PO BOX 105249 ATLANTA, GA 30348-5249	006677	02/28/2018	Services	\$222.00
	006678	02/28/2018	Services	\$143.40
	006679	02/28/2018	Services	\$169.96
	006731	03/08/2018	Services	\$152.96
	006798	03/21/2018	Services	\$172.09
	006870	03/28/2018	Services	\$226.25

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Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**Part 2, Question 3:** Certain payments or transfers to creditors within 90 days before filing this case

Creditor Name & Address	Check or Wire Number	Payment Date	Reason For Payment	Amount Paid
DIRECTV PO BOX 105249 ATLANTA, GA 30348-5249	006871	03/28/2018	Services	\$143.40
	006924	04/05/2018	Services	\$169.96
	006925	04/05/2018	Services	\$148.71
	006992	04/19/2018	Services	\$172.96
	007039	04/26/2018	Services	\$227.42
	007040	04/26/2018	Services	\$148.42
SUBTOTAL				\$2,097.53
DISCO, DONENE 13600 STAUSS LANE FORT WORTH, TX 76155	006732	03/08/2018	Services	\$440.00
	006799	03/21/2018	Services	\$1,760.00
	007099	05/03/2018	Services	\$660.00
SUBTOTAL				\$2,860.00
DRAGON FIRE SYSTEMS 128 W ZIPP ROAD DBA OF FIRE BOSS INC NEW BRAUNFELS, TX 78130	006733	03/08/2018	Services	\$317.55
	006800	03/21/2018	Services	\$742.33
SUBTOTAL				\$1,059.88
ECOLAB INC / PUREFORCE PO BOX 70343 CHICAGO, IL 60673-0343	006695	02/28/2018	Services	\$48.63
SUBTOTAL				\$48.63
EDGAR CONNERY/1 CALL DBA ONE CALL SERVICES 520 SAMPSON HOUSTON, TX 77003	006676	02/28/2018	Services	\$1,397.75
SUBTOTAL				\$1,397.75
EFAX CORPORATE C/O J2 CLOUD SERVICES INC PO BOX 51873 LOS ANGELES, CA 90051-6173	006872	03/28/2018	Services	\$517.65
SUBTOTAL				\$517.65
ELLAG LLC 2526 BELLMEADE ST HOUSTON, TX 77019	006655	02/26/2018	Suppliers or vendors	\$64,575.00
	006842	03/28/2018	Other - Rent	\$64,575.00
	007075	04/30/2018	Other - Rent	\$64,575.00
SUBTOTAL				\$193,725.00
EVANS, DEBRA 6720 COHN ST HOUSTON, TX 77091	006958	04/12/2018	Other - Employee-related	\$204.06
SUBTOTAL				\$204.06

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Creditor Name & Address	Check or Wire Number	Payment Date	Reason For Payment	Amount Paid
FEDEX PO BOX 7221 PASADENA, CA 91109-7321	006680	02/28/2018	Services	\$98.20
	006734	03/08/2018	Services	\$470.76
	006802	03/21/2018	Services	\$958.50
	006927	04/05/2018	Services	\$369.15
	007100	05/03/2018	Services	\$308.04
SUBTOTAL				\$2,204.65
FIELDS, SCOTT REF: PA 908 VANGUARD RD. LAKEWAY, TX 78734	006735	03/08/2018	Other - Employee-related	\$23.00
SUBTOTAL				\$23.00
FIRST CLASS WORKFORCE SOLUTIONS INC PO BOX 677373 DALLAS, TX 75267-7373	006681	02/28/2018	Services	\$1,466.86
	006736	03/08/2018	Services	\$1,315.20
	006803	03/21/2018	Services	\$1,956.37
	006873	03/28/2018	Services	\$6,123.92
	006928	04/05/2018	Services	\$1,769.36
	006993	04/19/2018	Services	\$1,407.68
	007041	04/26/2018	Services	\$756.24
	007101	05/03/2018	Services	\$616.50
SUBTOTAL				\$15,412.13
FRONTIER COMMUNICATIONS PO BOX 740407 CINCINNATI, OH 45274-0407	006737	03/08/2018	Services	\$110.29
	006874	03/28/2018	Services	\$119.29
SUBTOTAL				\$229.58
FUSION ELECTRIC 2802 MORMON MILL ROAD MARBLE FALLS, TX 78654	006804	03/21/2018	Services	\$205.00
SUBTOTAL				\$205.00
GARCIA, KEITH MD PHD 13400 MADRONE MOUNTAIN WAY AUSTIN, TX 78737	006779	03/21/2018	Services	\$30,750.00
	007025	04/26/2018	Services	\$101,500.00
	007140	05/10/2018	Services	\$26,000.00
SUBTOTAL				\$158,250.00
GARNER, RACHEL DORR 13105 FENCERAIL RD MANCHACA, TX 78652	006875	03/28/2018	Other - Employee-related	\$225.17
SUBTOTAL				\$225.17

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Creditor Name & Address	Check or Wire Number	Payment Date	Reason For Payment	Amount Paid
GASPER, MICHAEL 1613 CANVASBACK DR AUBREY, TX 76227	007102	05/03/2018	Other - Employee-related	\$512.25
SUBTOTAL				\$512.25
GOLF CARS OF AUSTIN 16150 IH 35 BUDA, TX 78610	006805	03/21/2018	Services	\$1,207.85
	006876	03/28/2018	Services	\$974.25
SUBTOTAL				\$2,182.10
GREAT SOUTHWESTERN FIRE & SAFETY INC 310 W COMMERCE ST DALLAS, TX 75208	006877	03/28/2018	Services	\$1,034.00
	007043	04/26/2018	Services	\$420.00
SUBTOTAL				\$1,454.00
GREATAMERICA FINANCIAL SERVICES CORP PO BOX 660831 DALLAS, TX 75266-0831	006739	03/08/2018	Suppliers or vendors	\$2,586.93
	006971	04/12/2018	Suppliers or vendors	\$2,666.22
SUBTOTAL				\$5,253.15
GREATER HOUSTON CLEANING LLC 6950 PORTWEST DR STE 110 HOUSTON, TX 77024	006765	03/08/2018	Services	\$4,869.09
	006951	04/05/2018	Services	\$4,869.09
	007070	04/26/2018	Services	\$4,869.09
SUBTOTAL				\$14,607.27
GREEN, CASEY MD 2900 PARK ARBOR CT. FORT WORTH, TX 76116	EFT000000816	03/09/2018	Services	\$16,000.00
	EFT000000834	04/11/2018	Services	\$15,500.00
	EFT000000844	05/09/2018	Services	\$15,500.00
SUBTOTAL				\$47,000.00
GRIDER, DAVID 4153 POLARIS DR #1053 IRVING, TX 75038	006682	02/28/2018	Other - Employee-related	\$273.21
	006806	03/21/2018	Other - Employee-related	\$305.93
	006878	03/28/2018	Other - Employee-related	\$286.41
	006929	04/05/2018	Other - Employee-related	\$286.41
	007044	04/26/2018	Other - Employee-related	\$312.82
	007106	05/03/2018	Other - Employee-related	\$312.82
SUBTOTAL				\$1,777.60

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Creditor Name & Address	Check or Wire Number	Payment Date	Reason For Payment	Amount Paid
GUARDIAN PO BOX 677458 DALLAS, TX 75267-7458	006879	03/28/2018	Other - Employee-related	\$8,198.95
	007107	05/03/2018	Other - Employee-related	\$8,508.45
	007162	05/10/2018	Other - Employee-related	\$7,867.04
SUBTOTAL				\$24,574.44
HAUSER CLINIC & ASSOCIATES 5959 WEST LOOP SOUTH #600 BELLAIRE, TX 77401	EFT000000817	03/09/2018	Services	\$7,200.00
	EFT000000835	04/11/2018	Services	\$8,100.00
	EFT000000845	05/09/2018	Services	\$7,200.00
SUBTOTAL				\$22,500.00
HD SUPPLY FACILITIES MAINTENANCE PO BOX 509058 SAN DIEGO, CA 92150-9058	006880	03/28/2018	Suppliers or vendors	\$97.39
SUBTOTAL				\$97.39
HEARTLAND FOOD PRODUCTS LLC PO BOX 219081 DEPT 5087 KANSAS CITY, MO 64121	006683	02/28/2018	Suppliers or vendors	\$184.99
	006959	04/12/2018	Suppliers or vendors	\$604.00
	007199	05/17/2018	Suppliers or vendors	\$229.50
SUBTOTAL				\$1,018.49
HEB CORPORATE HEB CREDIT REC DEPT 308 PO BOX 4346 HOUSTON, TX 77210-4346	006684	02/28/2018	Suppliers or vendors	\$1,277.72
	006740	03/08/2018	Suppliers or vendors	\$3,623.64
	006807	03/21/2018	Suppliers or vendors	\$198.74
	006881	03/28/2018	Suppliers or vendors	\$1,220.00
	006930	04/05/2018	Suppliers or vendors	\$285.12
	006960	04/12/2018	Suppliers or vendors	\$48.08
	006994	04/19/2018	Suppliers or vendors	\$1,063.89
	007045	04/26/2018	Suppliers or vendors	\$32.74
	007108	05/03/2018	Suppliers or vendors	\$137.87
SUBTOTAL				\$7,887.80
HILL, TYLER 6513 LEDGEROCK CIRCLE AUSTIN, TX 78746	007046	04/26/2018	Other - Employee-related	\$186.12
	007109	05/03/2018	Other - Employee-related	\$114.36
SUBTOTAL				\$300.48

Debtor Name: TRS Behavioral Care, Inc.

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Creditor Name & Address	Check or Wire Number	Payment Date	Reason For Payment	Amount Paid
HOME DEPOT CREDIT DEPT. 32-2500721711 PO BOX 78047 PHOENIX, AZ 85062-8047	006882	03/28/2018	Suppliers or vendors	\$3,743.28
SUBTOTAL				\$3,743.28
HOT'Z POWER WASH, INC PO BOX 1723 BAYTOWN, TX 77522	006808	03/21/2018	Services	\$355.00
SUBTOTAL				\$355.00
HR HOUSTON PO BOX 4240 HOUSTON, TX 77210-4240	007048	04/26/2018	Services	\$1,300.00
SUBTOTAL				\$1,300.00
HYDRO GAS CO - JOHNSON CITY PO BOX 384 / 410 HWY 281 S JOHNSON CITY, TX 78636	006774	03/15/2018	Services	\$1,470.00
SUBTOTAL				\$1,470.00
HYDRO GAS CO - WIMBERLEY PO BOX 204 / 319 FM 2325 WIMBERLEY, TX 78676	006741	03/08/2018	Services	\$129.00
	006809	03/21/2018	Services	\$127.93
	006931	04/05/2018	Services	\$125.56
	007049	04/26/2018	Services	\$417.36
SUBTOTAL				\$799.85
I LIVE WELL NUTRITION LLC DBA I LIVE WELL NUTRITION 3724 JEFFERSON SUITE 104 AUSTIN, TX 78731	006691	02/28/2018	Services	\$1,500.00
	006751	03/08/2018	Services	\$1,200.00
	006936	04/05/2018	Services	\$200.00
	007004	04/19/2018	Services	\$1,125.00
	007118	05/03/2018	Services	\$3,775.00
SUBTOTAL				\$7,800.00
INGLE, SALLIE E 6492 FALL CREEK RD SPICEWOOD, TX 78669	006883	03/28/2018	Services	\$1,000.00
SUBTOTAL				\$1,000.00
IRON MOUNTAIN PO BOX 915004 DALLAS, TX 75391-5004	006884	03/28/2018	Services	\$239.01
SUBTOTAL				\$239.01

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Creditor Name & Address	Check or Wire Number	Payment Date	Reason For Payment	Amount Paid
IRVIN TRAINING SERVICES LLC DBA IRVIN TRAINING SERVICES 11002 CONNEMARA COVE SAN ANTONIO, TX 78254	006997	04/19/2018	Services	\$6,000.00
SUBTOTAL				\$6,000.00
IRVING HOLDINGS INC DBA YELLOW CAB 2515 IRVING BLVD DALLAS, TX 75207-5911	006742	03/08/2018	Services	\$75.25
	006996	04/19/2018	Services	\$354.60
SUBTOTAL				\$429.85
ISI COMMERCIAL REFRIGERATION PO BOX 654020 DALLAS, TX 75265-4020	006685	02/28/2018	Services	\$146.14
	006885	03/28/2018	Services	\$146.14
SUBTOTAL				\$292.28
J & S REAL ESTATE INVESTMENT LP 2526 BELLMEADE ST HOUSTON, TX 77019	WIRE20180312	03/12/2018	Other - Refund	\$352,800.00
	006775	03/15/2018	Other - Rent	\$3,702.50
	006850	03/28/2018	Other - Rent	\$192,150.00
	007076	04/30/2018	Other - Rent	\$192,150.00
SUBTOTAL				\$740,802.50
JACQUELINE AUL 901 FOREST HOLLOW DRIVE HURST, TX 76053	006785	03/21/2018	Other - Employee-related	\$178.96
	006979	04/19/2018	Other - Employee-related	\$341.69
	007189	05/17/2018	Other - Employee-related	\$694.99
SUBTOTAL				\$1,215.64
JAIME VALDES 307 ONE OAK DR SAN ANTONIO, TX 78228	006714	02/28/2018	Other - Employee-related	\$321.80
	006836	03/21/2018	Other - Employee-related	\$366.72
	006904	03/28/2018	Other - Employee-related	\$412.17
	006968	04/12/2018	Other - Employee-related	\$337.96
	007069	04/26/2018	Other - Employee-related	\$374.57
	007184	05/10/2018	Other - Employee-related	\$397.04
	007213	05/17/2018	Other - Employee-related	\$318.58
SUBTOTAL				\$2,528.84

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Creditor Name & Address	Check or Wire Number	Payment Date	Reason For Payment	Amount Paid
JOHNSTONE SUPPLY OF HOUSTON 2120 SHEPERD DR HOUSTON, TX 77007	006886	03/28/2018	Suppliers or vendors	\$129.60
	007111	05/03/2018	Suppliers or vendors	\$452.06
SUBTOTAL				\$581.66
JUST ENERGY PO BOX 650518 DALLAS, TX 75265	006743	03/08/2018	Other - Utilities	\$79.74
	006932	04/05/2018	Other - Utilities	\$85.21
	007165	05/10/2018	Other - Utilities	\$77.01
SUBTOTAL				\$241.96
KIDD COUNSELING/ ROBERT KIDD DBA KIDD COUNSELING 302 W HOPKINS ST #1 SAN MARCOS, TX 78666	EFT000000814	03/09/2018	Other - Affiliate IOP Manager	\$6,004.76
	EFT000000825	03/23/2018	Other - Affiliate IOP Manager	\$6,604.75
	EFT000000832	04/09/2018	Other - Affiliate IOP Manager	\$11,137.24
	EFT000000842	04/24/2018	Other - Affiliate IOP Manager	\$7,755.29
	EFT000000852	05/09/2018	Other - Affiliate IOP Manager	\$3,323.50
SUBTOTAL				\$34,825.54
KIT CARSON ELECTRIC COOP INC PO BOX 578 TAOS, NM 87571	006687	02/28/2018	Other - Utilities	\$6,321.15
	006812	03/21/2018	Other - Utilities	\$5,972.58
	006999	04/19/2018	Other - Utilities	\$4,780.35
SUBTOTAL				\$17,074.08
KONNEH, SIANEH 8500 HARWOOD RD #1023 NORTH RICHLAND HILLS, TX 76180	007051	04/26/2018	Other - Employee-related	\$350.28
SUBTOTAL				\$350.28
KRAUSE, JUSTIN 2230 INTREPID DRIVE BUDA, TX 78610	006813	03/21/2018	Other - Employee-related	\$402.48
SUBTOTAL				\$402.48
LASANDER WILLIAMS 15214B ADDICKS STONE DRIVE HOUSTON, TX 77082	006838	03/21/2018	Other - Employee-related	\$385.11
SUBTOTAL				\$385.11
LEINNEWEBER PLUMBING CO INC PO BOX 1297 WIMBERLEY, TX 78676	006888	03/28/2018	Services	\$675.00
SUBTOTAL				\$675.00

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Creditor Name & Address	Check or Wire Number	Payment Date	Reason For Payment	Amount Paid
LIBERTY IN MONTROSE LP 9601 KATY FREEWAY #475 HOUSTON, TX 77024	006658	02/26/2018	Other - Rent	\$7,075.00
	006845	03/28/2018	Other - Rent	\$7,075.00
	007079	04/30/2018	Other - Rent	\$7,075.00
SUBTOTAL				\$21,225.00
LIQUID WASTE SOLUTIONS 650 W. BOUGH LANE STE. 150-204 HOUSTON, TX 77024-4099	007052	04/26/2018	Services	\$370.14
SUBTOTAL				\$370.14
LONE STAR FACILITY SRVS OF DFW 4821 MERLOT AVE STE 230 GRAPEVINE, TX 76051	006866	03/28/2018	Services	\$5,969.10
	007036	04/26/2018	Services	\$5,969.10
SUBTOTAL				\$11,938.20
LONG, GREGORY B PO BOX 126 GRAPEVINE, TX 76099	006825	03/21/2018	Services	\$1,050.00
	007008	04/19/2018	Services	\$140.00
SUBTOTAL				\$1,190.00
MARCOTTE, LAURA MCCABE 221 GOLDEN BEAR AUSTIN, TX 78738	006688	02/28/2018	Services	\$1,800.00
	006745	03/08/2018	Services	\$1,600.00
	006815	03/21/2018	Services	\$400.00
	006934	04/05/2018	Services	\$700.00
	007000	04/19/2018	Services	\$400.00
	007053	04/26/2018	Services	\$1,600.00
	007113	05/03/2018	Services	\$400.00
	007167	05/10/2018	Services	\$400.00
SUBTOTAL				\$7,300.00
MAYVILLE, KRYSTAL PO BOX 67 SPICEWOOD, TX 78669	006746	03/08/2018	Services	\$70.00
SUBTOTAL				\$70.00
MCGOWAN, JAN S 13 LONE STAR TRAIL WIMBERLEY, TX 78676	006689	02/28/2018	Services	\$500.00
	006816	03/21/2018	Services	\$600.00
	006889	03/28/2018	Services	\$600.00
	007001	04/19/2018	Services	\$600.00
	007114	05/03/2018	Services	\$600.00
SUBTOTAL				\$2,900.00

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Creditor Name & Address	Check or Wire Number	Payment Date	Reason For Payment	Amount Paid
MED VALT PHARMACY LLC 2656 S LOOP WEST HOUSTON, TX 77054	006747	03/08/2018	Suppliers or vendors	\$3,788.38
	006817	03/21/2018	Suppliers or vendors	\$68.20
	006935	04/05/2018	Suppliers or vendors	\$488.40
SUBTOTAL				\$4,344.98
MEDSAFE WASTE LLC 204 LOUISE AVE STE A HENDERSONVILLE, TN 37075	006748	03/08/2018	Services	\$354.00
	006890	03/28/2018	Services	\$118.00
	007002	04/19/2018	Services	\$236.00
SUBTOTAL				\$708.00
METROPLEX ICE MACHINES LLC 2524 WHITE SETTLEMENT RD FORT WORTH, TX 76107	006666	02/28/2018	Suppliers or vendors	\$151.14
	006976	04/19/2018	Suppliers or vendors	\$151.14
SUBTOTAL				\$302.28
NAADAC 1001 N FAIRFAX ST., STE 201 ALEXANDRIA, VA 22314	006690	02/28/2018	Other - Marketing	\$600.00
SUBTOTAL				\$600.00
NASH, JOHN 2034 VIKING DR HOUSTON, TX 77018	006891	03/28/2018	Services	\$1,706.00
SUBTOTAL				\$1,706.00
NEW MEXICO GAS COMPANY INC PO BOX 27885 ALBUQUERQUE, NM 87125-7885	006776	03/15/2018	Other - Utilities	\$147.82
	007003	04/19/2018	Other - Utilities	\$117.75
SUBTOTAL				\$265.57
NEWSOME, SHONAI 10811 GREENWILLOW ST #3 HOUSTON, TX 77035	007115	05/03/2018	Other - Employee-related	\$232.48
SUBTOTAL				\$232.48
NORTH TX TOLLWAY AUTHORITY PO BOX 660244 DALLAS, TX 75266-0244	006749	03/08/2018	Other - Governmental	\$180.36
	006962	04/12/2018	Other - Governmental	\$58.84
	007116	05/03/2018	Other - Governmental	\$5.47
	007169	05/10/2018	Other - Governmental	\$8.91
SUBTOTAL				\$253.58
NORTH PARK COUNSELING ASSOC INC 8350 MEADOW RD SUITE 194 DALLAS, TX 75231	EFT000000815	03/09/2018	Other - Affiliate IOP Manager	\$17,722.09

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Creditor Name & Address	Check or Wire Number	Payment Date	Reason For Payment	Amount Paid
NORTHPARK COUNSELING ASSOC INC 8350 MEADOW RD SUITE 194 DALLAS, TX 75231	EFT000000826	03/23/2018	Other - Affiliate IOP Manager	\$18,197.77
	EFT000000833	04/09/2018	Other - Affiliate IOP Manager	\$25,961.39
	EFT000000843	04/24/2018	Other - Affiliate IOP Manager	\$28,674.85
	EFT000000853	05/09/2018	Other - Affiliate IOP Manager	\$29,422.54
SUBTOTAL				\$119,978.64
OFFICE KEEPERS AUSTIN INC PO BOX 340609 AUSTIN, TX 78734	006892	03/28/2018	Services	\$3,961.95
SUBTOTAL				\$3,961.95
PEDERNALES ELECTRIC CO-OP INC P O BOX 1 JOHNSON CITY, TX 78636	006692	02/28/2018	Other - Utilities	\$11,303.90
	006937	04/05/2018	Other - Utilities	\$9,280.16
	007119	05/03/2018	Other - Utilities	\$8,663.64
SUBTOTAL				\$29,247.70
PENDLETON EXCAVATION LLC PO BOX 2573 WIMBERLEY, TX 78676	006693	02/28/2018	Services	\$1,850.00
	006893	03/28/2018	Services	\$1,850.00
SUBTOTAL				\$3,700.00
PONDER'S LIFESAVING SKILLS DBA PONDER'S LIFESAVING SKILLS 2204 7TH ST GALENA PARK, TX 77547	006694	02/28/2018	Services	\$69.00
SUBTOTAL				\$69.00
POWERS, JASON ZW MD PA 5129 MIMOSA DR BELLAIRE, TX 77401	EFT000000818	03/09/2018	Services	\$68,787.75
	EFT000000836	04/11/2018	Services	\$68,787.75
	EFT000000846	05/09/2018	Services	\$68,787.75
SUBTOTAL				\$206,363.25
QUEST DIAGNOSTICS PO BOX 841725 DALLAS, TX 75284	006697	02/28/2018	Services	\$714.23
	006752	03/08/2018	Services	\$5,607.30
	006753	03/08/2018	Services	\$178.57
	006819	03/21/2018	Services	\$562.22
	006820	03/21/2018	Services	\$382.70
SUBTOTAL				\$7,445.02

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Creditor Name & Address	Check or Wire Number	Payment Date	Reason For Payment	Amount Paid
QUEST DIAGNOSTICS PO BOX 841725 DALLAS, TX 75284-1725	006696	02/28/2018	Services	\$178.52
SUBTOTAL				\$178.52
RAY'S TOWN NORTH PHARMACY 975 NORTH COOPER ARLINGTON, TX 76011	006754	03/08/2018	Suppliers or vendors	\$4,099.32
	006963	04/12/2018	Suppliers or vendors	\$426.00
	007054	04/26/2018	Suppliers or vendors	\$3,929.56
SUBTOTAL				\$8,454.88
RAYSON, WILLIAM A 1904 FOUNTAIN WOOD DR EULESS, TX 76039	006719	03/08/2018	Services	\$200.00
	006788	03/21/2018	Services	\$200.00
	006915	04/05/2018	Services	\$200.00
	006981	04/19/2018	Services	\$200.00
	007089	05/03/2018	Services	\$200.00
SUBTOTAL				\$1,000.00
READY REFRESH BY NESTLE PO BOX 856680 LOUISVILLE, KY 40285-6680	006750	03/08/2018	Suppliers or vendors	\$4,353.96
SUBTOTAL				\$4,353.96
RECOVERY RESOURCE COUNCIL 2700 AIRPORT FREEWAY FORT WORTH, TX 76111	007055	04/26/2018	Other - Marketing	\$6,500.00
SUBTOTAL				\$6,500.00
RELIANT PO BOX 650475 DALLAS, TX 75265-0475	006664	02/28/2018	Suppliers or vendors	\$10,686.41
	006821	03/21/2018	Other - Utilities	\$1,047.72
	006851	03/28/2018	Other - Utilities	\$10,197.81
	007005	04/19/2018	Other - Utilities	\$1,265.06
	007026	04/26/2018	Other - Utilities	\$11,017.79
	007206	05/17/2018	Other - Utilities	\$1,476.78
SUBTOTAL				\$35,691.57
REPUBLIC SERVICES PO BOX 78829 PHOENIX, AZ 85062-8829	006777	03/15/2018	Services	\$164.40
	007006	04/19/2018	Services	\$161.43
SUBTOTAL				\$325.83

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Creditor Name & Address	Check or Wire Number	Payment Date	Reason For Payment	Amount Paid
RICHMOND EASTSIDE HOLDINGS LLC C/O MOODY RAMBIN 1455 W LOOP SOUTH #700 HOUSTON, TX 77027	006768	03/12/2018	Other - Rent	\$7,214.89
	006846	03/28/2018	Other - Rent	\$7,214.89
	007077	04/30/2018	Other - Rent	\$7,575.63
SUBTOTAL				\$22,005.41
ROSSINI INTERNATIONAL PO BOX 96 ATTN: SINA HEMMATI BELLAIRE, TX 77401	006660	02/26/2018	Other - Rent	\$7,000.00
	006847	03/28/2018	Other - Rent	\$7,000.00
	007080	04/30/2018	Other - Rent	\$7,000.00
SUBTOTAL				\$21,000.00
RP PARTNERS LTD C/O DAL-WORTH MGMT & REALTY INC 1701 RIVER RUN RD #304 FT WORTH, TX 76107	006661	02/26/2018	Other - Rent	\$1,498.75
	006848	03/28/2018	Other - Rent	\$1,498.75
	007081	04/30/2018	Other - Rent	\$1,498.75
SUBTOTAL				\$4,496.25
SAN CRISTOBAL MUTUAL DOMESTIC WATER PO BOX 113 SAN CRISTOBAL, NM 87564	006699	02/28/2018	Other - Utilities	\$150.02
	006895	03/28/2018	Other - Utilities	\$150.02
	007056	04/26/2018	Other - Utilities	\$150.02
SUBTOTAL				\$450.06
SAND TRAP SERVICE CO INC PO BOX 1823 FORT WORTH, TX 76101	006896	03/28/2018	Services	\$103.00
	007120	05/03/2018	Services	\$103.00
SUBTOTAL				\$206.00
SANSOM, JOHN 1207 SUNSET DR. MARBLE FALLS, TX 78654	007057	04/26/2018	Other - Employee-related	\$44.16
SUBTOTAL				\$44.16
SCHEIN, HENRY PO BOX 7156 PASADENA, CA 91109-7156	006700	02/28/2018	Suppliers or vendors	\$2,523.88
	007121	05/03/2018	Suppliers or vendors	\$4,723.58
	007138	05/04/2018	Suppliers or vendors	\$53,231.42
SUBTOTAL				\$60,478.88

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Creditor Name & Address	Check or Wire Number	Payment Date	Reason For Payment	Amount Paid
SHRED-IT USA LLC 28883 NETWORK PLACE CHICAGO, IL 60673-1288	007122	05/03/2018	Services	\$252.37
SUBTOTAL				\$252.37
SIEBENLIST, NICHOLAS 3600 COLLEGE PARK DR. APT. 3104 CONROE, TX 77384	007058	04/26/2018	Other - Employee-related	\$319.24
	007123	05/03/2018	Other - Employee-related	\$333.31
	007174	05/10/2018	Other - Employee-related	\$159.62
SUBTOTAL				\$812.17
SOUTHLAND HARDWARE 1822 WESTHEIMER HOUSTON, TX 77098	007059	04/26/2018	Suppliers or vendors	\$352.84
	007124	05/03/2018	Suppliers or vendors	\$99.48
SUBTOTAL				\$452.32
SOUTHWEST ENGINEERS PO BOX 2499 SLIDELL, LA 70459	006758	03/08/2018	Services	\$306.20
	007061	04/26/2018	Services	\$306.20
SUBTOTAL				\$612.40
SPICEWOOD GENERAL STORE PO BOX 635 SPICEWOOD, TX 78669	006702	02/28/2018	Suppliers or vendors	\$38.35
	006756	03/08/2018	Suppliers or vendors	\$761.55
	006822	03/21/2018	Suppliers or vendors	\$29.04
	006938	04/05/2018	Suppliers or vendors	\$1,310.22
	007007	04/19/2018	Suppliers or vendors	\$1,229.82
	007060	04/26/2018	Suppliers or vendors	\$417.24
SUBTOTAL				\$3,786.22
STANFORD, STEVIE 8000 W HIGHWAY 290 #6101 AUSTIN, TX 78736	006704	02/28/2018	Services	\$1,875.00
	006824	03/21/2018	Services	\$2,500.00
SUBTOTAL				\$4,375.00
STAPLES ADVANTAGE DEPT LA PO BOX 83689 CHICAGO, IL 60696-3689	006703	02/28/2018	Suppliers or vendors	\$7,343.62
	006939	04/05/2018	Suppliers or vendors	\$7,422.57
SUBTOTAL				\$14,766.19

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Creditor Name & Address	Check or Wire Number	Payment Date	Reason For Payment	Amount Paid
STEEN, JUSTIN 3114 BARTON SKY DR HUMBLE, TX 77394	007175	05/10/2018	Other - Employee-related	\$171.12
SUBTOTAL				\$171.12
STICKLES, JESSICA 5152 EAGLE VALLEY ST CIBOLO, TX 78108	006705	02/28/2018	Other - Employee-related	\$440.27
	006827	03/21/2018	Other - Employee-related	\$429.04
	006897	03/28/2018	Other - Employee-related	\$368.60
	006940	04/05/2018	Other - Employee-related	\$438.33
	007126	05/03/2018	Other - Employee-related	\$438.33
	007177	05/10/2018	Other - Employee-related	\$438.33
SUBTOTAL				\$2,552.90
SYSKO FOOD SVCS OF HOUSTON 10710 GREENS CROSSING BLVD HOUSTON, TX 77038-2716	006706	02/28/2018	Suppliers or vendors	\$21,925.96
	006759	03/08/2018	Suppliers or vendors	\$21,070.86
	006828	03/21/2018	Suppliers or vendors	\$9,955.20
	006898	03/28/2018	Suppliers or vendors	\$7,360.56
	006941	04/05/2018	Suppliers or vendors	\$1,436.16
	006964	04/12/2018	Suppliers or vendors	\$4,154.86
	007010	04/19/2018	Suppliers or vendors	\$5,783.28
	007062	04/26/2018	Suppliers or vendors	\$715.38
	007127	05/03/2018	Suppliers or vendors	\$2,388.48
	007178	05/10/2018	Suppliers or vendors	\$24,889.50
	007209	05/17/2018	Suppliers or vendors	\$2,317.29
SUBTOTAL				\$101,997.53
TAAP 401 RANCH ROAD 620 SOUTH #310 AUSTIN, TX 78734	007011	04/19/2018	Other - Marketing	\$1,200.00
SUBTOTAL				\$1,200.00
TABBERT, MICHAEL 2016 N RED CEDAR CIRCLE THE WOODLANDS, TX 77380	007063	04/26/2018	Other - Employee-related	\$361.36
SUBTOTAL				\$361.36
TANVI HOLDINGS LLC 9045 JASMINE LANE IRVING, TX 75063	007082	04/30/2018	Other - Rent	\$2,234.13
SUBTOTAL				\$2,234.13

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Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**Part 2, Question 3:** Certain payments or transfers to creditors within 90 days before filing this case

Creditor Name & Address	Check or Wire Number	Payment Date	Reason For Payment	Amount Paid
TAOSNET LLC 201 CAMINO DE LA MERCED TAOS, NM 87571	006829	03/21/2018	Services	\$135.63
	007012	04/19/2018	Services	\$135.63
SUBTOTAL				\$271.26
TERMINIX PROCESSING CENTER PO BOX 742592 CINCINNATI, OH 45274-2592	006942	04/05/2018	Services	\$7,063.35
SUBTOTAL				\$7,063.35
TERRY'S LAWN CARE INC PO BOX 941 ALED0, TX 76008	006760	03/08/2018	Services	\$736.10
	007013	04/19/2018	Services	\$736.10
SUBTOTAL				\$1,472.20
TEXAS BUILT PLUMBING PO BOX 80227 KELLER, TX 76248	006831	03/21/2018	Services	\$286.43
	006899	03/28/2018	Services	\$2,899.06
SUBTOTAL				\$3,185.49
TEXAS DISPOSAL SYSTEMS INC PO BOX 660816 DALLAS, TX 75266-0816	006830	03/21/2018	Services	\$1,886.48
	007128	05/03/2018	Services	\$1,891.64
SUBTOTAL				\$3,778.12
TEXAS PHARMACY ASSOCIATION 3200 STECK AVE #370 AUSTIN, TX 78757	007129	05/03/2018	Services	\$1,200.00
SUBTOTAL				\$1,200.00
THE BRANDT COMPANIES LLC PO BOX 227351 DALLAS, TX 75222-7351	006860	03/28/2018	Services	\$519.60
	006982	04/19/2018	Services	\$519.60
	007028	04/26/2018	Services	\$569.72
SUBTOTAL				\$1,608.92
THE SWANN GROUP INC 11413 HOLLISTER DR AUSTIN, TX 78739	007009	04/19/2018	Services	\$2,500.00
SUBTOTAL				\$2,500.00
TIME WARNER CABLE PO BOX 60074 CITY OF INDUSTRY, CA 91716	006767	03/12/2018	Services	\$561.09
	006832	03/21/2018	Services	\$561.09
	007014	04/19/2018	Services	\$569.56
SUBTOTAL				\$1,691.74

Debtor Name: TRS Behavioral Care, Inc.

Case Number: 18-11229 (BLS)

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**Part 2, Question 3:** Certain payments or transfers to creditors within 90 days before filing this case

Creditor Name & Address	Check or Wire Number	Payment Date	Reason For Payment	Amount Paid
TLC OFFICE SYSTEMS L-3791 COLUMBUS, OH 43260-3791	006943	04/05/2018	Suppliers or vendors	\$15,850.30
SUBTOTAL				\$15,850.30
TOTKA, PATRICIA 2442 HWY 121 APT 1103 BEDFORD, TX 76021	006709	02/28/2018	Other - Employee-related	\$67.70
SUBTOTAL				\$67.70
TRESTLE PARTNERS LLC PO BOX 1927 DENTON, TX 76202	006662	02/26/2018	Services	\$2,234.13
	006849	03/28/2018	Services	\$2,234.13
SUBTOTAL				\$4,468.26
TRUE RECOVERY INTERVENTIONS LLC 1779 WELLS BRANCH PARKWAY STE 110B-289 AUSTIN, TX 78728	006710	02/28/2018	Services	\$4,500.00
	006761	03/08/2018	Services	\$7,650.00
	006833	03/21/2018	Services	\$3,005.00
	006900	03/28/2018	Services	\$1,920.00
	006944	04/05/2018	Services	\$2,450.00
	007015	04/19/2018	Services	\$3,000.00
	007065	04/26/2018	Services	\$350.00
	007137	05/03/2018	Services	\$1,035.00
SUBTOTAL				\$23,910.00
TWTEL/LEVEL 3 COMM PO BOX 910182 DENVER, CO 80291-0182	006778	03/15/2018	Services	\$2,755.51
	007016	04/19/2018	Services	\$2,755.51
SUBTOTAL				\$5,511.02
TXTAG PO BOX 650749 DALLAS, TX 75265-0749	006762	03/08/2018	Suppliers or vendors	\$118.98
	006945	04/05/2018	Suppliers or vendors	\$20.65
SUBTOTAL				\$139.63
US FOODS INC/EULESS PO BOX 843202 DALLAS, TX 75284-3202	006711	02/28/2018	Suppliers or vendors	\$27,060.12
	006763	03/08/2018	Suppliers or vendors	\$14,883.36
	006780	03/21/2018	Suppliers or vendors	\$50,290.80
	006902	03/28/2018	Suppliers or vendors	\$44,514.70
	006947	04/05/2018	Suppliers or vendors	\$27,369.12
	006966	04/12/2018	Suppliers or vendors	\$7,120.80

Debtor Name: TRS Behavioral Care, Inc.

Case Number: 18-11229 (BLS)

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**Part 2, Question 3:** Certain payments or transfers to creditors within 90 days before filing this case

Creditor Name & Address	Check or Wire Number	Payment Date	Reason For Payment	Amount Paid
US FOODS INC/EULESS PO BOX 843202 DALLAS, TX 75284-3202	006974	04/19/2018	Suppliers or vendors	\$32,582.85
	007067	04/26/2018	Suppliers or vendors	\$15,909.96
	007131	05/03/2018	Suppliers or vendors	\$18,559.08
	007182	05/10/2018	Suppliers or vendors	\$2,921.00
	007186	05/17/2018	Suppliers or vendors	\$63,380.92
SUBTOTAL				\$304,592.71
US FOODS INC/HOUSTON PO BOX 840396 DALLAS, TX 75284-0396	006834	03/21/2018	Suppliers or vendors	\$21,573.54
	006901	03/28/2018	Suppliers or vendors	\$4,675.35
	006946	04/05/2018	Suppliers or vendors	\$3,868.68
	006965	04/12/2018	Suppliers or vendors	\$1,867.14
	007017	04/19/2018	Suppliers or vendors	\$13,096.72
	007066	04/26/2018	Suppliers or vendors	\$2,837.25
	007130	05/03/2018	Suppliers or vendors	\$5,028.20
	007181	05/10/2018	Suppliers or vendors	\$3,110.28
	007212	05/17/2018	Suppliers or vendors	\$9,147.06
SUBTOTAL				\$65,204.22
US FOODS INC/WIMBERLY PO BOX 841587 DALLAS, TX 75284-1587	006712	02/28/2018	Suppliers or vendors	\$4,906.88
	006764	03/08/2018	Suppliers or vendors	\$7,150.89
	006835	03/21/2018	Suppliers or vendors	\$40,140.24
	006903	03/28/2018	Suppliers or vendors	\$10,580.05
	006948	04/05/2018	Suppliers or vendors	\$12,253.65
	006967	04/12/2018	Suppliers or vendors	\$5,264.19
	007018	04/19/2018	Suppliers or vendors	\$22,570.56
	007068	04/26/2018	Suppliers or vendors	\$18,892.32
	007132	05/03/2018	Suppliers or vendors	\$7,910.34
	007183	05/10/2018	Suppliers or vendors	\$3,709.74
	007187	05/17/2018	Suppliers or vendors	\$64,200.18
SUBTOTAL				\$197,579.04
VALVOLINE EXPRESS CARE @ WIMBERLEY P O BOX 2277 WIMBERLEY, TX 78676	007133	05/03/2018	Suppliers or vendors	\$516.00
SUBTOTAL				\$516.00
VANDYKE & JENKE OF TEXAS DBA COURAGEOUS HEARTS CPR 311 REIMER AVE SAN MARCOS, TX 78666	007019	04/19/2018	Services	\$870.00
SUBTOTAL				\$870.00

Debtor Name: TRS Behavioral Care, Inc.

Case Number: 18-11229 (BLS)

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**Part 2, Question 3:** Certain payments or transfers to creditors within 90 days before filing this case

Creditor Name & Address	Check or Wire Number	Payment Date	Reason For Payment	Amount Paid
VANN, RONALD REF: UDS 115 PARK PLACE DRIVE GEORGETOWN, TX 78628	006837	03/21/2018	Other - Employee-related	\$211.69
SUBTOTAL				\$211.69
WASTE MANAGEMENT OF NEW MEXICO INC RIO RANCHO HAULING PO BOX 78251 PHOENIX, AZ 85062-8251	007021	04/19/2018	Services	\$318.24
	007072	04/26/2018	Services	\$318.24
SUBTOTAL				\$636.48
WASTE MANAGEMENT OF TEXAS INC HOUSTON METRO PO BOX 660345 DALLAS, TX 75266-0345	007020	04/19/2018	Services	\$5,974.48
	007071	04/26/2018	Services	\$6,147.06
SUBTOTAL				\$12,121.54
WEBB, PAMELA 321 BARBER DR. WIMBERLEY, TX 78676	007185	05/10/2018	Other - Employee-related	\$129.86
SUBTOTAL				\$129.86
WELLS FARGO FINANCIAL LEASING PO BOX 10306 DES MOINES, IA 50306-0306	006950	04/05/2018	Suppliers or vendors	\$320.46
SUBTOTAL				\$320.46
WENDT, BRUCE DBA BRUCE WENDT PLUMBING 108 CASCADE TRAIL SAN MARCOS, TX 78666	007135	05/03/2018	Services	\$796.00
SUBTOTAL				\$796.00
WIMBERLEY ACE HARDWARE 14307 RANCH ROAD 12 WIMBERLEY, TX 78676	006839	03/21/2018	Suppliers or vendors	\$8,267.25
SUBTOTAL				\$8,267.25
YOCUM, STEVE 903 N WEST ST BURNET, TX 78611	006766	03/08/2018	Other - Employee-related	\$142.88
	007022	04/19/2018	Other - Employee-related	\$494.66
SUBTOTAL				\$637.54
ZAPPER, TERRI N 1207 RIVER OAKS DR FLOWER MOUND, TX 75028	006840	03/21/2018	Other - Employee-related	\$93.51
SUBTOTAL				\$93.51
GRAND TOTAL				\$3,603,238.73

Debtor Name: TRS Behavioral Care, Inc.

Case Number: 18-11229 (BLS)

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**Part 2, Question 4:** Payments or other transfers of property made within 1 year before filing this case that benefited any insider

Insider's name and address	Relationship to debtor	Total amount or value	Dates	Reasons for payment or transfer
ASSURANCE TOXICOLOGY SERVICES, LLC 933 N NAKOMA SUITE 120 SAN ANTONIO, TX 78216	Debtor Affiliate	\$53.60	10/31/2017	Intercompany Transfer
ASSURANCE TOXICOLOGY SERVICES, LLC 933 N NAKOMA SUITE 120 SAN ANTONIO, TX 78216	Debtor Affiliate	\$153.91	11/30/2017	Intercompany Transfer
ASSURANCE TOXICOLOGY SERVICES, LLC 933 N NAKOMA SUITE 120 SAN ANTONIO, TX 78216	Debtor Affiliate	\$50.00	12/31/2017	Intercompany Transfer
ASSURANCE TOXICOLOGY SERVICES, LLC 933 N NAKOMA SUITE 120 SAN ANTONIO, TX 78216	Debtor Affiliate	\$294.45	01/31/2018	Intercompany Transfer
EBH SOUTHWEST SERVICES, INC. 8072 S. HIGHLAND DRIVE SALT LAKE CITY, UT 84121	Debtor Affiliate	\$6,000.00	05/31/2017	Intercompany Transfer
EBH SOUTHWEST SERVICES, INC. 8072 S. HIGHLAND DRIVE SALT LAKE CITY, UT 84121	Debtor Affiliate	\$4,000.00	11/30/2017	Intercompany Transfer
EBH SOUTHWEST SERVICES, INC. 8072 S. HIGHLAND DRIVE SALT LAKE CITY, UT 84121	Debtor Affiliate	\$14,875.00	02/28/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$3,812.32	05/23/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$471,246.35	05/28/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$800.00	05/30/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$1,383,932.38	05/31/2017	Intercompany Transfer

Debtor Name: TRS Behavioral Care, Inc.

Case Number: 18-11229 (BLS)

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**Part 2, Question 4:** Payments or other transfers of property made within 1 year before filing this case that benefited any insider

Insider's name and address	Relationship to debtor	Total amount or value	Dates	Reasons for payment or transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$28,816.90	06/01/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$141,067.86	06/02/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$10,509.28	06/04/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$1,110.58	06/07/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$35,000.00	06/09/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$1,362.60	06/10/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$496,645.57	06/11/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$91.58	06/12/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$3,741.95	06/13/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$2,619.27	06/14/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$4,581.50	06/15/2017	Intercompany Transfer

Debtor Name: TRS Behavioral Care, Inc.

Case Number: 18-11229 (BLS)

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**Part 2, Question 4:** Payments or other transfers of property made within 1 year before filing this case that benefited any insider

Insider's name and address	Relationship to debtor	Total amount or value	Dates	Reasons for payment or transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$2,600.00	06/17/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$10,734.70	06/18/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$25,150.90	06/20/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$3,763.02	06/23/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$2,145.00	06/24/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$476,531.75	06/25/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$1,688.45	06/26/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$28.43	06/28/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$1,247,246.25	06/30/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$1,077.66	07/01/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$9,315.87	07/02/2017	Intercompany Transfer

Debtor Name: TRS Behavioral Care, Inc.

Case Number: 18-11229 (BLS)

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**Part 2, Question 4:** Payments or other transfers of property made within 1 year before filing this case that benefited any insider

Insider's name and address	Relationship to debtor	Total amount or value	Dates	Reasons for payment or transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$28,636.96	07/06/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$1,019.64	07/07/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$516,413.87	07/09/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$2,498.61	07/12/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$5,667.97	07/14/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$477.64	07/16/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$1,899.13	07/18/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$10,064.21	07/19/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$842.69	07/20/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$463,776.79	07/23/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$18,372.96	07/24/2017	Intercompany Transfer

Debtor Name: TRS Behavioral Care, Inc.

Case Number: 18-11229 (BLS)

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**Part 2, Question 4:** Payments or other transfers of property made within 1 year before filing this case that benefited any insider

Insider's name and address	Relationship to debtor	Total amount or value	Dates	Reasons for payment or transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$26,216.97	07/27/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$34,227.44	07/30/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$999,644.41	07/31/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$15,122.41	08/03/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$3,193.60	08/05/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$468,937.57	08/06/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$28,738.78	08/07/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$4,104.06	08/08/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$17.06	08/11/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$4,619.94	08/12/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$6,236.81	08/13/2017	Intercompany Transfer

Debtor Name: TRS Behavioral Care, Inc.

Case Number: 18-11229 (BLS)

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**Part 2, Question 4:** Payments or other transfers of property made within 1 year before filing this case that benefited any insider

Insider's name and address	Relationship to debtor	Total amount or value	Dates	Reasons for payment or transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$4,558.29	08/15/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$10,234.00	08/16/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$4,562.56	08/19/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$459,756.35	08/20/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$6,656.00	08/22/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$936.26	08/23/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$28,593.21	08/25/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$198.08	08/27/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$26,285.39	08/30/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$988,001.62	08/31/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$32,681.57	09/01/2017	Intercompany Transfer

Debtor Name: TRS Behavioral Care, Inc.

Case Number: 18-11229 (BLS)

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**Part 2, Question 4:** Payments or other transfers of property made within 1 year before filing this case that benefited any insider

Insider's name and address	Relationship to debtor	Total amount or value	Dates	Reasons for payment or transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$2,308.80	09/02/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$469,010.15	09/03/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$6,199.17	09/08/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$3,859.40	09/09/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$5,564.32	09/10/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$8,222.95	09/13/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$5,382.07	09/15/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$4,508.91	09/16/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$472,089.90	09/17/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$4,012.70	09/20/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$4,886.25	09/21/2017	Intercompany Transfer

Debtor Name: TRS Behavioral Care, Inc.

Case Number: 18-11229 (BLS)

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**Part 2, Question 4:** Payments or other transfers of property made within 1 year before filing this case that benefited any insider

Insider's name and address	Relationship to debtor	Total amount or value	Dates	Reasons for payment or transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$4,396.65	09/23/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$723.61	09/26/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$1,903.65	09/29/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$951,948.55	09/30/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$453,466.13	10/01/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$40,574.48	10/02/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$8,943.99	10/08/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$67.12	10/09/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$16.56	10/13/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$442,972.23	10/15/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$2,905.00	10/17/2017	Intercompany Transfer

Debtor Name: TRS Behavioral Care, Inc.

Case Number: 18-11229 (BLS)

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**Part 2, Question 4:** Payments or other transfers of property made within 1 year before filing this case that benefited any insider

Insider's name and address	Relationship to debtor	Total amount or value	Dates	Reasons for payment or transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$17,301.23	10/19/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$810.83	10/20/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$615.76	10/22/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$19,982.97	10/26/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$462,410.60	10/29/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$919,725.17	10/31/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$1,578.58	11/05/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$18,463.30	11/06/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$16,605.00	11/07/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$1,147.39	11/08/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$22.47	11/10/2017	Intercompany Transfer

Debtor Name: TRS Behavioral Care, Inc.

Case Number: 18-11229 (BLS)

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**Part 2, Question 4:** Payments or other transfers of property made within 1 year before filing this case that benefited any insider

Insider's name and address	Relationship to debtor	Total amount or value	Dates	Reasons for payment or transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$430,184.11	11/12/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$600.00	11/13/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$7,155.95	11/15/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$415.70	11/19/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$2,981.33	11/20/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$461,212.16	11/26/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$15,213.81	11/28/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$19,514.58	11/29/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$933,123.39	11/30/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$35,427.67	12/01/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$850.19	12/03/2017	Intercompany Transfer

Debtor Name: TRS Behavioral Care, Inc.

Case Number: 18-11229 (BLS)

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**Part 2, Question 4:** Payments or other transfers of property made within 1 year before filing this case that benefited any insider

Insider's name and address	Relationship to debtor	Total amount or value	Dates	Reasons for payment or transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$1,185.05	12/08/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$418,476.14	12/10/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$6,365.74	12/12/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$2,636.96	12/17/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$1,205.50	12/19/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$635.67	12/20/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$20,997.56	12/21/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$420,379.94	12/24/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$90,000.00	12/29/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$949,927.99	12/31/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$663.80	01/05/2018	Intercompany Transfer

Debtor Name: TRS Behavioral Care, Inc.

Case Number: 18-11229 (BLS)

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**Part 2, Question 4:** Payments or other transfers of property made within 1 year before filing this case that benefited any insider

Insider's name and address	Relationship to debtor	Total amount or value	Dates	Reasons for payment or transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$459,867.47	01/07/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$2,516.20	01/09/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$26,621.80	01/10/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$28,100.27	01/12/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$2,524.01	01/15/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$15,159.35	01/19/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$609.07	01/20/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$426,318.98	01/21/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$23,413.59	01/22/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$17,905.31	01/26/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$1,268.06	01/29/2018	Intercompany Transfer

Debtor Name: TRS Behavioral Care, Inc.

Case Number: 18-11229 (BLS)

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**Part 2, Question 4:** Payments or other transfers of property made within 1 year before filing this case that benefited any insider

Insider's name and address	Relationship to debtor	Total amount or value	Dates	Reasons for payment or transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$1,145,275.12	01/31/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$17,643.27	02/01/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$406,937.16	02/04/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$33.23	02/09/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$15,033.56	02/11/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$7,361.01	02/13/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$4,262.78	02/15/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$396,558.99	02/18/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$615.00	02/20/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$18,561.02	02/21/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$947.80	02/25/2018	Intercompany Transfer

Debtor Name: TRS Behavioral Care, Inc.

Case Number: 18-11229 (BLS)

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**Part 2, Question 4:** Payments or other transfers of property made within 1 year before filing this case that benefited any insider

Insider's name and address	Relationship to debtor	Total amount or value	Dates	Reasons for payment or transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$1,187,345.96	02/28/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$128.51	03/02/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$395,590.13	03/04/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$628.75	03/11/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$4,124.88	03/14/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$407,520.42	03/18/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$11,734.59	03/20/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$12,432.70	03/21/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$5,324.36	03/22/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$349.17	03/25/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$16,806.39	03/29/2018	Intercompany Transfer

Debtor Name: TRS Behavioral Care, Inc.

Case Number: 18-11229 (BLS)

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**Part 2, Question 4:** Payments or other transfers of property made within 1 year before filing this case that benefited any insider

Insider's name and address	Relationship to debtor	Total amount or value	Dates	Reasons for payment or transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$1,095,864.65	03/31/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$431,306.01	04/01/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$1,288.34	04/10/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$1,424.81	04/12/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$3,728.07	04/13/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$419,245.42	04/15/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$14,649.76	04/20/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$510.79	04/22/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$24,912.08	04/25/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$16,540.21	04/26/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$420,763.09	04/29/2018	Intercompany Transfer

Debtor Name: TRS Behavioral Care, Inc.

Case Number: 18-11229 (BLS)

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**Part 2, Question 4:** Payments or other transfers of property made within 1 year before filing this case that benefited any insider

Insider's name and address	Relationship to debtor	Total amount or value	Dates	Reasons for payment or transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$1,062,200.72	04/30/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$15,042.95	05/01/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$414,602.56	05/13/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$27,232.20	05/15/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$800,783.47	05/22/2018	Intercompany Transfer
SOUTHEAST BEHAVIORAL HEALTH SERVICES, INC. 3949 HIGHWAY 43 NORTH BRANDON, MS 39047	Debtor Affiliate	\$200.00	08/31/2017	Intercompany Transfer
SOUTHEAST BEHAVIORAL HEALTH SERVICES, INC. 3949 HIGHWAY 43 NORTH BRANDON, MS 39047	Debtor Affiliate	\$300.00	09/30/2017	Intercompany Transfer
THE RANCH ON THE PINEY RIVER, INC. 6107 PINEWOOD ROAD NUNNELLY, TN 37137	Debtor Affiliate	\$10,017.00	12/31/2017	Intercompany Transfer
THE RANCH ON THE PINEY RIVER, INC. 6107 PINEWOOD ROAD NUNNELLY, TN 37137	Debtor Affiliate	\$437.00	03/31/2018	Intercompany Transfer
WESTSIDE SOBER LIVING CENTERS, INC. 20725 ROCKCROFT DRIVE MALIBU, CA 90265	Debtor Affiliate	\$74.86	05/30/2017	Intercompany Transfer
WESTSIDE SOBER LIVING CENTERS, INC. 20725 ROCKCROFT DRIVE MALIBU, CA 90265	Debtor Affiliate	\$70.76	06/01/2017	Intercompany Transfer
WESTSIDE SOBER LIVING CENTERS, INC. 20725 ROCKCROFT DRIVE MALIBU, CA 90265	Debtor Affiliate	\$3,000.00	07/31/2017	Intercompany Transfer

Debtor Name: TRS Behavioral Care, Inc.

Case Number: 18-11229 (BLS)

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**Part 2, Question 4:** Payments or other transfers of property made within 1 year before filing this case that benefited any insider

Insider's name and address	Relationship to debtor	Total amount or value	Dates	Reasons for payment or transfer
WESTSIDE SOBER LIVING CENTERS, INC. 20725 ROCKCROFT DRIVE MALIBU, CA 90265	Debtor Affiliate	\$99.23	03/18/2018	Intercompany Transfer
WRIGHTSVILLE SERVICES, LLC 1166 HILTS ROAD WRIGHTSVILLE, PA 17368	Debtor Affiliate	\$50,000.00	12/07/2017	Intercompany Transfer

Debtor Name: TRS Behavioral Care, Inc.

Case Number: 18-11229 (BLS)

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**Part 3, Question 7:** Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

Case Title	Case Number	Nature of case	Court or agency's name and address	Status Of Case
Redacted v. TRS Behavioral Care, Inc., The Right Step, Inc. and William Joseph McCreight, III, M.D.	201802204	Medical Malpractice	11TH JUDICIAL DISTRICT COURT OF HARRIS COUNTY, TEXAS 201 CAROLINE 14TH FL HOUSTON, TX 77002	Pending
Redacted vs. TRS Behavioral Care, Inc. d/b/a The Right Step	201827919	Personal Injury	333RD JUDICIAL DISTRICT COURT OF HARRIS COUNTY, TEXAS 201 CAROLINE 14TH FL HOUSTON, TX 77002	Pending
Kevin D. Green v. TRS Behavioral Care, Inc.	2017-58407	Discrimination	333RD JUDICIAL DISTRICT COURT OF HARRIS COUNTY, TEXAS 201 CAROLINE 14TH FL HOUSTON, TX 77002	Pending
Taylor Recovery Center, L.L.C and Taylor Sober Living, L.L.C v. TRS Behavioral Care, Inc., Colleen Olfers, Rebecca Buzek, Clayton Goldberg and Eled Shkurti	2017-35178	Tortious interference and business disparagement	DISTRICT COURT OF HARRIS COUNTY, TEXAS 201 CAROLINE HOUSTON, TX 77002	Concluded
Communication Workers of America, AFL-CIO v. TRS Behavioral Care, Inc.	16-CA-217386	Unfair Labor Practices	NATIONAL LABOR RELATIONS BOARD	Pending
Communication Workers of America, AFL-CIO v. TRS Behavioral Care, Inc.	16-CA-220819	Unfair Labor Practices	NATIONAL LABOR RELATIONS BOARD	Pending
Laura B. Lewis v. TRS Behavioral Care, Inc. d/b/a The Right Step	EEOC Charge No. 846-2017-11490	Age discrimination and discrimination in connection with a disability	U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSISON MICKEY LELAND BUILDING 1919 SMITH STREET, 6TH FLOOR HOUSTON, TX 77002	Concluded

Debtor Name: TRS Behavioral Care, Inc.

Case Number: 18-11229 (BLS)

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

Part 7, Question 14: Previous addresses

Address	Dates of occupancy From	Dates of occupancy To
3815 Montrose Blvd Suite 101 Houston, TX 77006	08/02/2013	03/24/2017

Debtor Name: TRS Behavioral Care, Inc.

Case Number: 18-11229 (BLS)

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**Part 8, Question 15:** Health Care bankruptcies

Creditor1 Name and Address	Nature of the business operation including type of services the debtor provides	Location where patient records are maintained (if different from facility address)	If debtor provides meals and housing number of patients in debtor's care	How Are Records Kept?
THE IOP AFFILIATES ARE UNDER THE OVERSIGHT OF TRS HCW. , TX				Electronically
TRS - AUSTIN IOP 4701 WESTGATE BLVD. BLDG. D, SUITE 404 AUSTIN, TX 78745	Substance Abuse Treatment Facility - Outpatient			Electronically
TRS - CLEAR LAKE 1120 NASA PARKWAY, , SUITE 300 HOUSTON, TX 77058	Substance Abuse Treatment Facility - Outpatient			Electronically
TRS - CONROE IOP 5452 HIGHWAY 105 W SUITE 201 CONROE, TX 77304	Substance Abuse Treatment Facility - Outpatient			Electronically
TRS - FRISCO IOP 425 OLD NEWMAN RD. SUITE 201 & 202 FRISCO, TX 75034	Substance Abuse Treatment Facility - Outpatient			Electronically
TRS - GALLERIA IOP 2400 AUGUSTA DR. SUITE 372 HOUSTON, TX 77057	Substance Abuse Treatment Facility - Outpatient			Electronically
TRS - HUMBLE IOP 265 FM 1960 BYPASS EAST HUMBLE, TX 77338	Substance Abuse Treatment Facility - Outpatient			Electronically
TRS - KATY IOP 403 W. GRAND PARKWAY SOUTH SUITE G KATY, TX 77494	Substance Abuse Treatment Facility - Outpatient			Electronically
TRS - NORTH DALLAS 8350 MEADOW RD. SUITE 194 DALLAS, TX 75231	Substance Abuse Treatment Facility - Outpatient			Electronically
TRS - NORTHWEST IOP 17398 NORTHWEST FREEWAY HOUSTON, TX 77040	Substance Abuse Treatment Facility - Outpatient			Electronically
TRS - PLANO IOP 1200 COMMERCE DR. SUITE 116 PLANO, TX 75093	Substance Abuse Treatment Facility - Outpatient			Electronically
TRS - SAN ANTONIO 12042 BLANCO RD. SUITE 101 SAN ANTONIO, TX 78216	Substance Abuse Treatment Facility - Outpatient			Electronically
TRS - SAN MARCOS 302 W. HOPKINS SUITE 1 & 2 SAN MARCOS, TX 78666	Substance Abuse Treatment Facility - Outpatient			Electronically

Debtor Name: TRS Behavioral Care, Inc.

Case Number: 18-11229 (BLS)

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**Part 8, Question 15:** Health Care bankruptcies

Creditor1 Name and Address	Nature of the business operation including type of services the debtor provides	Location where patient records are maintained (if different from facility address)	If debtor provides meals and housing number of patients in debtor's care	How Are Records Kept?
TRS DFW IOP 2219 W EULESS BLVD EULESS, TX 76040	Substance Abuse Treatment Facility			Electronically
TRS DFW 2219 W EULESS BLVD EULESS, TX 76040	Substance Abuse Treatment Facility - Residential & Outpatient, Supportive Residential (Adults), Intensive Residential (Adults), Outpatient (Adults), Residential Detoxification (Adults)		62	Electronically
TRS HCW HOPE HOUSE 380 & 440 FISCHER STORE RD. WIMBERLEY, TX 78676	Substance Abuse Treatment Facility - Residential & Outpatient, Outpatient (Adults), Supportive Residential (Adults), Residential Detoxification (Adults), Intensive Residential (Adults)		0	Electronically
TRS HCW CABIN A 380 & 440 FISCHER STORE RD. WIMBERLEY, TX 78676	Substance Abuse Treatment Facility		0	Electronically
TRS HCW CABIN D 380 & 440 FISCHER STORE RD. WIMBERLEY, TX 78676	Substance Abuse Treatment Facility		0	Electronically
TRS HCW CABIN E 380 & 440 FISCHER STORE RD. WIMBERLEY, TX 78676	Substance Abuse Treatment Facility		0	Electronically
TRS HCW CABIN F 380 & 440 FISCHER STORE RD. WIMBERLEY, TX 78676	Substance Abuse Treatment Facility		0	Electronically
TRS HCW WISDOM 380 & 440 FISCHER STORE RD. WIMBERLEY, TX 78676	Substance Abuse Treatment Facility		0	Electronically
TRS HCW SERENITY 380 & 440 FISCHER STORE RD. WIMBERLEY, TX 78676	Substance Abuse Treatment Facility		0	Electronically
TRS HCW 320 FISCHER STORE RD. WIMBERLEY, TX 78677	Substance Abuse Treatment Facility - Residential, Supportive Residential (Adults), Residential Detoxification (Adults), Intensive Residential (Adults)		33	Electronically
TRS HCW 500 FISCHER STORE RD WIMBERLEY, TX 78678	Substance Abuse Treatment Facility - Residential, Residential Detoxification (Adults), Intensive Residential (Adults), Supportive Residential (Adults)		0	Electronically

Debtor Name: TRS Behavioral Care, Inc.

Case Number: 18-11229 (BLS)

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**Part 8, Question 15:** Health Care bankruptcies

Creditor1 Name and Address	Nature of the business operation including type of services the debtor provides	Location where patient records are maintained (if different from facility address)	If debtor provides meals and housing number of patients in debtor's care	How Are Records Kept?
TRS HOUSTON 902 W. ALABAMA ST. HOUSTON, TX 77006	Substance Abuse Treatment Facility - Outpatient		0	Electronically
TRS HOUSTON 909 MARSHALL HOUSTON, TX 77006	Substance Abuse Treatment Facility - Outpatient		9	Electronically
TRS HOUSTON 919 MARSHALL HOUSTON, TX 77006	Substance Abuse Treatment Facility - Outpatient		7	Electronically
TRS HOUSTON 3701 MARSHALL 3701 MONTROSE HOUSTON, TX 77006	Executive Offices - No Treatment Services		0	Electronically
TRS HOUSTON 3709 MARSHALL 3709 MONTROSE HOUSTON, TX 77006	Substance Abuse Treatment Facility - Residential, Intensive Residential (Adults), Outpatient (Adults), Residential Detoxification (Adults), Supportive Residential (Adults)		4	Electronically

Debtor Name: TRS Behavioral Care, Inc.

Case Number: 18-11229 (BLS)

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**Part 10, Question 18:** Closed financial accounts

Creditor's Name and Address	Creditor's Last 4 digits of account number	Type of account	Date account was closed sold moved or transferred	Last balance before closing or transfer	Other type of account description
AMEGY BANK NA 1717 W. LOOP SOUTH HOUSTON, TX 77027	1181	Other	12/27/2017	\$0.00	Concentration
AMEGY BANK NA 1717 W. LOOP SOUTH HOUSTON, TX 77027	1289	Other	08/03/2017	\$0.00	ZBA
AMEGY BANK NA 1717 W. LOOP SOUTH HOUSTON, TX 77027	3319	Other	08/03/2017	\$0.00	ZBA
AMEGY BANK NA 1717 W. LOOP SOUTH HOUSTON, TX 77027	9592	Other	08/03/2017	\$0.00	ZBA
COMERICA BANK NA 226 AIRPORT PKWY SAN JOSE, CA 95110-4348	2974	Other	11/16/2017	\$0.00	ZBA

Debtor Name: TRS Behavioral Care, Inc.

Case Number: 18-11229 (BLS)

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**Part 10, Question 20:** Off-premises storage

Facility Name & Address	Name of anyone with access to it	Address	Description of the contents	Does debtor still have it?
IRON MOUNTAIN - H9358 , TX	Various debtor personnel			Yes

Debtor Name: TRS Behavioral Care, Inc.

Case Number: 18-11229 (BLS)

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**Part 13, Question 25:** Other businesses in which the debtor has or has had an interest

Business Name & Address	Describe the nature of the business	Employer identification number	Date business existed From	Date business existed To
SAN CRISTOBAL TREATMENT CENTER, LLC 176 CAMINO DEL MEDIO SAN CRISTOBAL, NM 87564	No Operations	45-4251419	08/15/2012	Ongoing
SPIRIT LODGE, LLC 840 COUNTY ROAD 420 SPICEWOOD, TX 78669	Provision of Healthcare Services	26-1461375	08/15/2012	Ongoing

Debtor Name: TRS Behavioral Care, Inc.

Case Number: 18-11229 (BLS)

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**Part 13, Question 26a:** List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

Name & Address	Dates of service From	Dates of service To
BURKETT, KATHLEEN 5000 AIRPORT PLAZA DR, STE 100 LONG BEACH, CA 90815	11/02/2015	Present
POAN, NICHOLAS 5000 AIRPORT PLAZA DR, STE 100 LONG BEACH, CA 90815	10/05/2015	06/08/2018

Debtor Name: TRS Behavioral Care, Inc.

Case Number: 18-11229 (BLS)

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**Part 13, Question 26c:** Firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

Name and Address	If any books of account and records are unavailable explain why
BURKETT, KATHLEEN 5000 AIRPORT PLAZA DR, STE 100 LONG BEACH, CA 90815	
POAN, NICHOLAS 5000 AIRPORT PLAZA DR, STE 100 LONG BEACH, CA 90815	

Debtor Name: TRS Behavioral Care, Inc.

Case Number: 18-11229 (BLS)

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

Part 13, Question 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.

Name & Address

During the period immediately preceding these cases, the Debtors entered into the Second Amended and Restated First Lien Credit Agreement as is more fully described in the Declaration of Martin McGahan [Docket No. 16]. As part of this process the Debtors provided financial statements and related financial information. In addition, the Debtors may have provided certain parties, such as banks, auditors, vendors and financial advisors financial statements that may not be part of a public filing. The Debtors does not maintain complete lists to track such disclosures. As such, the Debtors have not provided lists of these parties in response to Statement 26d.

Debtor Name: TRS Behavioral Care, Inc.

Case Number: 18-11229 (BLS)

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

Part 13, Question 28: 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 and Address	Position and nature of any interest	% of interest if any
BAUER, EDITH 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Secretary	
BURKETT, KATHLEEN 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Chief Accounting Officer/Assistant Secretary	
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Shareholder	100
PEGG, DAVID 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Director	
POAN, NICHOLAS 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Chief Financial Officer/Treasurer	
RAGLAND, RUSSELL 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Director	
SACK, DAVID 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	President	
YOUNG, JOHN 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Director	

Debtor Name: TRS Behavioral Care, Inc.

Case Number: 18-11229 (BLS)

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

Part 13, Question 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?

Name and address	Position and nature of any interest	Period during which position or interest was held From	Period during which position or interest was held To
LOCH, CASSANDRA 5000 AIRPORT PLAZA DRIVE, SUITE 100 LONG BEACH, CA 90815	President of Program Operations	10/05/2016	06/30/2017
SACK, DAVID 5000 AIRPORT PLAZA DRIVE, SUITE 100 LONG BEACH, CA 90815	Director	08/15/2012	05/22/2018
SACK, DAVID 5000 AIRPORT PLAZA DRIVE, SUITE 100 LONG BEACH, CA 90815	Chief Medical Officer	08/13/2015	05/22/2018

Debtor Name: TRS Behavioral Care, Inc.

Case Number: 18-11229 (BLS)

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**Part 13, Question 30:** Payments, distributions, or withdrawals credited or given to insiders

Name and address of recipient	Relationship to debtor	Amount of money or description and value of property	Dates	Reason for providing the value
ASSURANCE TOXICOLOGY SERVICES, LLC 933 N NAKOMA SUITE 120 SAN ANTONIO, TX 78216	Debtor Affiliate	\$53.60	10/31/2017	Intercompany Transfer
ASSURANCE TOXICOLOGY SERVICES, LLC 933 N NAKOMA SUITE 120 SAN ANTONIO, TX 78216	Debtor Affiliate	\$153.91	11/30/2017	Intercompany Transfer
ASSURANCE TOXICOLOGY SERVICES, LLC 933 N NAKOMA SUITE 120 SAN ANTONIO, TX 78216	Debtor Affiliate	\$50.00	12/31/2017	Intercompany Transfer
ASSURANCE TOXICOLOGY SERVICES, LLC 933 N NAKOMA SUITE 120 SAN ANTONIO, TX 78216	Debtor Affiliate	\$294.45	01/31/2018	Intercompany Transfer
EBH SOUTHWEST SERVICES, INC. 8072 S. HIGHLAND DRIVE SALT LAKE CITY, UT 84121	Debtor Affiliate	\$6,000.00	05/31/2017	Intercompany Transfer
EBH SOUTHWEST SERVICES, INC. 8072 S. HIGHLAND DRIVE SALT LAKE CITY, UT 84121	Debtor Affiliate	\$4,000.00	11/30/2017	Intercompany Transfer
EBH SOUTHWEST SERVICES, INC. 8072 S. HIGHLAND DRIVE SALT LAKE CITY, UT 84121	Debtor Affiliate	\$14,875.00	02/28/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$3,812.32	05/23/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$471,246.35	05/28/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$800.00	05/30/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$1,383,932.38	05/31/2017	Intercompany Transfer

Debtor Name: TRS Behavioral Care, Inc.

Case Number: 18-11229 (BLS)

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**Part 13, Question 30:** Payments, distributions, or withdrawals credited or given to insiders

Name and address of recipient	Relationship to debtor	Amount of money or description and value of property	Dates	Reason for providing the value
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$28,816.90	06/01/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$141,067.86	06/02/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$10,509.28	06/04/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$1,110.58	06/07/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$35,000.00	06/09/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$1,362.60	06/10/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$496,645.57	06/11/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$91.58	06/12/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$3,741.95	06/13/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$2,619.27	06/14/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$4,581.50	06/15/2017	Intercompany Transfer

Debtor Name: TRS Behavioral Care, Inc.

Case Number: 18-11229 (BLS)

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**Part 13, Question 30:** Payments, distributions, or withdrawals credited or given to insiders

Name and address of recipient	Relationship to debtor	Amount of money or description and value of property	Dates	Reason for providing the value
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$2,600.00	06/17/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$10,734.70	06/18/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$25,150.90	06/20/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$3,763.02	06/23/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$2,145.00	06/24/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$476,531.75	06/25/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$1,688.45	06/26/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$28.43	06/28/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$1,247,246.25	06/30/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$1,077.66	07/01/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$9,315.87	07/02/2017	Intercompany Transfer

Debtor Name: TRS Behavioral Care, Inc.

Case Number: 18-11229 (BLS)

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**Part 13, Question 30:** Payments, distributions, or withdrawals credited or given to insiders

Name and address of recipient	Relationship to debtor	Amount of money or description and value of property	Dates	Reason for providing the value
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$28,636.96	07/06/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$1,019.64	07/07/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$516,413.87	07/09/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$2,498.61	07/12/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$5,667.97	07/14/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$477.64	07/16/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$1,899.13	07/18/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$10,064.21	07/19/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$842.69	07/20/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$463,776.79	07/23/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$18,372.96	07/24/2017	Intercompany Transfer

Debtor Name: TRS Behavioral Care, Inc.

Case Number: 18-11229 (BLS)

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**Part 13, Question 30:** Payments, distributions, or withdrawals credited or given to insiders

Name and address of recipient	Relationship to debtor	Amount of money or description and value of property	Dates	Reason for providing the value
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$26,216.97	07/27/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$34,227.44	07/30/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$999,644.41	07/31/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$15,122.41	08/03/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$3,193.60	08/05/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$468,937.57	08/06/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$28,738.78	08/07/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$4,104.06	08/08/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$17.06	08/11/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$4,619.94	08/12/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$6,236.81	08/13/2017	Intercompany Transfer

Debtor Name: TRS Behavioral Care, Inc.

Case Number: 18-11229 (BLS)

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**Part 13, Question 30:** Payments, distributions, or withdrawals credited or given to insiders

Name and address of recipient	Relationship to debtor	Amount of money or description and value of property	Dates	Reason for providing the value
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$4,558.29	08/15/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$10,234.00	08/16/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$4,562.56	08/19/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$459,756.35	08/20/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$6,656.00	08/22/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$936.26	08/23/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$28,593.21	08/25/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$198.08	08/27/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$26,285.39	08/30/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$988,001.62	08/31/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$32,681.57	09/01/2017	Intercompany Transfer

Debtor Name: TRS Behavioral Care, Inc.

Case Number: 18-11229 (BLS)

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**Part 13, Question 30:** Payments, distributions, or withdrawals credited or given to insiders

Name and address of recipient	Relationship to debtor	Amount of money or description and value of property	Dates	Reason for providing the value
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$2,308.80	09/02/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$469,010.15	09/03/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$6,199.17	09/08/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$3,859.40	09/09/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$5,564.32	09/10/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$8,222.95	09/13/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$5,382.07	09/15/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$4,508.91	09/16/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$472,089.90	09/17/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$4,012.70	09/20/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$4,886.25	09/21/2017	Intercompany Transfer

Debtor Name: TRS Behavioral Care, Inc.

Case Number: 18-11229 (BLS)

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**Part 13, Question 30:** Payments, distributions, or withdrawals credited or given to insiders

Name and address of recipient	Relationship to debtor	Amount of money or description and value of property	Dates	Reason for providing the value
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$4,396.65	09/23/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$723.61	09/26/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$1,903.65	09/29/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$951,948.55	09/30/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$453,466.13	10/01/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$40,574.48	10/02/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$8,943.99	10/08/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$67.12	10/09/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$16.56	10/13/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$442,972.23	10/15/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$2,905.00	10/17/2017	Intercompany Transfer

Debtor Name: TRS Behavioral Care, Inc.

Case Number: 18-11229 (BLS)

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**Part 13, Question 30:** Payments, distributions, or withdrawals credited or given to insiders

Name and address of recipient	Relationship to debtor	Amount of money or description and value of property	Dates	Reason for providing the value
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$17,301.23	10/19/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$810.83	10/20/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$615.76	10/22/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$19,982.97	10/26/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$462,410.60	10/29/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$919,725.17	10/31/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$1,578.58	11/05/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$18,463.30	11/06/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$16,605.00	11/07/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$1,147.39	11/08/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$22.47	11/10/2017	Intercompany Transfer

Debtor Name: TRS Behavioral Care, Inc.

Case Number: 18-11229 (BLS)

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**Part 13, Question 30:** Payments, distributions, or withdrawals credited or given to insiders

Name and address of recipient	Relationship to debtor	Amount of money or description and value of property	Dates	Reason for providing the value
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$430,184.11	11/12/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$600.00	11/13/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$7,155.95	11/15/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$415.70	11/19/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$2,981.33	11/20/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$461,212.16	11/26/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$15,213.81	11/28/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$19,514.58	11/29/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$933,123.39	11/30/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$35,427.67	12/01/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$850.19	12/03/2017	Intercompany Transfer

Debtor Name: TRS Behavioral Care, Inc.

Case Number: 18-11229 (BLS)

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**Part 13, Question 30:** Payments, distributions, or withdrawals credited or given to insiders

Name and address of recipient	Relationship to debtor	Amount of money or description and value of property	Dates	Reason for providing the value
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$1,185.05	12/08/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$418,476.14	12/10/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$6,365.74	12/12/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$2,636.96	12/17/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$1,205.50	12/19/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$635.67	12/20/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$20,997.56	12/21/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$420,379.94	12/24/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$90,000.00	12/29/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$949,927.99	12/31/2017	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$663.80	01/05/2018	Intercompany Transfer

Debtor Name: TRS Behavioral Care, Inc.

Case Number: 18-11229 (BLS)

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**Part 13, Question 30:** Payments, distributions, or withdrawals credited or given to insiders

Name and address of recipient	Relationship to debtor	Amount of money or description and value of property	Dates	Reason for providing the value
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$459,867.47	01/07/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$2,516.20	01/09/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$26,621.80	01/10/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$28,100.27	01/12/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$2,524.01	01/15/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$15,159.35	01/19/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$609.07	01/20/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$426,318.98	01/21/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$23,413.59	01/22/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$17,905.31	01/26/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$1,268.06	01/29/2018	Intercompany Transfer

Debtor Name: TRS Behavioral Care, Inc.

Case Number: 18-11229 (BLS)

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**Part 13, Question 30:** Payments, distributions, or withdrawals credited or given to insiders

Name and address of recipient	Relationship to debtor	Amount of money or description and value of property	Dates	Reason for providing the value
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$1,145,275.12	01/31/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$17,643.27	02/01/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$406,937.16	02/04/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$33.23	02/09/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$15,033.56	02/11/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$7,361.01	02/13/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$4,262.78	02/15/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$396,558.99	02/18/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$615.00	02/20/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$18,561.02	02/21/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$947.80	02/25/2018	Intercompany Transfer

Debtor Name: TRS Behavioral Care, Inc.

Case Number: 18-11229 (BLS)

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**Part 13, Question 30:** Payments, distributions, or withdrawals credited or given to insiders

Name and address of recipient	Relationship to debtor	Amount of money or description and value of property	Dates	Reason for providing the value
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$1,187,345.96	02/28/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$128.51	03/02/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$395,590.13	03/04/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$628.75	03/11/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$4,124.88	03/14/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$407,520.42	03/18/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$11,734.59	03/20/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$12,432.70	03/21/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$5,324.36	03/22/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$349.17	03/25/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$16,806.39	03/29/2018	Intercompany Transfer

Debtor Name: TRS Behavioral Care, Inc.

Case Number: 18-11229 (BLS)

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**Part 13, Question 30:** Payments, distributions, or withdrawals credited or given to insiders

Name and address of recipient	Relationship to debtor	Amount of money or description and value of property	Dates	Reason for providing the value
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$1,095,864.65	03/31/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$431,306.01	04/01/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$1,288.34	04/10/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$1,424.81	04/12/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$3,728.07	04/13/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$419,245.42	04/15/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$14,649.76	04/20/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$510.79	04/22/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$24,912.08	04/25/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$16,540.21	04/26/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$420,763.09	04/29/2018	Intercompany Transfer

Debtor Name: TRS Behavioral Care, Inc.

Case Number: 18-11229 (BLS)

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**Part 13, Question 30:** Payments, distributions, or withdrawals credited or given to insiders

Name and address of recipient	Relationship to debtor	Amount of money or description and value of property	Dates	Reason for providing the value
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$1,062,200.72	04/30/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$15,042.95	05/01/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$414,602.56	05/13/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$27,232.20	05/15/2018	Intercompany Transfer
ELEMENTS BEHAVIORAL HEALTH, INC. 5000 AIRPORT PLAZA DRIVE SUITE 100 LONG BEACH, CA 90815	Debtor Affiliate	\$800,783.47	05/22/2018	Intercompany Transfer
SOUTHEAST BEHAVIORAL HEALTH SERVICES, INC. 3949 HIGHWAY 43 NORTH BRANDON, MS 39047	Debtor Affiliate	\$200.00	08/31/2017	Intercompany Transfer
SOUTHEAST BEHAVIORAL HEALTH SERVICES, INC. 3949 HIGHWAY 43 NORTH BRANDON, MS 39047	Debtor Affiliate	\$300.00	09/30/2017	Intercompany Transfer
THE RANCH ON THE PINEY RIVER, INC. 6107 PINEWOOD ROAD NUNNELLY, TN 37137	Debtor Affiliate	\$10,017.00	12/31/2017	Intercompany Transfer
THE RANCH ON THE PINEY RIVER, INC. 6107 PINEWOOD ROAD NUNNELLY, TN 37137	Debtor Affiliate	\$437.00	03/31/2018	Intercompany Transfer
WESTSIDE SOBER LIVING CENTERS, INC. 20725 ROCKCROFT DRIVE MALIBU, CA 90265	Debtor Affiliate	\$74.86	05/30/2017	Intercompany Transfer
WESTSIDE SOBER LIVING CENTERS, INC. 20725 ROCKCROFT DRIVE MALIBU, CA 90265	Debtor Affiliate	\$70.76	06/01/2017	Intercompany Transfer
WESTSIDE SOBER LIVING CENTERS, INC. 20725 ROCKCROFT DRIVE MALIBU, CA 90265	Debtor Affiliate	\$3,000.00	07/31/2017	Intercompany Transfer

Debtor Name: TRS Behavioral Care, Inc.

Case Number: 18-11229 (BLS)

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**Part 13, Question 30:** Payments, distributions, or withdrawals credited or given to insiders

Name and address of recipient	Relationship to debtor	Amount of money or description and value of property	Dates	Reason for providing the value
WESTSIDE SOBER LIVING CENTERS, INC. 20725 ROCKCROFT DRIVE MALIBU, CA 90265	Debtor Affiliate	\$99.23	03/18/2018	Intercompany Transfer
WRIGHTSVILLE SERVICES, LLC 1166 HILTS ROAD WRIGHTSVILLE, PA 17368	Debtor Affiliate	\$50,000.00	12/07/2017	Intercompany Transfer