

**UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF TEXAS  
SAN ANTONIO DIVISION**

In re:	§	
	§	Chapter 11
	§	
Memory Care America, LLC, <i>et al.</i> , <sup>1</sup>	§	Case No. 19-51385
	§	
Debtors.	§	(Jointly Administered)
	§	

**NOTICE OF AMENDMENT OF DEBTOR MEMORY CARE AMERICA, LLC'S  
SCHEDULES OF ASSETS AND LIABILITIES**

**PLEASE TAKE NOTICE** that, pursuant to Rule 1009(a) of the Federal Rules of Bankruptcy Procedure, Memory Care America, LLC (“MCA”), one of the debtors and debtors in possession in the above-captioned chapter 11 cases (collectively, the “**Debtors**”), hereby amends its Schedules of Assets and Liabilities [Docket No. 76] (the “**Schedules**”) as set forth herein.

**PLEASE TAKE FURTHER NOTICE** that MCA’s responses are amended as follows: (i) on Schedule E/F Part 2, marking the claims listed on **Exhibit A** attached hereto as “disputed” (the “**Schedule Amendment**”). The Schedules are otherwise unaltered with respect to any and all information previously included therein, including, but not limited to, the previous responses provide in Schedule E/F Part 2 of the Schedules.

**PLEASE TAKE FURTHER NOTICE** that the Schedule Amendment is subject to the *Global Notes, Methodology And Specific Disclosures Regarding The Debtors’ Schedules Of Assets And Liabilities And Statement Of Financial Affair* filed with the Schedules. The Debtors

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<sup>1</sup> The Debtors in these chapter 11 cases, along with the last four digits of each Debtor’s federal tax identification number, are as follows: MCA Westover Hills Operating Company, LLC, 1960; MCA Mainstreet Tenant LLC, N/A; MCA Management Company, Inc., 3290; MCA New Braunfels Operating Company, LLC, 8045; MCA Westover Hills, LLC, 6181; Memory Care America, LLC, 9955; Memory Care at Good Shepherd, LLC, 1527. The Debtors’ mailing address is 2211 NW Military Highway, Suite 201, San Antonio, TX 78213.

reserve the right to file any additional amendments or supplements to the Debtors' respective Schedules of Assets and Liabilities and Statements of Financial Affairs.

Dated: July 11, 2019

**LOEB & LOEB LLP**

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*Proposed Counsel to the Debtors and Debtors in Possession*

**EXHIBIT A**

**SCHEDULE AMENDMENT**

**UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF TEXAS  
SAN ANTONIO DIVISION**

In re:	§	
	§	Chapter 11
	§	
Memory Care America, LLC, <i>et al.</i> , <sup>1</sup>	§	Case No. 19-51385
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Debtors.	§	(Jointly Administered)
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**AMENDMENTS TO DEBTOR MEMORY CARE AMERICA LLC'S  
SCHEDULES OF ASSETS AND LIABILITIES**

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<sup>1</sup> The Debtors in these chapter 11 cases, along with the last four digits of each Debtor's federal tax identification number, are as follows: MCA Westover Hills Operating Company, LLC, 1960; MCA Mainstreet Tenant LLC, N/A; MCA Management Company, Inc., 3290; MCA New Braunfels Operating Company, LLC, 8045; MCA Westover Hills, LLC, 6181; Memory Care America, LLC, 9955; Memory Care at Good Shepherd, LLC, 1527. The Debtors' mailing address is 2211 NW Military Highway, Suite 201, San Antonio, TX 78213.

Debtor **Memory Care America LLC**Case number (if known) **19-51385****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.

3.1.	<b>Nonpriority creditor's name and mailing address</b> BLUECROSS BLUESHIELD OF TENNESSEE 3200 WEST END AVE STE 102 NASHVILLE TN 37203  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNTS PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$100,114.19
3.2.	<b>Nonpriority creditor's name and mailing address</b> BRADLEY ARANT BOULT CUMMINGS 1600 DIVISION ST STE 700 PO BOX 340025 NASHVILLE TN 37203  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNTS PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$229,310.00
3.3.	<b>Nonpriority creditor's name and mailing address</b> CIGNA HEALTHCARE CHLIC WELLS FARGO 1700 LINCOLN ST LOWER LEVEL 3 DENVER CO 80274  <b>Date or dates debt was incurred</b> VARIOUS  <b>Last 4 digits of account number:</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> ACCOUNTS PAYABLE  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Amount of claim</b> \$38,614.81

Debtor **Memory Care America LLC**

Case number (if known) **19-51385**

3.4. **Nonpriority creditor's name and mailing address**

JOHN M. GOULD, JR.  
4009 HILLSBORO PIKE  
STE 211  
NASHVILLE TN 27215

**Date or dates debt was incurred**

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**Last 4 digits of account number:**

**As of the petition filing date, the claim is:**

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☒ Disputed

**Basis for the claim:**

SEVERANCE

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Amount of claim**

\$281,200.00

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

**Debtor name:** Memory Care America LLC

**United States Bankruptcy Court for the:** Western District of Texas

**Case number (if known):** 19-51385

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

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

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

**Declaration and signature**

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

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

- ☐ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☒ *Amended Schedule E/F, Part 2*
- ☐ *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 7/11/2019  
MM/DD/YYYY

x /s/ B.J. Parrish

\_\_\_\_\_  
Signature of individual signing on behalf of debtor

B.J. Parrish  
Printed name

President  
Position or relationship to debtor