IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE

In re:	Chapter 11
AAC HOLDINGS, INC., *et al.*,[1]	Case No.: 20-11648 (JTD)
Debtors.	(Jointly Administered)

SCHEDULES OF ASSETS AND LIABILITIES FOR
ADCARE HOSPITAL OF WORCESTER, INC. (CASE NO. 20-11640)

[1] The Debtors in these chapter 11 cases, along with the last four digits of each Debtor's federal tax identification number, are: Recovery First of Florida, LLC (3005); Fitrx, LLC (5410); Oxford Treatment Center, LLC (7853); Oxford Outpatient Center, LLC (0237); Concorde Treatment Center, LLC (6483); New Jersey Addiction Treatment Center, LLC (7108); ABTTC, LLC (7601); Laguna Treatment Hospital, LLC (0830); AAC Las Vegas Outpatient Center, LLC (5381); Greenhouse Treatment Center, LLC (4402); AAC Dallas Outpatient Center, LLC (6827); Forterus Health Care Services, Inc. (4758); Solutions Treatment Center, LLC (8175); San Diego Addiction Treatment Center, Inc. (1719); River Oaks Treatment Center, LLC (0640); Singer Island Recovery Center LLC (3015); B&B Holdings Intl LLC (8549); The Academy Real Estate, LLC (9789); BHR Oxford Real Estate, LLC (0023); Concorde Real Estate, LLC (7890); BHR Greenhouse Real Estate, LLC (4295); BHR Ringwood Real Estate, LLC (0565); BHR Aliso Viejo Real Estate, LLC (2910); Behavioral Healthcare Realty, LLC (2055); Clinical Revenue Management Services, LLC (8103); Recovery Brands, LLC (8920); Referral Solutions Group, LLC (7817); Taj Media LLC (7047); Sober Media Group, LLC (4655); American Addiction Centers, Inc. (3320); Tower Hill Realty, Inc. (0039); Lincoln Catharine Realty Corporation (5998); AdCare Rhode Island, Inc. (2188); Green Hill Realty Corporation (4951); AdCare Hospital of Worcester, Inc. (3042); Diversified Healthcare Strategies, Inc. (3809); AdCare Criminal Justice Services, Inc. (1653); AdCare, Inc. (7005); Sagenex Diagnostics Laboratory, LLC (7900); RI - Clinical Services, LLC (6291); Addiction Labs of America, LLC (1133); AAC Healthcare Network, Inc. (0677); AAC Holdings, Inc. (6142); San Diego Professional Group, P.C. (9334). Grand Prairie Professional Group, P.A. (2102); Palm Beach Professional Group, Professional Corporation (7608); Pontchartrain Medical Group, A Professional Corporation (1271); Oxford Professional Group, P.C. (8234); and Las Vegas Professional Group - Calarco, P.C. (5901). The location of the Debtors' corporate headquarters is 200 Powell Place, Brentwood, TN 37027.

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE

In re:	Chapter 11
AAC HOLDINGS, INC., *et al*.,[1]	Case No. 20-11648 (JTD)
Debtors.	(Jointly Administered)

GLOBAL NOTES, RESERVATION OF RIGHTS, AND STATEMENT OF LIMITATIONS, METHODOLOGY AND DISCLAIMER REGARDING DEBTOR'S SCHEDULES OF ASSETS AND LIABILITIES AND STATEMENTS OF FINANCIAL AFFAIRS

These *Global Notes, Reservation of Rights, and Statement of Limitations, Methodology and Disclaimer Regarding Debtor's Schedules of Assets and Liabilities and Statements of Financial Affairs* (the "Global Notes") are an integral part of the Debtors' Schedules and Statements (defined below). The Global Notes should be referred to, considered, and reviewed in connection with any review of the Schedules and Statements. In the event that the Schedules and Statements differ from the Global Notes, the Global Notes shall control.

On June 20, 2020 (the "Petition Date"), each of the above-captioned debtors and debtors in possession (collectively, the "Debtors" or "AAC") filed a voluntary petition for relief under chapter 11 of title 11 of the United States Code, 11 U.S.C. §§ 101 *et seq.* (the "Bankruptcy Code") in the United States Bankruptcy Court for the District of Delaware (the "Bankruptcy Court"). The

[1] The Debtors in these chapter 11 cases, along with the last four digits of each Debtor's federal tax identification number, are: Recovery First of Florida, LLC (3005); Fitrx, LLC (5410); Oxford Treatment Center, LLC (7853); Oxford Outpatient Center, LLC (0237); Concorde Treatment Center, LLC (6483); New Jersey Addiction Treatment Center, LLC (7108); ABTTC, LLC (7601); Laguna Treatment Hospital, LLC (0830); AAC Las Vegas Outpatient Center, LLC (5381); Greenhouse Treatment Center, LLC (4402); AAC Dallas Outpatient Center, LLC (6827); Forterus Health Care Services, Inc. (4758); Solutions Treatment Center, LLC (8175); San Diego Addiction Treatment Center, Inc. (1719); River Oaks Treatment Center, LLC (0640); Singer Island Recovery Center LLC (3015); B&B Holdings Intl LLC (8549); The Academy Real Estate, LLC (9789); BHR Oxford Real Estate, LLC (0023); Concorde Real Estate, LLC (7890); BHR Greenhouse Real Estate, LLC (4295); BHR Ringwood Real Estate, LLC (0565); BHR Aliso Viejo Real Estate, LLC (2910); Behavioral Healthcare Realty, LLC (2055); Clinical Revenue Management Services, LLC (8103); Recovery Brands, LLC (8920); Referral Solutions Group, LLC (7817); Taj Media LLC (7047); Sober Media Group, LLC (4655); American Addiction Centers, Inc. (3320); Tower Hill Realty, Inc. (0039); Lincoln Catharine Realty Corporation (5998); AdCare Rhode Island, Inc. (2188); Green Hill Realty Corporation (4951); AdCare Hospital of Worcester, Inc. (3042); Diversified Healthcare Strategies, Inc. (3809); AdCare Criminal Justice Services, Inc. (1653); AdCare, Inc. (7005); Sagenex Diagnostics Laboratory, LLC (7900); RI - Clinical Services, LLC (6291); Addiction Labs of America, LLC (1133); AAC Healthcare Network, Inc. (0677); AAC Holdings, Inc. (6142); San Diego Professional Group, P.C. (9334). Grand Prairie Professional Group, P.A. (2102); Palm Beach Professional Group, Professional Corporation (7608); Pontchartrain Medical Group, A Professional Corporation (1271); Oxford Professional Group, P.C. (8234); and Las Vegas Professional Group - Calarco, P.C. (5901). The location of the Debtors' corporate headquarters is 200 Powell Place, Brentwood, TN 37027.

Debtors continue to operate their businesses and manage their properties as debtors and debtors in possession pursuant to sections 1107(a) and 1108 of the Bankruptcy Code. The Debtors' cases (collectively, the "Chapter 11 Cases") have been consolidated for procedural purposes only and are being jointly administered under Case Number 20-11648 (JTD).

The Schedules of Assets and Liabilities (the "Schedules") and Statements of Financial Affairs (the "Statements" or "SOFA"; together with the Schedules, the "Schedules and Statements") have been prepared by the Debtors' management with the assistance of their advisors pursuant to section 521 of the Bankruptcy Code and Rule 1007 of the Federal Rules of Bankruptcy Procedure (the "Bankruptcy Rules"). The Schedules and Statements are unaudited.

While the Debtors have made every reasonable effort to ensure that the Schedules and Statements are accurate and complete, based upon information that was available at the time of preparation, inadvertent errors or omissions may exist and the subsequent receipt of information and/or further review and analysis of the Debtors' books and records may result in changes to financial data and other information contained in the Schedules and Statements. Accordingly, the Debtors reserve the right to amend and/or supplement its Schedules and Statements from time to time as may be necessary or appropriate and they will do so as information becomes available. The Debtors, on behalf of themselves, their officers, employees, agents and advisors, disclaims any liability to any third party arising out of or related to the information contained in the Schedules and Statements and reserves all rights with respect thereto.

The Schedules and Statements have been signed by Andrew McWilliams, the Debtors' Chief Executive Officer and an authorized signatory for each of the Debtors in respect of the Schedules and Statements. In reviewing and signing the Schedules and Statements, Mr. McWilliams relied upon the efforts, statements, and representations of various personnel employed by the Debtors and their advisors. Mr. McWilliams has not (and could not have) personally verified the accuracy of each statement and representation contained in the Schedules and Statements, including statements and representations concerning amounts owed to creditors, classification of such amounts, and creditor addresses.

Global Notes and Overview of Methodology

1. **Basis of Presentation.** The Schedules and Statements are unaudited and do not purport to be financial statements prepared in accordance with generally accepted accounting principles in the United States of America ("GAAP"), nor were they reconciled with the Debtor's financial statements. These Schedules and Statements represent the Debtor's good faith attempt to comply with the requirements of the Bankruptcy Code and Bankruptcy Rules using commercially reasonable efforts and resources available and are subject to further review and potential adjustment.

The Debtors conduct their business through limited liability companies and C-corporations, each of which is a direct or indirect wholly owned subsidiary of Debtor AAC Holdings, Inc. ("Holdings") The consolidated financial statements include the accounts of Holdings, its wholly owned subsidiaries, and the accounts of variable interest entities ("VIEs") in which Holdings is the primary beneficiary, which include certain professional groups through rights granted to the Debtors by contract to manage and control the business of such professional

groups. The Debtors consolidated the professional groups that constituted VIEs. All intercompany transactions and balances have been eliminated in consolidation.

2. **Reservation of Rights.** The Debtors and their advisors who assisted in the preparation of the Schedules and Statements do not guarantee or warrant the accuracy or completeness of the data that is provided herein and shall not be liable for any loss or injury arising out of or caused in whole or in part by the errors or omissions, negligent or otherwise, in preparing, collecting, reporting, or communicating the information contained herein. The Debtors and their advisors do not have an obligation to update, modify, revise, or re-categorize the information provided herein, or to notify any third party upon such revisions. In no event shall the Debtors or their advisors be liable to any third party for any direct, indirect, incidental, consequential, or other damages (including, but not limited to, damages arising from the disallowance of a potential claim against the Debtor or damages to business reputation, lost business or lost profits), whether foreseeable or not and however caused, even if the Debtor or its advisors are advised of the possibility of such damages. The Debtors reserve all rights to amend and/or supplement the Schedules and Statements from time to time as is necessary and appropriate.

The failure to designate a claim in the Schedules and Statements as "contingent," "unliquidated," or "disputed" does not constitute an admission by the Debtors that such claim or amount is not "contingent," "unliquidated," or "disputed." The Debtors reserve their rights to dispute, or to assert offsets or defenses to, any claim reflected on their Schedules or Statements on any grounds, including, but not limited to, amount, liability, priority, status, or classification, or to otherwise subsequently designate any claim as "contingent," "unliquidated," or "disputed." Moreover, the Debtors reserve all of their rights to amend their Schedules and Statements as necessary and appropriate, including, but not limited to, with respect to claim description and designation.

The Debtors have made commercially reasonable efforts to correctly characterize, classify, categorize or designate certain claims, assets, executory contracts, among other items reported in the Schedules and Statements. Nevertheless, the Debtors may have improperly characterized, classified, categorized, or designated certain items. The Debtors thus reserve all of their rights to recharacterize, reclassify, recategorize, or redesignate items reported in the Schedules and Statements at a later time as necessary or appropriate as additional information becomes available.

The Debtors' accounting systems were designed and maintained to manage the consolidated treasury and cash management systems of the Debtors, as well as report the Debtors' financial results on a consolidated basis. Additionally, the Debtors' accounting and finance staff have been trained and followed procedures consistent with these primary objectives. Neither the Debtors nor their advisors can ensure that the transactions recorded in one of the Debtors' books and records does not inadvertently reflect activity of another Debtor.

The Debtors' reports are based information extracted from a data warehouse and are not designed to keep separate general ledgers for each entity or produce entity level financial statements. AAC maintains its financial records in a manner that allows it to prepare consolidated financial statements and file tax returns on a consolidated basis while also

providing for the preparation and development of operating reports for certain business units and facilities that can be used to manage the performance of a business unit. Accordingly, reports are provided for the consolidated AAC Holdings, Inc. entities and for the consolidated AdCare, Inc. entities. Where information is available for assets or liabilities of specific entities, they are listed. Otherwise information is presented on a consolidated basis.

Any specific reservation of rights contained elsewhere in the Global Notes does not limit in any respect the foregoing general reservation of rights.

3. **Global Notes.** These Global Notes are in addition to the specific notes set forth in the Schedules and Statements of the individual Debtor entities. The fact that the Debtors have prepared a Global Note with respect to a particular Schedule or Statement and not as to others does not reflect and should not be interpreted as a decision by the Debtors to exclude the applicability of such Global Note to any or all of the Debtors' remaining Schedules or Statements, as appropriate. Disclosure of information in one Schedule, one Statement, or an exhibit or attachment to a Schedule or Statement, even if incorrectly placed, shall be deemed to be disclosed in the correct Schedule, Statement, exhibit, or attachment.

4. **Reporting Date.** The Debtors' assets are valued as of May 31, 2020. The liabilities for the "AdCare Debtors" are valued as of June 30, 2020.[2] The liabilities for the "AAC Debtors" are valued as of the Petition Date.[3]

5. **Valuation.** It would be prohibitively expensive, unduly burdensome, and an inefficient use of estate assets for the Debtors to obtain current market valuations of all of their assets. Accordingly, unless otherwise indicated, the Schedules and Statements reflect net book values as of the Petition Date. Cash is reported as of the Petition Date on a bank basis. Amounts ultimately realized may vary from net book value (or whatever value was ascribed) and such variance may be material. Accordingly, the Debtors reserve all of their rights to amend or adjust the value of each asset set forth herein. In addition, the amounts shown for total liabilities exclude items identified as "unknown" or "undetermined" and, thus, ultimate liabilities may differ materially from those stated in the Schedules and Statements. In some instances, the Debtors have used estimates where actual data was not available. The Debtors have not hired a third party to value its assets for purposes of completing the Schedules and Statements.

6. **Currency.** All amounts shown in the Schedules and Statements are in U.S. Dollars, unless otherwise indicated

7. **Quantification of Claims.** Amounts that were not readily quantifiable by the Debtor were reported as "undetermined" which is not intended to reflect the magnitude of the claim.

---

[2] The AdCare Debtors include AdCare, Inc. and each of its direct and indirect subsidiaries: (i) AdCare Criminal Justice Services, Inc.; (ii) AdCare Hospital of Worcester, Inc.; (iii) AdCare Rhode Island, Inc.; (iv) Diversified Healthcare Strategies, Inc.; (v) Green Hill Realty Corporation; (vi) Lincoln Catharine Realty Corporation; and (vii) Tower Hill Realty, Inc.

[3] The "AAC Entities" means collectively all Debtors that are not AdCare Debtors.

8. **Claims Paid Pursuant to Court Orders.** Pursuant to several motions filed on the first day of the Debtors' Chapter 11 Cases (the "First Day Motions"), the Debtors sought authority to pay certain outstanding prepetition payables pursuant to court order. The Bankruptcy Court entered certain orders authorizing the Debtors to pay certain of the outstanding prepetition payables it sought to pay under the First Day Motions (collectively, the "First Day Orders"). Consequently, certain prepetition fixed, liquidated and undisputed unsecured claims have been paid following the Petition Date. Where and to the extent these claims have been satisfied or are anticipated to be satisfied, they may not be listed in the Schedules and Statements. To the extent the Debtor later pays any amount of the claims listed in the Schedules and Statements pursuant to any orders entered by the Bankruptcy Court, the Debtor reserves all rights to amend or supplement the Schedules and Statements as is necessary or appropriate.

9. **Liabilities.** The Debtors have sought to allocate liabilities between the prepetition and postpetition 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 postpetition periods may change. Accordingly, the Debtors reserve all of their rights to amend, supplement, or otherwise modify the Schedules and Statements as is necessary or appropriate.

10. **Intercompany Transactions.** In the ordinary course of business, the Debtors engage in various intercompany transactions. As an accounting matter, certain of these ordinary course transactions may not be memorialized by journal entry or settled by check or wire payment, and, as such, may not be reflected in the Schedules and SOFA. The Debtors have historically maintained their books and records on a consolidated basis rather than a legal-entity basis. Since intercompany assets and liabilities are eliminated upon consolidation of all filing entities, no intercompany transactions, assets or liabilities have been reflected in the Schedules and Statements, even if it was available. Accordingly, Debtor entity-level information regarding intercompany transactions is not reflected in the Schedules.

11. **Offsets.** The Debtors incur certain offsets and other similar rights during the ordinary course of their business. Offsets in the ordinary course can result from various transactions including a patient's use of his or her credit balance to offset later-incurred patient charges or third-party-payor multi-account settlements involving the obligations of such payor to a Debtor and any Debtor reimbursement obligations to such payor. These offsets and other similar rights are consistent with the ordinary course of business in the Debtors' industry and are not tracked separately. Therefore, although such offsets and other similar rights may have been accounted for when certain amounts were included in the Schedules and SOFA, offsets are not independently accounted for, and as such, are or may be excluded from the Schedules and SOFA.

12. **Setoffs.** The claims of individual creditors for, among other things, goods, products, services or taxes are listed as the amounts entered on the Debtors' books and records and may not reflect credits, allowances or other adjustments due from such creditors to the Debtors. The Debtors reserve all of their rights regarding such credits, allowances or other adjustments.

13. **Property and Equipment.** Nothing in the Schedules or SOFA (including,

without limitation, the failure to list leased property or equipment as owned property or equipment) is, or shall be construed as, an admission as to the determination of legal status of any lease (including whether any lease is a true lease or financing arrangement), and the Debtors reserve all their rights with respect to such issues.

14. **Exclusions.** The Debtors believe that they have identified, but did not necessarily value, all material categories of assets and liabilities in the Schedules and Statements. The Debtors have excluded certain categories of assets, tax accruals, and liabilities from the Schedules and Statements, including employee benefit accruals, accrued accounts payable, and deferred gains. The Debtors also have excluded potential rejection damage claims of counterparties to executory contracts and unexpired leases that may be rejected, to the extent such damage claims may exist. In addition, certain immaterial assets and liabilities may have been excluded.

15. **Causes of Action.** The Debtors, despite their reasonable efforts, may not have listed all of their causes of action or potential causes of action against third parties 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 causes of action they may have, 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, and neither these Global Notes nor the Schedules and Statements shall be deemed a waiver of any such causes of action.

16. **Insiders.** For purposes of the Schedules and Statements, the Debtors defined "insiders" as: (a) directors; (b) officers; and (c) debtor/non-debtor affiliates. Persons listed as "insiders" have been included for informational purposes only and by including them in the Schedules and Statements, shall not constitute an admission that those persons are insiders for purposes of section 101(31) of the Bankruptcy Code. Moreover, the Debtors do not take any position with respect to: (a) any insider's influence over the control of the Debtors; (b) the management responsibilities or functions of any such insider; (c) the decision making or corporate authority of any such insider; or (d) whether the Debtors or any such insider could successfully argue that he or she is not an "insider" under applicable law or with respect to any theories of liability or for any other purpose.

17. **Litigation.** Certain litigation reflected as claims against one of the Debtors may relate to any of the other Debtors. The Debtors have made reasonable efforts to accurately record these actions in the Schedules and Statements of the Debtors that are the party to the action.

18. **Guarantees and Other Secondary Liability Claims.** The Debtors have exercised reasonable efforts to locate and identify guarantees of their executory contracts, unexpired leases, secured financings, and other such agreements. Where guarantees have been identified, they have been included in the relevant Schedules D, E/F, G and H for the affected Debtor. The Debtors may have inadvertently omitted guarantees embedded in their contractual agreements and may identify additional guarantees as they continue to review their books and records and contractual agreements. The Debtors reserve their rights, but is not required, to amend the Schedules and Statements if additional guarantees are identified.

19. **Totals.** All totals that are included in the Schedules and Statements represent totals of known amounts only and do not include any undetermined amounts. To the extent there are unknown or otherwise undetermined amounts, the actual total may be materially different than the listed total. The description of an amount as "unknown," "disputed," "contingent," "unliquidated," or "undetermined" is not intended to reflect upon the materiality of such amount. Due to unliquidated, contingent and/or disputed claims, summary statistics in the Schedules and Statements may significantly understate the Debtors' liabilities.

20. **Unliquidated Claim Amounts.** Claim amounts that could not be fairly quantified by the Debtors are scheduled as "undetermined" or "unknown." The description of an amount as "unknown," "TBD" or "undetermined" is not intended to reflect upon the materiality of such amount.

21. **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.

22. **Confidentiality.** Addresses of current and former employees (including directors and officers) of the Debtors are generally not included in the Schedules and Statements. Notwithstanding, the Debtors will mail any required notice or other documents to the address in their books and records for such individuals.

Specific disclosure of certain claims, names, addresses, or amounts may be subject to certain disclosure restrictions contained in the the Health Insurance Portability and Accountability Act of 1996, 42 U.S.C. § 1320, *et seq*. ("HIPAA"), as amended by the Health Information Technology for Economic and Clinical Health Act of 2009, Public Law 111-5, and their implementing regulations set forth at 45 C.F.R. Parts 160 and Part 164 (the "HIPAA Rules"); and the federal regulations governing the Federal Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2 (particularly 42 C.F.R. §§ 2.1 through 2.3, 2.61, and 2.64) (the "Part 2 Regulations"), and in any event, are of a particularly personal and private nature. On June 23, 2020, the Court entered the *Order Authorizing Implementation of Procedures to Maintain and Protect Confidential Client Information* [Docket No. 40] (the "Privacy Procedures Order") establishing certain Privacy Procedures (as defined in the Privacy Procedures Order). With respect to the Schedules and Statements, the Privacy Procedures Order provides that:

> The Debtors are permitted to file the Client Matrix and the Client Schedules under seal and file publicly viewable redacted versions of the Client Matrix and the Client Schedules that redact the names and addresses of the Clients and assigns a unique identification number (the "Client ID") to each of the Clients; provided, however, that the unredacted Client Matrix and the Client Schedules shall be provided to (i) this Court, (ii) the Office of the United States Trustee, (iii) Donlin, Recano & Company, Inc., as the Debtors' proposed Claims Agent (if retention of such Claims Agent is approved by the Court), and (iv) any other party in interest that obtains, after notice and a hearing, an order directing the Debtors to disclose the Client Matrix and Client Schedules to such party.

Privacy Procedures Order ¶ 3. In accordance with HIPAA, Part 2 Regulations and the Privacy Procedures Order, to the extent the Debtors believe a claim, name, address, or amount falls under the purview of HIPAA or Part 2 Regulations or includes information that is personal or private in nature, such claims, names, addresses, or amounts, as applicable, have been redacted.

23. **Accuracy.** The financial information disclosed herein was not prepared in accordance with GAAP, federal or state securities laws, or other applicable nonbankruptcy law or in lieu of complying with any periodic reporting requirements thereunder. Persons and entities trading in or otherwise purchasing, selling, or transferring the claims against the Debtors should evaluate this financial information in light of the purposes for which it was prepared. The Debtors are not liable for and undertakes no responsibility to indicate variations from securities laws.

Specific Notes to the Schedules of Assets and Liabilities

Classifications.

Listing a Claim on Schedule D as "secured," or on Schedule E/F as "priority," or "unsecured," or a contract on Schedule G as "executory" or "unexpired," does not in each case constitute an admission by the Debtors of the legal rights of the claimant, or a waiver of the Debtors' right to recharacterize or reclassify such Claim or contract.

Schedules Summary.

For financial reporting purposes, the Debtors ordinarily prepare consolidated financial statements in accordance with GAAP. The Schedules reflect the assets and liabilities of each Debtor on a nonconsolidated basis, except where otherwise indicated. Accordingly, the totals listed in the Schedules will likely differ, at times materially, from the consolidated financial reports prepared by the Debtors for financial reporting purposes or otherwise which would include but not limited to consolidation, elimination and step-up in basis adjustments to the financial statements for financial report purposes.

Schedule A/B - Real and Personal Property.

As noted above, despite commercially reasonable efforts to identify all known assets, the Debtors may not have listed all of its causes of action or potential causes of action against third parties as assets in the Schedules and Statements, including, but not limited to, causes of action arising under the Bankruptcy Code or any other applicable laws to recover assets or avoid transfers.

Item 7 & 8 (Part 2: Deposits and Prepayments)

The Debtors' characterization of an asset listed in these Items is not a legal characterization of either a deposit or a prepayment. The Debtor reserves its rights to re-categorize and/or recharacterize such asset holdings at a later time as appropriate.

Items 59 – 64 (Part 10: Intangibles and Intellectual Property)

Internet domain names and websites, licenses, franchises and royalties and other intangibles or intellectual property are listed as an unknown amount because the fair value of such ownership is dependent on numerous variables and factors and may differ significantly from their net book value.

Schedule E/F - Creditors Holding Unsecured Priority and/or Unsecured Non-Priority Claims.

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 or that the amount of the claim is accurate. The Debtors reserve their right to dispute the priority status of any claim on any basis.

The unsecured non-priority claims of individual creditors for among other things, products, goods or services are listed as either the lower of the amounts invoiced by the creditor or the amounts reflected on the Debtors' books and records and may not reflect credits or allowances due from such creditors to the Debtor. The claims listed on Schedule E/F arose or were incurred on various dates. In certain instances, the date on which a claim arose may be subject to dispute. While commercially reasonable efforts have been made, determining the date upon which each claim in Schedule E/F was incurred or arose would be unduly burdensome and cost prohibitive and, therefore, the Debtors do not list respective dates for the claims listed on Schedule E/F. The paid time off ("PTO") accruals for the AdCare Debtors are as of September 30, 2019. The AdCare Debtors do not update these accruals until the end of their fiscal year September 30, 2020. The PTO accruals for the AAC Debtors is as of June 30, 2020.

Schedule E/F reflects the prepetition amounts owing as of the Petition Date to counterparties to executory contracts and unexpired leases. Such prepetition amounts, however, may be paid in connection with the assumption, or assumption and assignment, of executory contracts or unexpired leases. Additionally, Schedule E/F does not include potential rejection damage claims, if any, of the counterparties to executory contracts and unexpired leases that may be rejected.

Schedule G - Unexpired Leases and Executory Contracts.

Although commercially reasonable efforts have been made to ensure the accuracy of Schedule G regarding executory contracts and unexpired leases, inadvertent errors, omissions or overinclusion may have occurred in preparing Schedule G. Omission of a contract, lease or other agreement from Schedule G does not constitute an admission that such omitted contract, lease or agreement is not an executory contract or unexpired lease. The Debtor hereby reserves all of its rights to (i) dispute the validity, status, or enforceability of any contract, agreement or lease set forth in Schedule G and (ii) amend or supplement such Schedule as necessary. Furthermore, the Debtor reserves all of its rights, claims, and causes of action with respect to the contracts and agreements listed on these Schedules, including the right to dispute or challenge the characterization or the structure of any transaction, document, or instrument. The presence of a contract or agreement on Schedule G does not constitute an admission that such contract or

agreement is an executory contract or unexpired lease. The contracts, agreements and leases listed on Schedule G may have expired or may have been modified, amended, or supplemented from time to time by various amendments, restatements, waivers, estoppel certificates, letter, or other documents, instruments, or agreements that may not be listed therein. Certain confidentiality and non-disclosure agreements may not be listed on Schedule G. Certain of the real property leases listed on Schedule G may contain renewal options, guarantees of payments, options to purchase, rights of first refusal, rights to lease additional space, early termination rights, and other miscellaneous rights. Such rights, powers, duties, and obligations are not set forth on Schedule G.

For leases, the amounts listed do not reflect the total liability amount that would be required to be recorded under ASU 842, which would require the total of all past and future lease payments to be reflected on the books and records. Only past due lease payments have been listed in the Schedules.

Any and all rights, claims and causes of action of the Debtor with respect to the agreements listed on Schedule G are hereby reserved and preserved.

Specific Notes to Statement of Financial Affairs

Items 1 and 2 (Part 1: Income)

The Debtors reported gross revenue from business and non-business revenue from January 1, 2020 through the Debtor's latest monthly close period of May 31, 2020. The Debtors did not include estimated income from the period June 1, 2020 through the Petition Date.

Item 28 (Part 13: Details About the Debtor's Business or Connections to Any Business)

The percentages of interest for 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 were calculated based on the most recently filed Form 4 and the number of shares of common stock as of November 8, 2019 disclosed in the Form 10-Q for the quarterly period ended September 30, 2019.

Fill in this information to identify the case:

Debtor name: AdCare Hospital of Worcester, Inc.

United States Bankruptcy Court for the: District of Delaware

Case number (if known): 20-11640

☐ 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	$0.00
1b.	**Total personal property:** Copy line 91A from Schedule A/B	$4,185,388.14
1c.	**Total of all property:** Copy line 92 from Schedule A/B	$4,185,388.14

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	$363,684,393.98

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	$818,230.06
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	+ $747,667.00

4.	***Total liabilities*** Lines 2 + 3a + 3b	$365,250,291.04

Fill in this information to identify the case:

Debtor name: AdCare Hospital of Worcester, Inc.

United States Bankruptcy Court for the: District of Delaware

Case number (if known): 20-11640

☐ 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**	
2.1.	PETTY CASH	$2,566.09

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	Current value of debtor's interest
3.1.	TDBANK	CHECKING	8924	$918,312.89
3.2.	TDBANK	CHECKING	4211	$0.00
3.3.	BANK OF AMERICA	CHECKING	1453	$26,234.87

4. Other cash equivalents *(Identify all)*

	Description	Name of institution	Type of account	Last 4 digits of account number	Current value of debtor's interest
4.1.	_____	_____	_____	_____	$_____

5. Total of part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80. $947,113.85

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

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

7. Deposits, including security deposits and utility deposits

	Description, including name of holder of deposit	Current value of debtor's interest
7.1.	INITIAL VENDOR DEPOSIT CLARKS SECURITY	$750.00
7.2.	FAST LANE PASS COMMONWEALTH OF MA	$50.00
7.3.	INITIAL VENDOR DEPOSIT CPSI	$900.00
7.4.	RENT DEPOSIT GIRARD GARDENS	$1,500.00
7.5.	DEPOSIT FOR BOSTON OFFICE GRE CONGRESS STREET, LLC	$54,574.00
7.6.	RENT DEPOSIT QUINCY OFFIC M&J REALTY, LLP	$1,800.00
7.7.	INITIAL VENDOR DEPOSIT PROJX, LLC	$2,040.00
7.8.	DEPOSIT ON FLEX SPENDING ACCOUNT ULTRABENEFITS, INC	$5,335.13
7.9.	DEPOSIT ON WARWICK RENT WARWICK PROFESSIONAL BUILDING, LLC	$750.00

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

	Description, including name of holder of prepayment	Current value of debtor's interest
8.1.	PREPAID EXPENSE AMERICAN EXPRESS	$140.00
8.2.	PREPAID EXPENSE BLUECROSS BLUESHIELD	$247,281.04
8.3.	LAST MO. RENT W. SPRINFIELD OFFICE C&GC REALTY	$2,850.00
8.4.	PREPAID EXPENSE DIRECT ENERGY	$601.40
8.5.	PREPAID EXPENSE GRE CONGRESS	$0.01
8.6.	FIRST & LAST MO. RENT M&J REALTY	$11,600.00
8.7.	PREPAID EXPENSE NEADCP	$2,000.00
8.8.	WARWICK RENT WARWICK PROFESSIONAL BUILDING LLC	$2,280.00

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

9. Total of part 2

Add lines 7 through 8. Copy the total to line 81. $334,451.58

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

☐ No. Go to Part 4.

☑ Yes. Fill in the information below.

						Current value of debtor's interest
11. Accounts receivable						
		Face amount		Doubtful or uncollectible accounts		
11a.	90 days old or less:	$4,495,065.00	-	$1,742,736.70	= ..... →	$2,752,328.30
		Face amount		Doubtful or uncollectible accounts		
11b.	Over 90 days old:	$285,539.00	-	$169,453.00	= ..... →	$116,086.00

12. Total of part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82. $2,868,414.30

Part 4: Investments

13. Does the debtor own any investments?

☑ No. Go to Part 5.

☐ Yes. Fill in the information below.

		Valuation method used for current value	Current value of debtor's interest
14. Mutual funds or publicly traded stocks not included in Part 1			
	Name of fund or stock		
14.1.	_____	_____	$_____
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	
15.1.	_____	_____%	_____ $_____
16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1			
	Describe		
16.1.	_____	_____	$_____

17. Total of part 4

Add lines 14 through 16. Copy the total to line 83. $0.00

Part 5: Inventory, excluding agriculture assets

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

☐ No. Go to Part 6.

☑ Yes. Fill in the information below.

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

	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**				
19.1.			$		$
20.	**Work in progress**				
20.1.			$		$
21.	**Finished goods, including goods held for resale**				
21.1.			$		$
22.	**Other inventory or supplies**				

	General description	Date of the last physical inventory	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
22.1.	PHARMACEUTICAL AND MEDICAL SUPPLIES; FOOD & GROCERY	N/A	UNDETERMINED		UNDETERMINED

23. Total of part 5

Add lines 19 through 22. Copy the total to line 84. UNDETERMINED

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: UNDETERMINED Valuation method: UNDETERMINED Current value: UNDETERMINED

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**			
28.1.		$		$
29.	**Farm animals.** Examples: Livestock, poultry, farm-raised fish			
29.1.		$		$
30.	**Farm machinery and equipment** (Other than titled motor vehicles)			
30.1.		$		$
31.	**Farm and fishing supplies, chemicals, and feed**			
31.1.		$		$
32.	**Other farming and fishing-related property not already listed in Part 6**			
32.1.		$		$

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

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**			
39.1.	OWNED	$82,882.18	Net Book Value	UNDETERMINED
40.	**Office fixtures**			
40.1.	OWNED	$59,248.36	Net Book Value	UNDETERMINED
41.	**Office equipment, including all computer equipment and communication systems equipment and software**			
		Net book value of debtor's interest	**Valuation method used for current value**	**Current value of debtor's interest**
41.1.	OWNED	$951,676.48	Net Book Value	UNDETERMINED
42.	**Collectibles.** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1.	_____	$_____	_____	$_____

43. Total of part 7

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

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

☐ No

☑ Yes

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

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

☑ No

☐ Yes

Part 8: Machinery, equipment, and vehicles

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

☐ No. Go to Part 9.

☑ Yes. Fill in the information below.

	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available) (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.	2012 FORD F250 1FTBF2B68CEB27168	$0.00	Straight Line, 1/2 year convention	UNDETERMINED
47.2.	TRUCK CAP FOR PICK UP TRUCK	$0.00	Straight Line, 1/2 year convention	UNDETERMINED
47.3.	2014 TOYOTA SIE 5TDJK3DC8ES082407	$0.00	Straight Line, 1/2 year convention	UNDETERMINED
47.4.	2015 TOYOTA SIE 5TDJK3DC9FS102052	$0.00	Straight Line, 1/2 year convention	UNDETERMINED
47.5.	KUBOTA 4WD TRAC 56496	$17,075.17	Straight Line, 1/2 year convention	$17,075.17
47.6.	2015 TOYOTA VAN 5TDJK3DC0FS126952	$0.00	Straight Line, 1/2 year convention	UNDETERMINED
47.7.	2018 TOYOTA VAN 5TDJZ3DC2JS198742	$10,151.62	Straight Line, 1/2 year convention	$10,151.62
47.8.	2020 TOYOTA SEI 5TDKZ3DC0LS238139	$4,091.62	Straight line Amortization	$4,091.62
48.	**Watercraft, trailers, motors, and related accessories.** Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
48.1.	_____	$_____	_____	$_____
49.	**Aircraft and accessories**			
49.1.	_____	$_____	_____	$_____
50.	**Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**			
50.1.	LEASED VEHICLE - 2020 TOYOTA SEI 5TDJZ3DC5S239562[1]	$4,090.00	Straight line Amortization	$4,090.00
50.2.	LEASED VEHICLE -5TDKZ3DC0LS238139[1]	UNDETERMINED	_____	UNDETERMINED
50.3.	3 PRINTER LEASES[2]	UNDETERMINED	_____	UNDETERMINED

[1]LEASED VEHICLE

[2]3 LEASED PRINTERS

51. Total of part 8

Add lines 47 through 50. Copy the total to line 87.

$35,408.41

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

52. Is a depreciation schedule available for any of the property listed in Part 8?

☐ No
☑ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

☑ No
☐ Yes

Part 9: Real property

54. Does the debtor own or lease any real property?

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

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

55.1. _____ _____ $_____ _____ $_____

56. Total of part 9

Add the current value on lines 55. Copy the total to line 88. $0.00

57. Is a depreciation schedule available for any of the property listed in Part 9?

☐ No
☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

☐ No
☐ Yes

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

☑ No. Go to Part 11.
☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest

60. Patents, copyrights, trademarks, and trade secrets

60.1. _____ $_____ _____ $_____

61. Internet domain names and websites

	Net book value of debtor's interest	Valuation method	Current value of debtor's interest
61.1. _____	$_____	_____	$_____

62. Licenses, franchises, and royalties

62.1. _____ $_____ _____ $_____

63. Customer lists, mailing lists, or other compilations

63.1. _____ $_____ _____ $_____

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

64. Other intangibles, or intellectual property

64.1. _____ $_____ _____ $_____

65. Goodwill

65.1. _____ $_____ _____ $_____

66. Total of part 10

Add lines 60 through 65. Copy the total to line 89. $0.00

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

☐ 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.

71. Notes receivable

	Description (include name of obligor)	Total face amount		Doubtful or uncollectible amount		Current value of debtor's interest
71.1.	_____	$_____	-	$_____	= ..... →	$_____

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

	Description (for example, federal, state, local)	Tax refund amount	NOL amount	Tax year	Current value of debtor's interest
72.1.	_____	$_____	$_____	_____	$_____

73. Interests in insurance policies or annuities

	Insurance company	Insurance policy No.	Annuity issuer name	Annuity account type	Annuity account No.	Current value of debtor's interest
73.1.	GLOBAL AEROSPACE, INC.	AVIATION (DRONE) INSURANCE - POLICY NO. 9005220	_____	_____	_____	UNDETERMINED
73.2.	STEADFAST INSURANCE (ZURICH AMERICAN)	COMMERCIAL AUTO INSURANCE - POLICY NO. BAP-0297373-03	_____	_____	_____	UNDETERMINED

73.3.	BEAZLEY GROUP (LLOYDS OF LONDON)	CYBER INSURANCE - POLICY NO. W1BB0C200501	_____	_____	_____	UNDETERMINED
73.4.	NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA. (AIG)	D&O INSURANCE - POLICY NO. 01-940-12-09	_____	_____	_____	UNDETERMINED
73.5.	RSUI INDEMNITY COMPANY	D&O INSURANCE - POLICY NO. NHS669565	_____	_____	_____	UNDETERMINED
73.6.	XL SPECIALTY INSURANCE COMPANY	D&O INSURANCE - POLICY NO. ELU146665-16	_____	_____	_____	UNDETERMINED
73.7.	MARKEL AMERICAN INSURANCE COMPANY	EMPLOYMENT PRACTICES LIABILITY INSURANCE - POLICY NO. MKLM2MML000 420	_____	_____	_____	UNDETERMINED
73.8.	TOKIO MARINE SPECIALTY INSURANCE COMPANY	ENVIRONMENTAL STORAGE TANK INSURANCE - POLICY NO. PPK2059719	_____	_____	_____	UNDETERMINED
73.9.	BEAZELY USA (LLOYDS OF LONDON)	1ST EXCESS UMBRELLA LIABILITY INSURANCE - POLICY NO. W275CB200201	_____	_____	_____	UNDETERMINED
73.10.	ARCH CAPITAL GROUP	2ND EXCESS UMBRELLA LIABILITY INSURANCE - POLICY NO. UFE0063519-01	_____	_____	_____	UNDETERMINED
73.11.	NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA. (AIG)	FIDELITY & CRIME INSURANCE - POLICY NO. 01-933-09-85	_____	_____	_____	UNDETERMINED
73.12.	TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA	FIDUCIARY LIABILITY INSURANCE - POLICY NO. 106602890	_____	_____	_____	UNDETERMINED
73.13.	WRIGHT NATIONAL FLOOD INSURANCE COMPANY	FLOOD (BUILDING CONTENTS) INSURANCE - POLICY NO. 09-1151897164-00	_____	_____	_____	UNDETERMINED
73.14.	WRIGHT NATIONAL FLOOD INSURANCE COMPANY	FLOOD (BUILDING CONTENTS) INSURANCE - POLICY NO. 09-1151897167-00	_____	_____	_____	UNDETERMINED

73.15.	WRIGHT NATIONAL FLOOD INSURANCE COMPANY	FLOOD (BUILDING CONTENTS) INSURANCE - POLICY NO. 09-1151897168-00	_____	_____	_____	UNDETERMINED
73.16.	WRIGHT NATIONAL FLOOD INSURANCE COMPANY	FLOOD (BUILDING CONTENTS) INSURANCE - POLICY NO. 09-1151879863-00	_____	_____	_____	UNDETERMINED
73.17.	IRONSHORE SPECIALTY INSURANCE COMPANY (LIBERTY MUTUAL)	GENERAL LIABILITY / PROFESSIONAL LIABILITY INSURANCE - POLICY NO. 4078501	_____	_____	_____	UNDETERMINED
73.18.	ADMIRAL INSURANCE COMPANY	MEDICAL LAB PROF. LIABILITY / LAB ERRORS & OMISSIONS INSURANCE - POLICY NO. EO000035289-04	_____	_____	_____	UNDETERMINED
73.19.	IRONSHORE SPECIALTY INSURANCE COMPANY (LIBERTY MUTUAL)	MISCELLANEOUS MEDICAL PROFESSIONAL LIABILITY – EXCESS (UMBRELLA) INSURANCE - POLICY NO. 4078701	_____	_____	_____	UNDETERMINED
73.20.	AMERICAN HOME ASSURANCE COMPANY (AIG)	PROPERTY INSURANCE - POLICY NO. 18257085	_____	_____	_____	UNDETERMINED
73.21.	ZURICH AMERICAN INSURANCE COMPANY	WORKERS' COMPENSATION INSURANCE - POLICY NO. WC 0297371-03	_____	_____	_____	UNDETERMINED
73.22.	ZURICH AMERICAN INSURANCE COMPANY	WORKERS' COMPENSATION (RETRO) INSURANCE - POLICY NO. WC 1070390-03	_____	_____	_____	UNDETERMINED

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

		Nature of claim	Amount requested	Current value of debtor's interest
74.1.	REVIEW OF AGENCY ACTION - HHS 1:18-CV-02113	REVIEW OF AGENCY ACTION - HHS	UNDETERMINED	UNDETERMINED
74.2.	REVIEW OF AGENCY ACTION - HHS 1:19-CV-03484	REVIEW OF AGENCY ACTION - HHS	UNDETERMINED	UNDETERMINED
74.3.	CONTRACT - RECOVERY MEDICARE 1:10-CV-02009	CONTRACT - RECOVERY MEDICARE	UNDETERMINED	UNDETERMINED

74.4.	CONTRACT - RECOVERY MEDICARE 1:17-CV-01134	CONTRACT - RECOVERY MEDICARE	UNDETERMINED	UNDETERMINED

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

		Nature of claim	Amount requested	Current value of debtor's interest
75.1.	_____	_____	$_____	$_____

76. Trusts, equitable or future interests in property

76.1. _____ $_____

77. Other property of any kind not already listed

Examples: Season tickets, country club membership

77.1. _____ $_____

78. Total of part 11

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

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

☑ No

☐ Yes

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

Part 12: Summary

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

	Type of property	Current value of personal property		Current value of real property
80.	**Cash, cash equivalents, and financial assets.** *Copy line 5, Part 1.*	$947,113.85		
81.	**Deposits and prepayments.** *Copy line 9, Part 2.*	$334,451.58		
82.	**Accounts receivable.** *Copy line 12, Part 3.*	$2,868,414.30		
83.	**Investments.** *Copy line 17, Part 4.*	$0.00		
84.	**Inventory.** *Copy line 23, Part 5.*	UNDETERMINED		
85.	**Farming and fishing-related assets.** *Copy line 33, Part 6.*	$0.00		
86.	**Office furniture, fixtures, and equipment; and collectibles.** *Copy line 43, Part 7.*	UNDETERMINED		
87.	**Machinery, equipment, and vehicles.** *Copy line 51, Part 8.*	$35,408.41		
88.	**Real property.** *Copy line 56, Part 9.* ..... →			$0.00
89.	**Intangibles and intellectual property.** *Copy line 66, Part 10.*	$0.00		
90.	**All other assets.** *Copy line 78, Part 11.*	**+** UNDETERMINED		
91.	**Total.** Add lines 80 through 90 for each column. .....91a.	$4,185,388.14	**+** 91b.	$0.00

92. **Total of all property on Schedule A/B.** Lines 91a + 91b = 92. ..... $4,185,388.14

Fill in this information to identify the case:

Debtor name: AdCare Hospital of Worcester, Inc.

United States Bankruptcy Court for the: District of Delaware

Case number (if known): 20-11640

☐ 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 and address** ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT 140 SHERMAN STREET 4TH FLOOR FAIRFIELD CT 06824 **Creditor's email address, if known** _____ **Date debt was incurred:** 6/30/2017 **Last 4 digits of account number:** UNKNOWN **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. JUNIOR LIEN AGREEMENT SUBORDINATED TO SENIOR LIEN CREDIT AGREEMENT ☐ Yes. The relative priority of creditors is specified on lines: _____	**Describe debtor's property that is subject to a lien** ALL ASSETS **Describe the lien** JUNIOR LIEN CREDIT AGREEMENT UCC-1 FILING **Is the creditor an insider or related party?** ☑ No ☐ Yes **Is anyone else liable on this claim?** ☐ No ☑ Yes. Fill out Schedule H: Codebtors (Official Form 206H). **As of the petition filing date, the claim is:** Check all that apply. ☐ Contingent ☐ Unliquidated ☐ Disputed	$316,612,692.97	UNKNOWN

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

2.2. **Creditor's name and address**

ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT
140 SHERMAN STREET
4TH FLOOR
FAIRFIELD CT 06824

Creditor's email address, if known

_____

Date debt was incurred: 3/8/2019

Last 4 digits of account number: UNKNOWN

Do multiple creditors have an interest in the same property?

☐ No

☑ Yes. Have you already specified the relative priority?

☐ No. Specify each creditor, including this creditor, and its relative priority.
_____
_____

☑ Yes. The relative priority of creditors is specified on lines: 2.1

Describe debtor's property that is subject to a lien

ALL ASSETS

Describe the lien

SENIOR LIEN CREDIT AGREEMENT
UCC-1 FILING

Is the creditor an insider or related party?

☑ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☑ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

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

☐ Contingent

☐ Unliquidated

☐ Disputed

$47,000,000.00 UNKNOWN

2.3. **Creditor's name and address**

DEX IMAGING
50 RACHEL DRIVE
NASHVILLE TN 37214

Creditor's email address, if known

_____

Date debt was incurred: 10/17/2018

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.
_____
_____

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

Describe debtor's property that is subject to a lien

THREE PRINTER LEASES

Describe the lien

FINANCING LEASE

Is the creditor an insider or related party?

☑ No

☐ Yes

Is anyone else liable on this claim?

☑ No

☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

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

☐ Contingent

☐ Unliquidated

☑ Disputed

$12,592.87 UNKNOWN

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

2.4. **Creditor's name and address**

ENTERPRISE FM TRUST
ENTERPRISE FLEET MANAGEMENT
CUSTOMER BILLING
PO BOX 800089
KANSAS CITY MO 64180

Creditor's email address, if known

_____

Date debt was incurred: 10/24/2019

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.
_____
_____

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

Describe debtor's property that is subject to a lien

2020 TOYOTA SEI 5TDJZ3DC5S239562 $29,620.00 UNKNOWN

Describe the lien

FINANCING LEASE

Is the creditor an insider or related party?

☑ No

☐ Yes

Is anyone else liable on this claim?

☑ No

☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

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

☐ Contingent

☐ Unliquidated

☑ Disputed

2.5. **Creditor's name and address**

ENTERPRISE FM TRUST
ENTERPRISE FLEET MANAGEMENT
CUSTOMER BILLING
PO BOX 800089
KANSAS CITY MO 64180

Creditor's email address, if known

_____

Date debt was incurred: 10/24/2019

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.
_____
_____

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

Describe debtor's property that is subject to a lien

2020 TOYOTA SEI 5TDKZ3DC0LS238139 $29,488.14 UNKNOWN

Describe the lien

FINANCING LEASE

Is the creditor an insider or related party?

☑ No

☐ Yes

Is anyone else liable on this claim?

☑ No

☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

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

☐ Contingent

☐ Unliquidated

☑ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. **$363,684,393.98**

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

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 others 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
3.1.	STROOCK & STROOCK & LAVAN LLP SAYAN BHATTACHARYYA DANIEL A. FLIMAN 180 MAIDEN LANE NEW YORK NY 10038-4982	Line 2.1	UNKNOWN
3.2.	STROOCK & STROOCK & LAVAN LLP SAYAN BHATTACHARYYA DANIEL A. FLIMAN 180 MAIDEN LANE NEW YORK NY 10038-4982	Line 2.2	UNKNOWN

Fill in this information to identify the case:

Debtor name: AdCare Hospital of Worcester, Inc.

United States Bankruptcy Court for the: District of Delaware

Case number (if known): 20-11640

☐ 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.

2.1.

Priority creditor's name and mailing address

AFFUL, VANESSA Y.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$6,630.98	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.2.

Priority creditor's name and mailing address

AHEARN, SUSAN M.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

Last 4 digits of account number:

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

☑ No
☐ Yes

Total claim	Priority amount
$7,627.81	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

2.3. **Priority creditor's name and mailing address**

ALEKNA, LISA M.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$2,883.02	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.4. **Priority creditor's name and mailing address**

ALICEA, YESENIA
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$2,631.29	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.5. **Priority creditor's name and mailing address**

ALLEYNE POPO, GRACIE V.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$2,918.89	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

2.6. **Priority creditor's name and mailing address**

AMAECHI, AUGUSTINE C.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$434.13	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.7. **Priority creditor's name and mailing address**

AMEVOR, IRENE N.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$2,442.08	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.8. **Priority creditor's name and mailing address**

AMPOFO-APPIAH, LAWRENCE
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$5,179.58	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.9. **Priority creditor's name and mailing address**

ANDERSON HARE, JAIMIE L.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$1,809.45	UNDETERMINED

Nonpriority amount
UNDETERMINED

2.10. **Priority creditor's name and mailing address**

APPAU, PATRICK
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

SICK TIME

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) (4)

Total claim	Priority amount
$95.00	UNDETERMINED

Nonpriority amount
UNDETERMINED

2.11. **Priority creditor's name and mailing address**

APPAU, PATRICK
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$2,475.00	UNDETERMINED

Nonpriority amount
UNDETERMINED

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

2.12. **Priority creditor's name and mailing address**

ARAKELIAN, ROXANNE
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

SICK TIME

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) (4)

Total claim	Priority amount
$564.00	UNDETERMINED

Nonpriority amount
UNDETERMINED

2.13. **Priority creditor's name and mailing address**

ARAKELIAN, ROXANNE
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$2,348.49	UNDETERMINED

Nonpriority amount
UNDETERMINED

2.14. **Priority creditor's name and mailing address**

ARAUJO, DONNA J.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$641.02	UNDETERMINED

Nonpriority amount
UNDETERMINED

2.15. **Priority creditor's name and mailing address**

ASANTE, MELISSA L.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$364.65	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.16. **Priority creditor's name and mailing address**

ASARE, GIFTY
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

SICK TIME

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) (4)

Total claim	Priority amount
$217.00	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.17. **Priority creditor's name and mailing address**

ASARE, GIFTY
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$6,918.37	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

2.18. **Priority creditor's name and mailing address**

ASUMADU, SAMPSON A.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$5,036.98	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.19. **Priority creditor's name and mailing address**

AVALOS, BIANCA
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$743.10	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.20. **Priority creditor's name and mailing address**

BACHALLI, PADMAJA
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$3,792.46	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

2.21. **Priority creditor's name and mailing address**

BAKER OCONNOR, KAREN
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$1,944.97	UNDETERMINED

Nonpriority amount
UNDETERMINED

2.22. **Priority creditor's name and mailing address**

BAKER, DAVID J.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

SICK TIME

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) (4)

Total claim	Priority amount
$1,198.00	UNDETERMINED

Nonpriority amount
UNDETERMINED

2.23. **Priority creditor's name and mailing address**

BAKER, DAVID J.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$6,919.20	UNDETERMINED

Nonpriority amount
UNDETERMINED

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

2.24. **Priority creditor's name and mailing address**

BAKER, MELINDA
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$1,969.62	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.25. **Priority creditor's name and mailing address**

BARRETT, JASON T.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$1,838.17	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.26. **Priority creditor's name and mailing address**

BARTLETT, CHRISTY J.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$956.02	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.27. **Priority creditor's name and mailing address**

BELL, ELIOT H.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$5,524.32	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.28. **Priority creditor's name and mailing address**

BERNARD, BARBARA L.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

SICK TIME

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) (4)

Total claim	Priority amount
$4,592.00	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.29. **Priority creditor's name and mailing address**

BERNARD, BARBARA L.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$9,184.80	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

2.30. **Priority creditor's name and mailing address**

BERRY, FLORINA M.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$2,618.49	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.31. **Priority creditor's name and mailing address**

BERRY, RICHARD M.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$2,781.00	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.32. **Priority creditor's name and mailing address**

BERTRAND, JEFFREY E.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$908.08	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

2.33. **Priority creditor's name and mailing address**

BERUBE, MICHELE M.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$413.01	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.34. **Priority creditor's name and mailing address**

BINNALL, BRIAN A.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

SICK TIME

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) (4)

Total claim	Priority amount
$644.00	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.35. **Priority creditor's name and mailing address**

BINNALL, BRIAN A.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$2,347.71	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

2.36. **Priority creditor's name and mailing address**

BLAGDEN, SHAWN D.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$2,202.67	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.37. **Priority creditor's name and mailing address**

BLANCHARD, SANDRA
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

SICK TIME

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) (4)

Total claim	Priority amount
$4,281.00	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.38. **Priority creditor's name and mailing address**

BLANCHARD, SANDRA
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$4,509.53	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

2.39. **Priority creditor's name and mailing address**

BLANEY, DARYL E.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

SICK TIME

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) (4)

Total claim	Priority amount
$4,518.00	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.40. **Priority creditor's name and mailing address**

BLANEY, DARYL E.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$6,325.06	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.41. **Priority creditor's name and mailing address**

BLODGETT, MICHAEL
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

SICK TIME

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) (4)

Total claim	Priority amount
$4,383.00	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

2.42. **Priority creditor's name and mailing address**

BLODGETT, MICHAEL
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$5,062.31	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.43. **Priority creditor's name and mailing address**

BOAHENE BRUCE, BARBARA
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$2,153.06	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.44. **Priority creditor's name and mailing address**

BOHIGIAN, JACK
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

SICK TIME

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) (4)

Total claim	Priority amount
$24,879.00	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

2.45. **Priority creditor's name and mailing address**

BOHIGIAN, JACK
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$24,879.00	UNDETERMINED

Nonpriority amount
UNDETERMINED

2.46. **Priority creditor's name and mailing address**

BOWEN, ARTHUR J.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

SICK TIME

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) (4)

Total claim	Priority amount
$2,962.00	UNDETERMINED

Nonpriority amount
UNDETERMINED

2.47. **Priority creditor's name and mailing address**

BOWEN, ARTHUR J.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$3,077.15	UNDETERMINED

Nonpriority amount
UNDETERMINED

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

2.48. **Priority creditor's name and mailing address**

BRACE, CHARLES H.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

SICK TIME

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) (4)

Total claim	Priority amount
$3,392.00	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.49. **Priority creditor's name and mailing address**

BRACE, CHARLES H.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$9,097.85	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.50. **Priority creditor's name and mailing address**

BRITT, ROXANNE L.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

SICK TIME

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) (4)

Total claim	Priority amount
$3,825.00	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

2.51. **Priority creditor's name and mailing address**

BURGOS, JESSICA M.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$1,694.20	UNDETERMINED

Nonpriority amount
UNDETERMINED

2.52. **Priority creditor's name and mailing address**

BURGWINKLE, JOSEPH J.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$1,532.83	UNDETERMINED

Nonpriority amount
UNDETERMINED

2.53. **Priority creditor's name and mailing address**

BURNETT, MICHELLELEE
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$1,147.59	UNDETERMINED

Nonpriority amount
UNDETERMINED

2.54. **Priority creditor's name and mailing address**

BUTLER, MAUREEN A.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$3.88	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.55. **Priority creditor's name and mailing address**

CAGGIANO, DONNA J.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$3,684.79	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.56. **Priority creditor's name and mailing address**

CALLAGHAN, MICHAEL W.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$311.36	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

2.57. **Priority creditor's name and mailing address**

CANALI, KELLEY R.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$1,916.02	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.58. **Priority creditor's name and mailing address**

CARPIO, DORA A.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$3,218.51	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.59. **Priority creditor's name and mailing address**

CASTRO, SHANNON M.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$629.46	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.60. **Priority creditor's name and mailing address**

CATES, LAURA M.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$35.91	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.61. **Priority creditor's name and mailing address**

CAVAIOLI, JACLYN E.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$2,086.94	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.62. **Priority creditor's name and mailing address**

CHARLESTON, KELLY L.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$758.48	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

2.63. **Priority creditor's name and mailing address**

CHILUMUNA, JESSICA L.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$322.55	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.64. **Priority creditor's name and mailing address**

CHISHOLM, DAVID L.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

SICK TIME

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) (4)

Total claim	Priority amount
$22.00	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.65. **Priority creditor's name and mailing address**

CHISHOLM, DAVID L.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$2,475.00	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

2.66. **Priority creditor's name and mailing address**

CHLUDENSKI, BETH A.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$3,260.90	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.67. **Priority creditor's name and mailing address**

CIANDELLA, AARON M.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$10.36	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.68. **Priority creditor's name and mailing address**

CIEJKA, JOSEPH
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$636.67	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.69. **Priority creditor's name and mailing address**

COAKLEY, KATHLEEN M.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$5,606.04	UNDETERMINED

Nonpriority amount
UNDETERMINED

2.70. **Priority creditor's name and mailing address**

CONSIDINE, MELISSA
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$1,739.99	UNDETERMINED

Nonpriority amount
UNDETERMINED

2.71. **Priority creditor's name and mailing address**

CORREA, SHAYNA L.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$159.88	UNDETERMINED

Nonpriority amount
UNDETERMINED

2.72. **Priority creditor's name and mailing address**

COULTER, DALE B.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$26.45	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.73. **Priority creditor's name and mailing address**

CREHAN, LYDIA M.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$1,385.21	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.74. **Priority creditor's name and mailing address**

CUNNINGHAM, KRISTINA M.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$5,174.77	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

2.75. **Priority creditor's name and mailing address**

CURRAN, KRISTEN E.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$285.83	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.76. **Priority creditor's name and mailing address**

DALEY, DEIRDRE J.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

SICK TIME

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) (4)

Total claim	Priority amount
$568.00	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.77. **Priority creditor's name and mailing address**

DALEY, DEIRDRE J.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$6,631.43	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

2.78. **Priority creditor's name and mailing address**

DAUGHERTY, LINDSEY E.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$684.96	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.79. **Priority creditor's name and mailing address**

DELGADO, JILIA J.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$293.52	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.80. **Priority creditor's name and mailing address**

DELGADO, PATRICIA P.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

SICK TIME

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) (4)

Total claim	Priority amount
$116.00	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

2.81. **Priority creditor's name and mailing address**

DELGADO, PATRICIA P.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$2,137.38	UNDETERMINED

Nonpriority amount
UNDETERMINED

2.82. **Priority creditor's name and mailing address**

DEMALIA JR, ANDREW V.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$423.09	UNDETERMINED

Nonpriority amount
UNDETERMINED

2.83. **Priority creditor's name and mailing address**

DERRY NEELY, ELAINE
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

SICK TIME

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) (4)

Total claim	Priority amount
$4,089.00	UNDETERMINED

Nonpriority amount
UNDETERMINED

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

2.84. **Priority creditor's name and mailing address**

DERRY NEELY, ELAINE
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$8,325.06	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.85. **Priority creditor's name and mailing address**

DEYESSO, CHRISTINA
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$1,720.75	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.86. **Priority creditor's name and mailing address**

DIAZ, ALEXIS L.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$110.49	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.87. **Priority creditor's name and mailing address**

DIAZ, TIANA M.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$221.25	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.88. **Priority creditor's name and mailing address**

DICATALDO, LANA
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$1,056.46	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.89. **Priority creditor's name and mailing address**

DOLPHIN, CRAIG M.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$506.17	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

2.90. **Priority creditor's name and mailing address**

DOMINGO, WINNIE A.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

SICK TIME

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) (4)

Total claim	Priority amount
$1,991.00	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.91. **Priority creditor's name and mailing address**

DOMINGO, WINNIE A.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$4,645.61	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.92. **Priority creditor's name and mailing address**

DWYER, ELIZABETH C.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$3,203.51	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.93. **Priority creditor's name and mailing address**

EDMUNDSON, CELESTE M.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

SICK TIME

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) (4)

Total claim	Priority amount
$1,072.00	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.94. **Priority creditor's name and mailing address**

EDMUNDSON, CELESTE M.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$4,799.58	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.95. **Priority creditor's name and mailing address**

EISNER, CHRISTINE C.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$6,923.73	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

2.96. **Priority creditor's name and mailing address**

EMARD, JAMES J.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

SICK TIME

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) (4)

Total claim	Priority amount
$3,708.00	UNDETERMINED

Nonpriority amount
UNDETERMINED

2.97. **Priority creditor's name and mailing address**

EMARD, JAMES J.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$4,188.12	UNDETERMINED

Nonpriority amount
UNDETERMINED

2.98. **Priority creditor's name and mailing address**

EMERHI, DAVIS E.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$141.90	UNDETERMINED

Nonpriority amount
UNDETERMINED

2.99. **Priority creditor's name and mailing address**

EMERY, MARY C.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

SICK TIME

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) (4)

Total claim	Priority amount
$2,767.00	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.100. **Priority creditor's name and mailing address**

EMERY, MARY C.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$7,064.78	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.101. **Priority creditor's name and mailing address**

ESTABROOK, KRYSTLE P.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

SICK TIME

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) (4)

Total claim	Priority amount
$528.00	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

2.102. **Priority creditor's name and mailing address**

ESTABROOK, KRYSTLE P.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$4,862.91	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.103. **Priority creditor's name and mailing address**

FAHEY, ANDREW T.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$1,817.78	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.104. **Priority creditor's name and mailing address**

FALAMINO, KRISTI J.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$5,634.98	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.105. **Priority creditor's name and mailing address**

FARINHA, VANESSA
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$2,036.93	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.106. **Priority creditor's name and mailing address**

FELIX RODRIGUEZ, ROGELIO
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

SICK TIME

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) (4)

Total claim	Priority amount
$2,460.00	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.107. **Priority creditor's name and mailing address**

FELIX RODRIGUEZ, ROGELIO
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$2,917.79	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

2.108. **Priority creditor's name and mailing address**

FORTIN, JESSE A.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$603.17	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.109. **Priority creditor's name and mailing address**

FOWLKS, KIRSTEN A.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$2,144.53	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.110. **Priority creditor's name and mailing address**

FREEMAN, DIANA P.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$1,920.99	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.111. **Priority creditor's name and mailing address**

FULGINITI JR, ANTHONY M.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$320.04	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.112. **Priority creditor's name and mailing address**

FULLAM, MARIA R.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$2,132.43	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.113. **Priority creditor's name and mailing address**

FYNN, ANTOINETTE
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$346.62	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

2.114. **Priority creditor's name and mailing address**

GAFFNEY, KATHLEEN M.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$2,651.43	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.115. **Priority creditor's name and mailing address**

GARCIA, JOSE A.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

SICK TIME

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) (4)

Total claim	Priority amount
$2,078.00	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.116. **Priority creditor's name and mailing address**

GARCIA, JOSE A.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$4,156.80	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

2.117. **Priority creditor's name and mailing address**

GAUVIN, BRENDA A.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

SICK TIME

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) (4)

Total claim	Priority amount
$1,560.00	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.118. **Priority creditor's name and mailing address**

GAUVIN, BRENDA A.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$1,560.00	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.119. **Priority creditor's name and mailing address**

GELIN, ODNEY M.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$2,929.47	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.120. **Priority creditor's name and mailing address**

GEMELLI, MICHAEL V.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

SICK TIME

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) (4)

Total claim	Priority amount
$3,863.00	UNDETERMINED

Nonpriority amount
UNDETERMINED

2.121. **Priority creditor's name and mailing address**

GEMELLI, MICHAEL V.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$7,333.13	UNDETERMINED

Nonpriority amount
UNDETERMINED

2.122. **Priority creditor's name and mailing address**

GLOZHENI, LILIANA
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

SICK TIME

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) (4)

Total claim	Priority amount
$2,448.00	UNDETERMINED

Nonpriority amount
UNDETERMINED

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

2.123. **Priority creditor's name and mailing address**

GLOZHENI, LILIANA
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$6,084.06	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.124. **Priority creditor's name and mailing address**

GLOZHENI, NIKOLLA
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

SICK TIME

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) (4)

Total claim	Priority amount
$2,714.00	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.125. **Priority creditor's name and mailing address**

GLOZHENI, NIKOLLA
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$6,707.60	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.126. **Priority creditor's name and mailing address**

GODFREY, ERIN M.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

SICK TIME

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) (4)

Total claim	Priority amount
$1,882.00	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.127. **Priority creditor's name and mailing address**

GODFREY, ERIN M.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$4,779.39	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.128. **Priority creditor's name and mailing address**

GONZALEZ, LUIS M.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$1,137.77	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.129. **Priority creditor's name and mailing address**

GOUVEIA, TANYA L.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$2,188.85	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.130. **Priority creditor's name and mailing address**

GRADY, BRENDA A.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$171.30	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.131. **Priority creditor's name and mailing address**

GREENE, JOYCE E.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$2,874.10	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.132. **Priority creditor's name and mailing address**

GRIFFIN, CHRISTOPHER
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

SICK TIME

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) (4)

Total claim	Priority amount
$49.00	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.133. **Priority creditor's name and mailing address**

GRIFFIN, CHRISTOPHER
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$4,713.27	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.134. **Priority creditor's name and mailing address**

GUILMETTE, BRITTNEY L.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$62.48	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.135. **Priority creditor's name and mailing address**

GUZMAN, LYNN D.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$2,691.01	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.136. **Priority creditor's name and mailing address**

HALLIDAY, ROBYN M.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$3,837.31	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.137. **Priority creditor's name and mailing address**

HAMES JR, ERIC
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$37.80	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.138. **Priority creditor's name and mailing address**

HART, DEVIN R.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$2,055.56	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.139. **Priority creditor's name and mailing address**

HEMPHILL DUBORD, LISA S.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$1,080.81	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.140. **Priority creditor's name and mailing address**

HERRIN, JANICE L.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$2,444.31	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

2.141. **Priority creditor's name and mailing address**

HERRING, LYNNE G.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$2,070.26	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.142. **Priority creditor's name and mailing address**

HOWARD, SUSAN A.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$6,209.28	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.143. **Priority creditor's name and mailing address**

HUTSON, BRIAN T.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

SICK TIME

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) (4)

Total claim	Priority amount
$1,936.00	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.144. **Priority creditor's name and mailing address**

HUTSON, BRIAN T.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$5,769.00	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.145. **Priority creditor's name and mailing address**

HYLANDER, GREGORY
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$1,092.74	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.146. **Priority creditor's name and mailing address**

IRR, BRIAN D.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$922.59	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.147. **Priority creditor's name and mailing address**

JACOB, EDITH H.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$1,912.78	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.148. **Priority creditor's name and mailing address**

JOLLY, SARA E.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$2,756.17	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.149. **Priority creditor's name and mailing address**

JUBINVILLE, ELIZABETH T.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$545.47	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.150. **Priority creditor's name and mailing address**

KAKPO, FREDDY N.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$819.91	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.151. **Priority creditor's name and mailing address**

KAMARA, DESERIE
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$865.08	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.152. **Priority creditor's name and mailing address**

KELLEY, MAEGAN E.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$6,221.05	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.153. **Priority creditor's name and mailing address**

KELLEY, NANCY A.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$334.29	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.154. **Priority creditor's name and mailing address**

KELLY, SHAUN M.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$4,508.70	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.155. **Priority creditor's name and mailing address**

KENNEDY, LLOYD B.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$2,406.95	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

2.156. **Priority creditor's name and mailing address**

KHOURIE, MATTHEW M.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

SICK TIME

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) (4)

Total claim	Priority amount
$3,619.00	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.157. **Priority creditor's name and mailing address**

KHOURIE, MATTHEW M.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$8,203.20	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.158. **Priority creditor's name and mailing address**

KINGORI, MARY W.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$7,084.29	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.159. **Priority creditor's name and mailing address**

KRUCKAS, DENISE L.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

SICK TIME

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) (4)

Total claim	Priority amount
$1,246.00	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.160. **Priority creditor's name and mailing address**

LAGUERRE, CLEMENT
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$1,087.19	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.161. **Priority creditor's name and mailing address**

LANDRY, ROBIN L.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$1,781.96	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.162. **Priority creditor's name and mailing address**

LARKIN, STEVEN J.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$1,809.23	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.163. **Priority creditor's name and mailing address**

LAURA, PHYLLIS D.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$300.99	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.164. **Priority creditor's name and mailing address**

LEKAS, JOHN P.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$5,277.21	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

2.165. **Priority creditor's name and mailing address**

LEONE, PHYLLIS A.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

SICK TIME

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) (4)

Total claim	Priority amount
$3,342.00	UNDETERMINED

Nonpriority amount
UNDETERMINED

2.166. **Priority creditor's name and mailing address**

LEONE, PHYLLIS A.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$10,185.00	UNDETERMINED

Nonpriority amount
UNDETERMINED

2.167. **Priority creditor's name and mailing address**

LISIECKI, CYNTHIA M.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

SICK TIME

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) (4)

Total claim	Priority amount
$353.00	UNDETERMINED

Nonpriority amount
UNDETERMINED

2.168. **Priority creditor's name and mailing address**

LISIECKI, CYNTHIA M.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$1,556.39	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.169. **Priority creditor's name and mailing address**

LOPEZ, NICOLE
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$406.27	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.170. **Priority creditor's name and mailing address**

MACADAMS, DOROTHY M.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$998.75	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.171. **Priority creditor's name and mailing address**

MALEY, JESSICA M.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$1,740.00	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.172. **Priority creditor's name and mailing address**

MANCO, ALFRED
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$3,638.02	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.173. **Priority creditor's name and mailing address**

MANZONE, MICAELA R.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$2,020.06	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.174. **Priority creditor's name and mailing address**

MARCELLUS, PATRICK B.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$1,015.59	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.175. **Priority creditor's name and mailing address**

MARTIN, JESSICA D.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$274.15	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.176. **Priority creditor's name and mailing address**

MARTIN, SHARLENE J.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

SICK TIME

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) (4)

Total claim	Priority amount
$2,264.00	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.177. **Priority creditor's name and mailing address**

MARTIN, SHARLENE J.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$2,504.71	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.178. **Priority creditor's name and mailing address**

MARTINEZ, CARMEN H.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$1,365.70	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.179. **Priority creditor's name and mailing address**

MAY, CLAIRE
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$1,092.87	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

2.180. **Priority creditor's name and mailing address**

MCBRIDE, PATRICIA A.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$5,375.77	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.181. **Priority creditor's name and mailing address**

MCGRATH, CASSANDRA R.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

SICK TIME

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) (4)

Total claim	Priority amount
$27,990.00	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.182. **Priority creditor's name and mailing address**

MCGRATH, CASSANDRA R.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$27,990.00	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.183. **Priority creditor's name and mailing address**

MELEEN, RUTH
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$1,134.64	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.184. **Priority creditor's name and mailing address**

MIELE, ALICE
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$1,540.16	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.185. **Priority creditor's name and mailing address**

MILLER, KARA J.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$3,855.04	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

2.186. **Priority creditor's name and mailing address**

MONERO, KEVIN
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

SICK TIME

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) (4)

Total claim	Priority amount
$486.00	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.187. **Priority creditor's name and mailing address**

MONERO, KEVIN
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$486.00	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.188. **Priority creditor's name and mailing address**

MOSHER, AMY M.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$3,071.85	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.189. **Priority creditor's name and mailing address**

MUIGAI, MARY W.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$1,269.44	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.190. **Priority creditor's name and mailing address**

MWANGI, WASHINGTON
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$2,043.02	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.191. **Priority creditor's name and mailing address**

NICOLAS, KENNETH J.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

SICK TIME

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) (4)

Total claim	Priority amount
$63.00	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

2.192. **Priority creditor's name and mailing address**

NICOLAS, KENNETH J.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$3,055.84	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.193. **Priority creditor's name and mailing address**

NORTEY, ROSEMARY A.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$4,475.58	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.194. **Priority creditor's name and mailing address**

NYAMEKYE MENSAH, MIKE Y.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

SICK TIME

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) (4)

Total claim	Priority amount
$1,861.00	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.195. **Priority creditor's name and mailing address**

NYAMEKYE MENSAH, MIKE Y.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$2,851.20	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.196. **Priority creditor's name and mailing address**

OBRIEN, EDWARD F.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$471.93	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.197. **Priority creditor's name and mailing address**

OBRIEN, MACKENZIE L.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$999.01	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

2.198. **Priority creditor's name and mailing address**

OFORI, COMFORT O.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$2,451.60	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.199. **Priority creditor's name and mailing address**

OHARA, COLIN J.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$1,797.14	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.200. **Priority creditor's name and mailing address**

ORTIZ, DARIVANH
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$841.36	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.201. **Priority creditor's name and mailing address**

OUELLETTE, KIMBERLY J.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

SICK TIME

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) (4)

Total claim	Priority amount
$1,816.00	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.202. **Priority creditor's name and mailing address**

OUELLETTE, KIMBERLY J.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$3,733.70	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.203. **Priority creditor's name and mailing address**

PADILLA DIAZ, JOANA D.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$225.93	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

2.204. **Priority creditor's name and mailing address**

PAGAN-CRUZ, KEISHA
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$240.31	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.205. **Priority creditor's name and mailing address**

PAGE, GREGORY R.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$2,183.89	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.206. **Priority creditor's name and mailing address**

PANARELLI, JORDANA A.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$2,304.03	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

2.207. **Priority creditor's name and mailing address**

PAPCSY, MARYBETH
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

SICK TIME

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) (4)

Total claim	Priority amount
$2,471.00	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.208. **Priority creditor's name and mailing address**

PAPCSY, MARYBETH
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$5,140.30	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.209. **Priority creditor's name and mailing address**

PARKER, ROBIN L.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$699.17	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

2.210. **Priority creditor's name and mailing address**

PEELER, JOHN F.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

SICK TIME

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) (4)

Total claim	Priority amount
$1,931.00	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.211. **Priority creditor's name and mailing address**

PEELER, JOHN F.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$5,706.00	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.212. **Priority creditor's name and mailing address**

PENA DE VANEGAS, ADELA D.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

SICK TIME

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) (4)

Total claim	Priority amount
$1,210.00	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.213. **Priority creditor's name and mailing address**

PENA DE VANEGAS, ADELA D.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$3,043.55	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.214. **Priority creditor's name and mailing address**

PEPE, NICOLE L.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$5,152.40	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.215. **Priority creditor's name and mailing address**

PEPRAH, ALBERT
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$4,269.40	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.216. **Priority creditor's name and mailing address**

PHANOR, SOLE E.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$1,526.66	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.217. **Priority creditor's name and mailing address**

PORTILLO AYALA, JAYME B.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$982.30	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.218. **Priority creditor's name and mailing address**

POWERS, REBECCA L.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$257.09	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.219. **Priority creditor's name and mailing address**

PRATICO, STEPHANIE A.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$3,509.15	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.220. **Priority creditor's name and mailing address**

QUINN, KELSEY P.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$814.44	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.221. **Priority creditor's name and mailing address**

QUINTANILLA, ROSA A.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

SICK TIME

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) (4)

Total claim	Priority amount
$801.00	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.222. **Priority creditor's name and mailing address**

QUINTANILLA, ROSA A.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$2,405.51	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.223. **Priority creditor's name and mailing address**

RAYMOND, LORI M.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$876.47	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.224. **Priority creditor's name and mailing address**

REBELLO, MARK R.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

SICK TIME

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) (4)

Total claim	Priority amount
$1,227.00	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.225. **Priority creditor's name and mailing address**

REBELLO, MARK R.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$7,725.60	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.226. **Priority creditor's name and mailing address**

REID, BERTHA M.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$1,604.02	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.227. **Priority creditor's name and mailing address**

RICH, TAYLOR
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$1,400.57	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.228. **Priority creditor's name and mailing address**

RICHARD, BRIANNA M.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$640.48	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.229. **Priority creditor's name and mailing address**

RIVAS VALLADARES, CECILIA D.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$1,272.94	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.230. **Priority creditor's name and mailing address**

RIVERA, BRENDALIZ
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$2,184.15	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.231. **Priority creditor's name and mailing address**

RIVERA, KEIANNA L.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$774.87	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.232. **Priority creditor's name and mailing address**

ROBINSON, DONNA J.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$691.48	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.233. **Priority creditor's name and mailing address**

RODRIGUEZ MEDINA, GLADYS L.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$4,034.80	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.234. **Priority creditor's name and mailing address**

RODRIGUEZ, JOSE F.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$1,320.34	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.235. **Priority creditor's name and mailing address**

ROPER, LINDSAY A.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$993.63	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.236. **Priority creditor's name and mailing address**

ROSADO, ITZA D.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$992.89	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.237. **Priority creditor's name and mailing address**

ROSENTHAL JR, EDWIN J.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$5,194.25	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.238. **Priority creditor's name and mailing address**

ROSSETTI, LYNNE M.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$305.63	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.239. **Priority creditor's name and mailing address**

RUSSELL, CRYSTAL M.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$45.37	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.240. **Priority creditor's name and mailing address**

RYAN, KRYSTAL A.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$3,375.36	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.241. **Priority creditor's name and mailing address**

RYAN, WILLIAM F.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$2,272.93	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.242. **Priority creditor's name and mailing address**

SALAS, RAFAEL
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$1,343.67	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.243. **Priority creditor's name and mailing address**

SANTIAGO, DYANNE C.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$2,728.41	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.244. **Priority creditor's name and mailing address**

SCHLOTT, PAUL E.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$1,177.12	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.245. **Priority creditor's name and mailing address**

SCOTT, JENETTE M.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

SICK TIME

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) (4)

Total claim	Priority amount
$2,168.00	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

2.246. **Priority creditor's name and mailing address**

SCOTT, JENETTE M.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$5,141.54	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.247. **Priority creditor's name and mailing address**

SEVERENS, JAMES A.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$1,213.08	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.248. **Priority creditor's name and mailing address**

SEWARD, DAVID J.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$5,437.12	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.249. **Priority creditor's name and mailing address**

SHALLOW, NADIA S.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$1,366.33	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.250. **Priority creditor's name and mailing address**

SHAWLER, RUTH A.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$1,871.29	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.251. **Priority creditor's name and mailing address**

SIMPSON, SHAUNA M.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$976.46	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

2.252. **Priority creditor's name and mailing address**

SMITH, CHUANHUA
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

SICK TIME

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) (4)

Total claim	Priority amount
$1,097.00	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.253. **Priority creditor's name and mailing address**

SMITH, CHUANHUA
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$2,188.19	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.254. **Priority creditor's name and mailing address**

SMITH, NICOLE M.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$4,104.56	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.255. **Priority creditor's name and mailing address**

SOLIS-CASTANEDA, SUSAN B.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$665.55	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.256. **Priority creditor's name and mailing address**

SONG, CHUAN XIN
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$1,719.47	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.257. **Priority creditor's name and mailing address**

SOUZA, HEIDI K.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$3,934.29	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.258. **Priority creditor's name and mailing address**

ST LAURENT, DEAN P.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$896.72	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.259. **Priority creditor's name and mailing address**

STERCZALA, CINDY E.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$2,251.27	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.260. **Priority creditor's name and mailing address**

STEWART, KEVIN M.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$3,248.14	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

2.261. **Priority creditor's name and mailing address**

STEWART, PAUL M.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$2,815.62	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.262. **Priority creditor's name and mailing address**

STONE, JASON M.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$4,460.13	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.263. **Priority creditor's name and mailing address**

SUAREZ CORLETO, ROSA H.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

SICK TIME

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) (4)

Total claim	Priority amount
$90.00	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.264. **Priority creditor's name and mailing address**

SUAREZ CORLETO, ROSA H.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$2,434.55	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.265. **Priority creditor's name and mailing address**

SUNDNAS, JENNIFER M.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$1,477.82	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.266. **Priority creditor's name and mailing address**

SWENSON, ANDREA R.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$2,346.64	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.267. **Priority creditor's name and mailing address**

TIROCCHI, ANDREA M.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$2,259.87	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.268. **Priority creditor's name and mailing address**

TREMBLAY, LAUREN T.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$319.80	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.269. **Priority creditor's name and mailing address**

TRUJILLO, KARLA
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$45.20	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.270. **Priority creditor's name and mailing address**

TWUMASI, MAVIS
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

SICK TIME

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) (4)

Total claim	Priority amount
$104.00	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.271. **Priority creditor's name and mailing address**

TWUMASI, MAVIS
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$1,618.56	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.272. **Priority creditor's name and mailing address**

UPPGARD, CAROL L.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

SICK TIME

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) (4)

Total claim	Priority amount
$1,141.00	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.273. **Priority creditor's name and mailing address**

VANEGAS, JOSE E.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

SICK TIME

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) (4)

Total claim	Priority amount
$417.00	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.274. **Priority creditor's name and mailing address**

VANEGAS, JOSE E.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$4,203.74	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.275. **Priority creditor's name and mailing address**

VANEGAS, RUDY E.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

SICK TIME

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) (4)

Total claim	Priority amount
$324.00	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.276. **Priority creditor's name and mailing address**

VANEGAS, RUDY E.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$1,954.64	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.277. **Priority creditor's name and mailing address**

WALKER, KIMBERLY L.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$8,261.32	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.278. **Priority creditor's name and mailing address**

WALSH, JESSICA M.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

SICK TIME

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) (4)

Total claim	Priority amount
$1,526.00	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.279. **Priority creditor's name and mailing address**

WALSH, JESSICA M.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$8,946.37	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.280. **Priority creditor's name and mailing address**

WALSH, ROBERT J.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

SICK TIME

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) (4)

Total claim	Priority amount
$4,845.00	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.281. **Priority creditor's name and mailing address**

WALSH, ROBERT J.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$8,091.09	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.282. **Priority creditor's name and mailing address**

WALTON, SHAWN T.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$118.95	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.283. **Priority creditor's name and mailing address**

WARD, JUDITH A.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

SICK TIME

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) (4)

Total claim	Priority amount
$3,080.00	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.284. **Priority creditor's name and mailing address**

WARD, JUDITH A.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$8,589.58	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.285. **Priority creditor's name and mailing address**

WARREN, NATASHA L.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$77.43	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.286. **Priority creditor's name and mailing address**

WHITE, KEVIN W.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$345.93	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.287. **Priority creditor's name and mailing address**

WILSON, CYNTHIA R.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$1,275.77	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.288. **Priority creditor's name and mailing address**

WILSON, WARREN T.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$1,900.80	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.289. **Priority creditor's name and mailing address**

WOOD, DESIREE N.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$57.30	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.290. **Priority creditor's name and mailing address**

WRIGHTSON, NISSA C.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$1,575.46	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

2.291. **Priority creditor's name and mailing address**

ZABARSKY, SANDRA L.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

SICK TIME

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) (4)

Total claim	Priority amount
$1,836.00	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.292. **Priority creditor's name and mailing address**

ZABARSKY, SANDRA L.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$2,555.22	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

2.293. **Priority creditor's name and mailing address**

ZIERLE, CHARLES R.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

VACATION

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) (4)

Total claim	Priority amount
$135.67	UNDETERMINED
	Nonpriority amount
	UNDETERMINED

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.

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: *Check all that apply.*	Amount of claim
3.1.	ABILITY NETWOR PO BOX 856015 MINNEAPOLIS MN 55485-6015	☐ Contingent ☐ Unliquidated ☐ Disputed	$701.44
	Date or dates debt was incurred 1/1/20 - 6/20/20	**Basis for the claim:** TRADE DEBT	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: *Check all that apply.*	Amount of claim
3.2.	ADCARE EDUCATI 5 NORTHAMPTON ST WORCESTER MA 01605	☐ Contingent ☐ Unliquidated ☐ Disputed	$3,260.00
	Date or dates debt was incurred 1/1/20 - 6/20/20	**Basis for the claim:** TRADE DEBT	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: *Check all that apply.*	Amount of claim
3.3.	ALEXANDER B WHITE JR 204 NORTH MAIN ST MILBURY MA 01527	☐ Contingent ☐ Unliquidated ☐ Disputed	$2,400.00
	Date or dates debt was incurred 1/1/20 - 6/20/20	**Basis for the claim:** TRADE DEBT	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

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

AMERICAN MESSA
PO BOX 5749
CAROL STREAM IL 60197-5749

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$109.45

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

ANA'S COMMERCI
19 VIALL STREET
NEW BEDFORD MA 02744

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$125.00

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

APONTE, HECTOR
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$75.18

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

EMPLOYEE REIMBURSEMENT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

3.7.	**Nonpriority creditor's name and mailing address** APPAU, PATRICK Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** EMPLOYEE REIMBURSEMENT **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** $883.10
	Date or dates debt was incurred 1/1/20 - 6/20/20		
	Last 4 digits of account number:		

3.8.	**Nonpriority creditor's name and mailing address** APPLE HOMECARE 41 REDEMPTION ROCK TRAIL STERLING MA 01564	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** TRADE DEBT **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** $4,280.00
	Date or dates debt was incurred 1/1/20 - 6/20/20		
	Last 4 digits of account number:		

3.9.	**Nonpriority creditor's name and mailing address** AT & T P.O. BOX 105068 ATLANTA GA 30348-5068	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** TRADE DEBT **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** $44.82
	Date or dates debt was incurred 1/1/20 - 6/20/20		
	Last 4 digits of account number:		

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

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

AUGUSTO SPRINKLER CO. INC
P.O. BOX 52
WORCESTER MA 01613

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$2,902.88

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

BAKER, MELINDA
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$30.51

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

EMPLOYEE REIMBURSEMENT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

BAY STATE AIR
PO BOX 427
NORTHBRIDGE MA 01534

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$331.32

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: *Check all that apply.*	Amount of claim
3.13.	BAYSTATE INTERPRETERS, INC 55 LAKE STREET SUITE #300 GARDNER MA 01440	☐ Contingent ☐ Unliquidated ☐ Disputed	$550.00
	Date or dates debt was incurred 1/1/20 - 6/20/20	**Basis for the claim:** TRADE DEBT	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: *Check all that apply.*	Amount of claim
3.14.	BERTRA, JEFFREY Address Intentionally Omitted	☐ Contingent ☐ Unliquidated ☐ Disputed	$600.00
	Date or dates debt was incurred 1/1/20 - 6/20/20	**Basis for the claim:** EMPLOYEE REIMBURSEMENT	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: *Check all that apply.*	Amount of claim
3.15.	BERTRAND, JOAN Address Intentionally Omitted	☐ Contingent ☐ Unliquidated ☐ Disputed	$189.31
	Date or dates debt was incurred 1/1/20 - 6/20/20	**Basis for the claim:** EMPLOYEE REIMBURSEMENT	
	Last 4 digits of account number:	**Is the claim subject to offset?** ☑ No ☐ Yes	

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

BIGELOW ELECTRICAL CO, INC.
1 PULLMAN STREET
P.O. BOX 60268
WORCESTER MA 01606-0268

Date or dates debt was incurred

1/1/20 - 6/20/20

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:

TRADE DEBT

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$2,641.86

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

B-P TRUCKING,
PO BOX 386
ASHLAND MA 01721

Date or dates debt was incurred

1/1/20 - 6/20/20

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:

TRADE DEBT

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$5,242.81

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

BRADFORD J. DERDERIAN
Address Intentionally Omitted

Date or dates debt was incurred

1/1/20 - 6/20/20

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:

EMPLOYEE REIMBURSEMENT

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$544.74

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

BRUDNIAK, MAREK
111 SUTHERLAND ROAD
APT #3
BRIGHTON MA 02135

Date or dates debt was incurred

1/1/20 - 6/20/20

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:

TRADE DEBT

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$400.00

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

C P S I
P.O. BOX 850309
MOBILE AL 36685-0309

Date or dates debt was incurred

1/1/20 - 6/20/20

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:

TRADE DEBT

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$34,496.11

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

CALISE & SONS
5210 BELFORT ROAD
LINCOLN RI 02865

Date or dates debt was incurred

1/1/20 - 6/20/20

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:

TRADE DEBT

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$2,387.11

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

CAPIST, CHRISTY
P.O.BOX 981027
CAPE ELIZABETH ME 04107

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$800.00

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

CE BROKER
5210 BELFORT ROAD
JACKSONVILLE FL 32256-6023

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$242.40

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

CENTRAL MA AHE
35 HARVARD STREET
WORCESTER MA 01609

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$105.00

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

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

CENTURY HOMECA
65 WATER STREET
2ND FLOOR
WORCESTER MA 01604

Date or dates debt was incurred

1/1/20 - 6/20/20

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:

TRADE DEBT

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$400.00

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

CHANGE HEALTHC
PO BOX 572490
MURRAY UT 84157-2490

Date or dates debt was incurred

1/1/20 - 6/20/20

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:

TRADE DEBT

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$231.46

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

CHARTER COMMUN
P.O. BOX 7173
PASADENA CA 11909-7173

Date or dates debt was incurred

1/1/20 - 6/20/20

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:

TRADE DEBT

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$1,166.60

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

3.28.	**Nonpriority creditor's name and mailing address** CHIECKO, MARY Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** EMPLOYEE REIMBURSEMENT **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** $328.02 **Date or dates debt was incurred** 1/1/20 - 6/20/20 **Last 4 digits of account number:**
3.29.	**Nonpriority creditor's name and mailing address** CHISHOLM, DAVID Address Intentionally Omitted	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** EMPLOYEE REIMBURSEMENT **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** $515.34 **Date or dates debt was incurred** 1/1/20 - 6/20/20 **Last 4 digits of account number:**
3.30.	**Nonpriority creditor's name and mailing address** CLEANTECH SERV 243 NARRAGANSETT PARK DRIVE EAST PROVIDENCE RI 02916	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** TRADE DEBT **Is the claim subject to offset?** ☑ No ☐ Yes	**Amount of claim** $511.33 **Date or dates debt was incurred** 1/1/20 - 6/20/20 **Last 4 digits of account number:**

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

COCHRANE, MARY
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$58.51

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

EMPLOYEE REIMBURSEMENT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

COMCAST HOLDIN
PO BOX 415949
BOSTON MA 022415949

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$37,031.05

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

CONWAY TECHNOL
LOCKBOX #936724
ATLANTA GA 31193-6724

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$8,916.78

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

COPELAND, JOHN
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$23.00

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

EMPLOYEE REIMBURSEMENT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

CORPORATE IMAG
596 AIRPORT ROAD
FALL RIVER MA 02720

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$145.79

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

COVERYS
PO BOX 55178
BOSTON MA 02205-5178

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$30.00

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

COX BUSINESS
P.O. BOX 78000
DETROIT MI 48278

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$528.90

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

CRYSTAL ROCK L
PO BOX 660579
DALLAS TX 75266-0579

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$347.90

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

DANIELSON FLOW
600 MAIN ST
SHREWSBURY MA 01545

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$422.20

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

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

DE LAGE LANDEN
PO BOX 41602
PHILADELPHIA PA 19101-1602

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$402.95

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

EQUIPMENT LEASING

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

DRUG PACKAGE, INC
901 DRUG PACKAGE LANE
O'FALLON MO 63366

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$634.46

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

DUGGAN VEHICLE
21-69 MAIN STREET
CHERRY VALLEY MA 01611

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$5,324.69

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

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

EAGLE CLEANING
997 MILLBURY STREET
SUITE A
WORCESTER MA 01607

Date or dates debt was incurred

1/1/20 - 6/20/20

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:

TRADE DEBT

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$5,754.00

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

EBP SUPPLY SOL
P.O. BOX 460
HARTFORD CT 06141-0460

Date or dates debt was incurred

1/1/20 - 6/20/20

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:

TRADE DEBT

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$17,034.10

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

ECOLAB PEST ELIMINATION
26252 NETWORK PLACE
CHICAGO IL 606731262

Date or dates debt was incurred

1/1/20 - 6/20/20

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:

TRADE DEBT

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$519.38

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

EMERGENCY MEDI
PO BOX 419677
BOSTON MA 022419677

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$905.04

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

EVERGREEN LAWN
66A KING STREET
LEICESTER MA 01524

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$3,040.00

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

EVERSOURCE - G
PO BOX 56007
BOSTON MA 02205-6007

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$443.87

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

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

EVERSOURCE - G
PO BOX 56007
BOSTON MA 02205-6007

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$25.00

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

FELLION, MARK D
86 HORNE WAY
MILLBURY MA 01527

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$900.00

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

FIRST BANKCARD
P.O. BOX 2818
OMAHA NE 68103-2818

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$989.67

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

FISHER SCIENTIFIC
PO BOX 404705
ATLANTA GA 30384-4705

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$602.65

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

FOLEY, JAMES
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$20.00

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

EMPLOYEE REIMBURSEMENT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

FOOD MANAGEMENT
70 JESSE DUPONT MEMORIAL HIGHWAY
BURGESS VA 22432

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$14,250.64

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

FORMS & SUPPLIES UNLIMITED
910 BELLE AVE., SUITE 1100
WINTER SPRINGS FL 32708

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$2,130.23

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

FOURNIER, CHRISTOPHER
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$630.00

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

EMPLOYEE REIMBURSEMENT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

FRITZNEL, LEONA
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$869.40

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

EMPLOYEE REIMBURSEMENT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

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

FRONTIER COMMUNICATIONS
PO BOX 740407
CINCINNATI OH 45274-0407

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$85.30

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

GARDNER, ANN
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$25.20

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

EMPLOYEE REIMBURSEMENT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

GIBSON FARMS
67 S.W. CUTOFF
WORCESTER MA 01604

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$7,532.46

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

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

GIMBEL, BARBARA
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$28.50

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

EMPLOYEE REIMBURSEMENT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

GRAINGER
DEPT 813039351
PALATINE IL 60038-0001

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$786.21

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

GRANITE GROUP
PO BOX 2004
CONCORD NH 03302-2004

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$355.99

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

GUSTAFSON PLUM
1035 MILLBURY STREET
WORCESTER MA 01607

Date or dates debt was incurred

1/1/20 - 6/20/20

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:

TRADE DEBT

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$812.17

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

HARR IMPORTS,
100 GOLDSTAR BLVD.
WORCESTER MA 01606

Date or dates debt was incurred

1/1/20 - 6/20/20

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:

TRADE DEBT

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$291.33

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

HEALTH CARE LO
PO BOX 400
CIRCLEVILLE OH 43113-0400

Date or dates debt was incurred

1/1/20 - 6/20/20

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:

TRADE DEBT

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$157.35

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

INTRADO ENTERP
PO BOX 281866
ATLANTA GA 30384-1866

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$7,297.32

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

JOMELO SUPPLIES INC
33 WINFIELD STREET
WORCESTER MA 01610

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$4,513.29

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

KATSIROUBAS BROS
PO BOX 220
BOSTON MA 02137

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$1,641.65

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

KRZANOW, LUCY G
164 MAIN STREET
HAYDENVILLE MA 01039

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$108.00

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

LACOMBE, ESTATE OF CARL
C/O STEPHEN GORDON, ESQ.
BERNSTIEN & STERN, LLC
2 FOSTER STREET
2ND FLOOR
WORCESTER MA 01608

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

☑ Contingent
☑ Unliquidated
☑ Disputed

Amount of claim

UNKNOWN

Date or dates debt was incurred

_____

Basis for the claim:

LITIGATION

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

LAND AND WHEEL
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$213.55

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

LAND COMPUTER
21 CALLER STREET
UNIT 5
PEABODY MA 01960

Date or dates debt was incurred

1/1/20 - 6/20/20

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:

TRADE DEBT

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$4,888.16

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

LAPOI, PATRICIA
PO BOX 547
OLD MYSTIC CT 06372

Date or dates debt was incurred

1/1/20 - 6/20/20

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:

TRADE DEBT

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$825.00

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

LIANNE, INC.
95 LINCOLN STREET
WORCESTER MA 01605

Date or dates debt was incurred

1/1/20 - 6/20/20

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:

TRADE DEBT

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$8,800.00

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

LIFE CHURCH
1 NELSON STREET
WEBSTER MA 01570

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$100.00

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

LOPEZ, NICOLE
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$59.20

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

EMPLOYEE REIMBURSEMENT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

MANZON, MICAELA
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$75.60

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

EMPLOYEE REIMBURSEMENT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

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

MARCELLUS, PATRICK
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$438.90

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

EMPLOYEE REIMBURSEMENT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

MCKESSON
9 AEGEAN DRIVE
METHUEN MA 01844

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$25,603.55

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

MEDLINE INDUST
DEPT#1080
P.O. BOX 121080
DALLAS TX 75312-1080

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$27,620.68

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

MEDLINE INDUSTRIES INC
P.O. BOX 551
CHARLOTTE NC 28272-1070

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$122.15

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

MERCURE, DENNIS J
44 ERNEST AVENUE
WORCESTER MA 01604

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$800.00

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

MIELE, ALICE
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$12.12

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

EMPLOYEE REIMBURSEMENT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

MOOD MEDIA NA HOLDINGS CORP
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$122.15

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

NALLY, THOMAS
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$658.98

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

EMPLOYEE REIMBURSEMENT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

NATIONAL GRID
P.O. BOX 11735
NEWARK NJ 07101-4735

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$2,790.52

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

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

NATIONAL GRID
P.O. BOX 11735
NEWARK NJ 07101-4735

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$12,832.25

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

NATIONAL GRID
P.O. BOX 11735
NEWARK NJ 07101-4735

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$902.11

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

NATIONAL GRID
P.O. BOX 11735
NEWARK NJ 07101-4735

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$79.19

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

NATIONAL TEST
1193 W NEWPORT CENTER DRIVE
DEERFIELD BEACH FL 33442

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$3,933.91

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

NEW ENGLAND DOCUMENT SYSTEMS
750 EAST INDUSTRIAL PARK DRIVE
MANCHESTER NH 03109

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$2,883.62

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

NEW ENGLAND MEDICAL SPECIALTIES
354 OLD WHITFIELD STREET
PO BOX 329
GUILFORD CT 06437

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$1,131.03

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

NEW ENGLAND TEA & COFFEE CO
PO BOX 845797
BOSTON MA 02284-5797

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$2,574.42

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

NEXTGEN SUPPLY
11 NORFOLK ST
MANSFIELD MA 02048

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$419.00

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

OCH, MOHAMAD
425 LAKE AVE N, SUITE 101
WORCESTER MA 01605

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$1,100.00

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

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

OFFICE TEAM
12400 COLLECTIONS CENTER DRIVE
CHICAGO IL 60693

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$2,281.80

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

OLYMPIC
1078 WEST BOYLSTON STREET
SUITE # 105
WORCESTER MA 01606

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$45.50

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

O'NEIL, SUSAN
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$470.40

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

EMPLOYEE REIMBURSEMENT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

PAPPAS, STEPHEN
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$70.56

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

EMPLOYEE REIMBURSEMENT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

PC CONNECTION
P.O. BOX 536472
PITTSBURGH PA 15253-5906

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$486.73

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

PHILIPS HEALTH
PO BOX 100355
ATLANTA GA 30384-0355

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$105.98

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

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

PITNEY BOWES -
P.O. BOX 371874
PITTSBURGH PA 15250-7874

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$1,499.14

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

LEGAL FEES

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

PITNEY BOWES G
PO BOX 371887
PITTSBURGH PA 15250-7887

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$1,188.94

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

LEGAL FEES

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

PLUMBERS' SUPP
PO BOX 844072
BOSTON MA 02284-4072

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$32.17

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

POLAR CORPORAT
P.O. BOX 15011
WORCESTER MA 01615-0011

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$1,934.00

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

PRESCOTT PHARM
100 GROVE STREET
SUITE B-12
WORCESTER MA 01605

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$73,594.10

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

PRINT CRAFT OFFSET & DIGITAL
3076 POST ROAD
WARWICK RI 02886

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$409.43

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

PROTECTIVE SERVICES, INC.
CENTER PROFESSIONAL BUILDING
50 MAIN STREET
LUNENBURG MA 01462

Date or dates debt was incurred

1/1/20 - 6/20/20

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:

TRADE DEBT

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$1,229.00

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

PROVIDENT LIFE
P.O. BOX 403748
ATLANTA GA 30384-3748

Date or dates debt was incurred

1/1/20 - 6/20/20

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:

TRADE DEBT

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$162.56

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

PURINTON, A.L.
203 GROVE ST.
WORCESTER MA 01605

Date or dates debt was incurred

1/1/20 - 6/20/20

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:

TRADE DEBT

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$120.49

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

QUEST DIAGNOST
PO BOX 844226
BOSTON MA 02284-4226

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$91.71

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

QUEST DIAGNOST
PO BOX 844226
BOSTON MA 02284-4226

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$70,517.55

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

READY REFRESH
PO BOX 856192
LOUISVILLE KY 40285-6192

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$60.90

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

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

RED CAB
180 PRESCOTT STREET
WORCESTER MA 01605

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$38.00

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

RICHCO PRODUCT
237 MEMORIAL DRIVE
P O BOX 1250
SPRINGFIELD MA 01101-1250

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$129.87

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

RIVARD, MARCELLA
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$194.67

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

EMPLOYEE REIMBURSEMENT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

RIVERA, MARTIN
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$266.70

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

EMPLOYEE REIMBURSEMENT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

ROSADO, ITZA
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$107.40

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

EMPLOYEE REIMBURSEMENT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

RYAN, KRYSTAL
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$92.40

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

EMPLOYEE REIMBURSEMENT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

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

SAFER PLACES,
25 WAREHAM STREET
SUITE 2-26
MIDDLEBORO MA 02346

Date or dates debt was incurred

1/1/20 - 6/20/20

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:

TRADE DEBT

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$62.90

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

SAGA COMMUNICATIONS OF NE LLC
45 FISHER AVENUE
EAST LONGMEADOW MA 01028

Date or dates debt was incurred

1/1/20 - 6/20/20

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:

TRADE DEBT

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$5,275.00

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

SAGA COMMUNICATIONS OF NE LLC
45 FISHER AVENUE
EAST LONGMEADOW MA 01028

Date or dates debt was incurred

1/1/20 - 6/20/20

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:

TRADE DEBT

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$870.00

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

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

SAINT VINCENT
P.O. BOX 3385
BOSTON MA 022413385

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$758.35

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

SEVERENS, JAMES
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$933.24

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

EMPLOYEE REIMBURSEMENT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

SHEILA MCDONOUGH
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$1,339.80

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

EMPLOYEE REIMBURSEMENT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

SHRED-IT USA
28883 NETWORK PLACE
CHICAGO IL 60673-1288

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$2,706.95

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

SOFTWARE TOOL
P.O. BOX 35555
BOSTON MA 02135-0010

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$19.89

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

SOUZA, HEIDI
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$600.00

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

EMPLOYEE REIMBURSEMENT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

SPHER INC
19300 S. HAMILTON AVENUE
SUITE 250
GARDENA CA 90248

Date or dates debt was incurred

1/1/20 - 6/20/20

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:

TRADE DEBT

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$800.00

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

STAPLES INC
PO BOX 70242
PHILADELPHIA PA 19176-0242

Date or dates debt was incurred

1/1/20 - 6/20/20

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:

TRADE DEBT

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$16,009.45

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

STERICYCLE, IN
P.O. BOX 6582
CAROL STREAM IL 60197-6582

Date or dates debt was incurred

1/1/20 - 6/20/20

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:

TRADE DEBT

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$1,931.05

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

STEVENS, CHERYL
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$306.60

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

EMPLOYEE REIMBURSEMENT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

STONE, JASON
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$132.30

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

EMPLOYEE REIMBURSEMENT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

SUPPORT MEDICA
593 AIRPORT ROAD
FALL RIVER MA 02720

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$992.84

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

SYMPHONY DIAGNOSTIC SERVICES
PO BOX 62510
BALTIMORE MD 21264-2510

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$106.33

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

SYMPHONY DIAGNOSTIC SERVICES
PO BOX 62510
BALTIMORE MD 21264-2510

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$8,225.00

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

SYSTEM4 OF BOS
99 DERBY STREET
SUITE 300
HINGHAM MA 02043

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$935.00

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

TABBAND
7150 WEST ROOSEVELT STREET
SUITE C113
PHOENIX AZ 85043-2426

Date or dates debt was incurred

1/1/20 - 6/20/20

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:

TRADE DEBT

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$1,600.65

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

THE HOME DEPOT
PO BOX 415133
BOSTON MA 02241-5133

Date or dates debt was incurred

1/1/20 - 6/20/20

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:

TRADE DEBT

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$972.00

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

THE PROVIDENCE
PO BOX 382803
PITTSBURGH MA 15251-8803

Date or dates debt was incurred

1/1/20 - 6/20/20

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:

TRADE DEBT

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$13,000.00

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

T-S HOLDINGS I
PO BOX 69270
BALTIMORE MD 21264-9270

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$1,230.60

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

TSO, MICHAEL P.
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$900.00

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

EMPLOYEE REIMBURSEMENT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

ULS OF NEW ENGLAND, LLC
55 EAST FIFTH STREET
ST PAUL MN 55101

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$11,485.98

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

UNITED PARCEL
P.O. BOX 7247-0244
PHILADELPHIA PA 19170-0001

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$484.82

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

UNITED REFRIGERATION INC
25 CRESCENT STREET
WORCESTER MA 01605

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$607.22

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

UNITED STATES
INTERNAL REVENUE SERVICE
OGDEN UT 84201

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$693.46

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

UNITED WAY
484 MAIN STREET
WORCESTER MA 016058

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$50.00

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

US FOODS, INC
PO BOX 842700
BOSTON MA 02284-2700

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$32,338.71

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

VANEGA, ERNESTO
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

EMPLOYEE REIMBURSEMENT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

Amount of claim

$21.74

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

VERIZON
P.O. BOX 15124
ALBANY NY 12212-5124

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$929.54

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

VERIZON
P.O. BOX 15124
ALBANY NY 12212-5124

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$226.20

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

W.B. MASON CO.
PO BOX 981101
BOSTON MA 02298-1101

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$435.63

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

WAINAIN, BOZENA
42 PROSPECT ST
AUBURN MA 01501

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$245.00

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

WBOS-FM
PO BOX 2491
COLOMBUS GA 31902-2491

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$14,100.00

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

WBZ-FM
PO BOX 2491
COLOMBUS GA 31902-2491

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$65,850.00

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

WBZ-TV
PO BOX 33089
NEWARK NJ 07188-0089

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$40,570.50

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

WCVB
PO BOX 90026
PRESCOTT AZ 86304-9026

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$22,185.00

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

WELCH ALLYN INC
4341 STATE STREET ROAD
SKANEATELES FALLS NY 13153

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$1,396.13

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

WINDSTREAM HOLDINGS, INC.
P.O. BOX 9001013
LOUISVILLE KY 40290-1013

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$11,723.18

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

WORCESTER BUSINESS JOURNAL
172 SHREWSBURY STREET
WORCESTER MA 01604

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$1,025.00

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

WORCESTER ELEVATOR CO., INC.
4 SOUTHBRIDGE STREET
AUBURN MA 01501

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$937.00

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

WPRI
P.O. BOX 403911
ATLANTA GA 30384-3911

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$11,200.00

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

WROR-FM
PO BOX 2491
COLOMBUS GA 31902-2491

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$19,200.00

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

WSBK-TV
PO BOX 13857
NEWARK NJ 07188-0857

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$3,051.50

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

WZLX-FM
PO BOX 33197
NEWARK NJ 07188

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$205.00

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

YATCO, INC.
446 LINCOLN STREET
WORCESTER MA 01605

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$2,627.52

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

TRADE DEBT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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

YESENIA CRUZ
Address Intentionally Omitted

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

☐ Contingent
☐ Unliquidated
☐ Disputed

Amount of claim

$143.06

Date or dates debt was incurred

1/1/20 - 6/20/20

Basis for the claim:

EMPLOYEE REIMBURSEMENT

Last 4 digits of account number:

Is the claim subject to offset?

☑ No
☐ Yes

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
TUNE ENTREKIN & WHITE PC JOSEPH P RUSNAK UBS TOWER STE 1700 315 DEADERICK ST NASHVILLE TN 37238	Part 2 line 3.40	_____

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

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.		$818,230.06
5b.	**Total claims from Part 2**	5b.	**+**	$747,667.00
5c.	**Total of Parts 1 and 2** Lines 5a + 5b = 5c.	5c.		$1,565,897.06

Fill in this information to identify the case:

Debtor name: AdCare Hospital of Worcester, Inc.

United States Bankruptcy Court for the: District of Delaware

Case number (if known): 20-11640

☐ 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.	**Title of contract**	PARTNERSHIP PROPOSAL	98.5 THE SPORTS HUB BEASLEY MEDIA GROUP 55 WILLIAM T MORRISSEY BLVD BOSTON MA 02125
	State what the contract or lease is for	MARKETING AGREEMENT (RADIO SPOTS)	
	Nature of debtor's interest	CONTRACT PARTY	
	State the term remaining	12/31/2021	
	List the contract number of any government contract	_____	
2.2.	**Title of contract**	MARKETING AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	MARKETING AGREEMENT (RADIO SPOTS)	
	Nature of debtor's interest	CONTRACT PARTY	98.5 THE SPORTS HUB (PATRIOTS RADIO) BEASLEY MEDIA GROUP 55 WILLIAM T MORRISSEY BLVD BOSTON MA 02125
	State the term remaining	12/31/2021	
	List the contract number of any government contract	_____	
2.3.	**Title of contract**	INSURANCE	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	MEDICAL LAB PROF. LIABILITY / LAB ERRORS & OMISSIONS INSURANCE - POLICY NO. EO000035289-04	
	Nature of debtor's interest	INSURED	ADMIRAL INSURANCE COMPANY 6455 E. JOHNS CROSSING #325 DULUTH GA 30097
	State the term remaining	OCTOBER 3, 2020	
	List the contract number of any government contract	_____	

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

2.4.	**Title of contract**	LEASE	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	LEASE OF 14 BEACON STREET, SUITE 801, BOSTON, MA 02108	
	Nature of debtor's interest	CONTRACT PARTY	AMERICAN CONGREGATIONAL ASSOCIATION 14 BEACON STREET BOSTON MA 02108
	State the term remaining	10/31/2019	
	List the contract number of any government contract	_____	
2.5.	**Title of contract**	INSURANCE	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	PROPERTY INSURANCE - POLICY NO. 18257085	
	Nature of debtor's interest	INSURED	AMERICAN HOME ASSURANCE COMPANY (AIG) 175 WATER STREET 18TH FLOOR NEW YORK NY 10038
	State the term remaining	AUGUST 1, 2020	
	List the contract number of any government contract	_____	
2.6.	**Title of contract**	JANITORIAL SERVICES AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SERVICES AGREEMENT - CLEANING SERVICES	
	Nature of debtor's interest	CONTRACT PARTY	ANA'S COMMERCIAL & RESIDENTIAL CLEANING SERVICES, LLC 19 VIALL STREET NEW BEDFORD MA 02744
	State the term remaining	11/29/2020	
	List the contract number of any government contract	_____	
2.7.	**Title of contract**	AGREEMENT FOR DURABLE MEDICAL EQUIPMENT AND OXYGEN	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SERVICE/EQUIPMENT CONTRACT	
	Nature of debtor's interest	CONTRACT PARTY	APPLE HOMECARE ATTN: JONI J. MILLUZZO, CEO & PRESIDENT 41 REDEMPTION ROCK TRAIL STERLING MA 01564
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.8.	**Title of contract**	INSURANCE	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	2ND EXCESS UMBRELLA LIABILITY INSURANCE - POLICY NO. UFE0063519-01	
	Nature of debtor's interest	INSURED	ARCH CAPITAL GROUP ONE LIBERTY PLAZA 53RD FLOOR NEW YORK NY 10006
	State the term remaining	JUNE 1, 2021	
	List the contract number of any government contract	_____	

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

2.9.	**Title of contract**	LEASE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	LEASE OF OFFICE BUILDING AT 19 COURT STREET, TAUNTON, MA	
	Nature of debtor's interest	CONTRACT PARTY	ARRUDA, RICHARD M Address Intentionally Omitted
	State the term remaining	9/30/2016	
	List the contract number of any government contract	_____	
2.10.	**Title of contract**	PHYSICIAN SERVICES AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	PHYSICIAN SERVICES CONTRACT	
	Nature of debtor's interest	CONTRACT PARTY	BAILEY, GENIE L., M.D. 386 STANLEY ST. FALL RIVER MA 02720
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.11.	**Title of contract**	ANNUAL REVISED CONTRACT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	MARKETING AGREEMENT (RADIO ADVERTISEMENT)	
	Nature of debtor's interest	CONTRACT PARTY	BEASLEY MEDIA GROUP LLC (WBZ) WBOSFM WBQTFM WBZFMWKLBFM WRORFM 55 WILLIAM T MORRISSEY BLVD BOSTON MA 02125
	State the term remaining	12/27/2020	
	List the contract number of any government contract	_____	
2.12.	**Title of contract**	INSURANCE	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	1ST EXCESS UMBRELLA LIABILITY INSURANCE - POLICY NO. W275CB200201	
	Nature of debtor's interest	INSURED	BEAZELY USA (LLOYDS OF LONDON) 630 N. GREENWOOD DRIVE PALATINE IL 60074
	State the term remaining	JUNE 1, 2021	
	List the contract number of any government contract	_____	
2.13.	**Title of contract**	INSURANCE	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	CYBER INSURANCE - POLICY NO. W1BB0C200501	
	Nature of debtor's interest	INSURED	BEAZLEY GROUP (LLOYDS OF LONDON) 6 CONCOURSE PARKWAY NE SUITE 2800 ATLANTA GA 30328
	State the term remaining	JUNE 9, 2021	
	List the contract number of any government contract	_____	

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

2.14.	**Title of contract**	SERVICE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SERVICE CONTRACT #36311US	
	Nature of debtor's interest	CONTRACT PARTY	BECKMAN COULTER, INC. 250 S. KRAEMER BLVD. BREA CA 92821
	State the term remaining	3/9/2019	
	List the contract number of any government contract	_____	
2.15.	**Title of contract**	SERVICE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SERVICE QUOTE #28461670	
	Nature of debtor's interest	CONTRACT PARTY	BECKMAN COULTER, INC. 250 S. KRAEMER BLVD. BREA CA 92821
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.16.	**Title of contract**	SCHEDULED MAINTENANCE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SERVICES AGREEMENT (GENERATOR MAINTENANCE)	
	Nature of debtor's interest	CONTRACT PARTY	BIGELOW ELECTRICAL COMPANY, INC. 1 PULLMAN STREET PO BOX 60268 WORCESTER MA 01606-0268
	State the term remaining	4/12/2021	
	List the contract number of any government contract	_____	
2.17.	**Title of contract**	SERVICE AGREEMENT - NON-HAZARDOUS WASTE	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SERVICE CONTRACT	
	Nature of debtor's interest	CONTRACT PARTY	BP TRUCKING, INC. P.O. BOX 386 ASHLAND MA 07121
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.18.	**Title of contract**	PHYSICIAN SERVICES AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	PHYSICIAN SERVICES AGREEMENT	
	Nature of debtor's interest	CONTRACT PARTY	BRUDNIAK, MARK M. D. Address Intentionally Omitted
	State the term remaining	_____	
	List the contract number of any government contract	_____	

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

2.19.	**Title of contract**	GENERAL CONTRACT FOR SERVICES	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SERVICE CONTRACT	
	Nature of debtor's interest	CONTRACT PARTY	CENTURY HOMECARE, LLC ATTN: MILKA NJOROGE, CEO 65 WATER STREET WORCESTER MA 01604
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.20.	**Title of contract**	MARKETING AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	MARKETING AGREEMENT	
	Nature of debtor's interest	CONTRACT PARTY	COMCAST COMCAST HEADQUARTERS COMCAST CENTER 1701 JFK BLVD PHILADELPHIA PA 19103
	State the term remaining	12/27/2020	
	List the contract number of any government contract	_____	
2.21.	**Title of contract**	PROFESSIONAL SERVICE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	PHYSICIAN/CNS/NURSE/CASE MANAGERS/DISCHARGE PLANNERS CONTRACT	
	Nature of debtor's interest	CONTRACT PARTY	COMMUNITY CARE ALLIANCE, INC. ATTN: BENEDICT F. LESSING, JR., MSW, PRESIDENT 800 CLINTON STREET WOONSOCKET RI 02895
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.22.	**Title of contract**	GENERAL SUPPORT AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SERVICES AGREEMENT - SYSTEM SUPPORT & HARDWARE MAINTENANCE SERVICES	
	Nature of debtor's interest	CONTRACT PARTY	COMPUTER PROGRAMS & SYSTEMS, INC. 6600 WALL STREET MOBILE AL 36695
	State the term remaining	9/30/2024	
	List the contract number of any government contract	_____	
2.23.	**Title of contract**	ELECTRICITY SUPPLY AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SERVICES AGREEMENT - FACILITY MAINTENANCE SERVICES -ELECTRICAL	
	Nature of debtor's interest	CONTRACT PARTY	CONSTELLATION NEWENERGY, INC. ATTN: CONTRACTS ADMINISTRATION 1221 LAMAR STREET SUITE 750 HOUSTON TX 77010
	State the term remaining	_____	
	List the contract number of any government contract	_____	

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

2.24.	**Title of contract**	MARKETING AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SERVICE CONTRACT - MARKETING (TV ADVERTISING)	
	Nature of debtor's interest	CONTRACT PARTY	COX MEDIA, LLC COX COMMUNICATIONS INC PO BOX 50464 LOS ANGELES CA 90074-0464
	State the term remaining	9/1/2020	
	List the contract number of any government contract	_____	
2.25.	**Title of contract**	ADDENDUM TO INDENTURE OF LEASE	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	REAL ESTATE - LEASED PREMISES 117 PARK AVENUE, WEST SPRINGFIELD, MA	
	Nature of debtor's interest	LESSEE	COYOTE REALTY, LLC FKA C&GC REALTY, LLC 7 MOSHER STREET WEST SPRINGFIELD MA 01089
	State the term remaining	08/31/2020	
	List the contract number of any government contract	_____	
2.26.	**Title of contract**	SERVICE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SERVICE CONTRACT	
	Nature of debtor's interest	CONTRACT PARTY	CROTHALL FACILITIES MANAGEMENT, INC. 1500 LIBERTY RIDGE DRIVE SUITE 210 WAYNE PA 19087
	State the term remaining	6/20/2022	
	List the contract number of any government contract	_____	
2.27.	**Title of contract**	LEASE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	EQUIPMENT LEASE CONTRACT	
	Nature of debtor's interest	LESSEE	DEX IMAGING 60 RACHEL DRIVE NASHVILLE TN 37214
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.28.	**Title of contract**	SERVICES AGREEMENT - FACILITY MAINTENANCE SERVICES	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SERVICES AGREEMENT - FACILITY MAINTENANCE SERVICES (ELECTRICITY)	
	Nature of debtor's interest	CONTRACT PARTY	DIRECT ENERGY BUSINESS ATTN: CUSTOMER SERVICE MANAGER 1001 LIBERTY AVENUE PITTSBURGH PA 15222
	State the term remaining	11/30/2021	
	List the contract number of any government contract	_____	

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

2.29.	**Title of contract**	COMMODITY MASTER AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SERVICES AGREEMENT - FACILITY MAINTENANCE SERVICES (NATURAL GAS)	
	Nature of debtor's interest	CONTRACT PARTY	DIRECT ENERGY BUSINESS ATTN: CUSTOMER SERVICE MANAGER 1001 LIBERTY AVENUE PITTSBURGH PA 15222
	State the term remaining	11/30/2020	
	List the contract number of any government contract		
2.30.	**Title of contract**	SUMMARY OF CLEANING SERVICES	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SERVICES AGREEMENT - CLEANING SERVICES	
	Nature of debtor's interest	CONTRACT PARTY	EAGLE CLEANING CORPORATION 997 MILLBURY STREET SUITE A WORCESTER MA 01607
	State the term remaining		
	List the contract number of any government contract		
2.31.	**Title of contract**	SERVICES AGREEMENT - LAWN CARE SERVICES	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SERVICES AGREEMENT - LAWN CARE SERVICES	
	Nature of debtor's interest	CONTRACT PARTY	EVERGREEN LAWN MAINTENANCE & LANDSCAPE CORP 66A KING STREET LEICESTER MA 01524
	State the term remaining	11/30/2021	
	List the contract number of any government contract		
2.32.	**Title of contract**	AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SERVICES CONTRACT	
	Nature of debtor's interest	CONTRACT PARTY	FOOD MANAGEMENT GROUP, INC. 11770 HAYNES BRIDGE RD STE 205-538 ALPHARETTA GA 30004
	State the term remaining		
	List the contract number of any government contract		
2.33.	**Title of contract**	INSURANCE	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	AVIATION (DRONE) INSURANCE - POLICY NO. 9005220	
	Nature of debtor's interest	INSURED	GLOBAL AEROSPACE, INC. 3399 PEACHTREE ROAD #1100 ATLANTA GA 30326
	State the term remaining	SEPTEMBER 14, 2020	
	List the contract number of any government contract		

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

2.34.	**Title of contract**	OFFICE LEASE	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	REAL ESTATE - LEASED PREMISES 50 CONGRESS STREET, 4TH FLOOR, BOSTON, MA 02109	
	Nature of debtor's interest	LESSEE	GRE CONGRESS STREET C/O JUMBO CAPITAL MANAGEMENT, LLC 1900 CROWN COLONY DRIVE 4TH FLOOR QUINCY MA 02169
	State the term remaining	09/30/2028	
	List the contract number of any government contract		
2.35.	**Title of contract**	HOBART SERVICE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SERVICES AGREEMENT - FACILITY MAINTENANCE SERVICES (EQUIPMENT MAINTENANCE & INSPECTION)	
	Nature of debtor's interest	CONTRACT PARTY	HOBART HOBART SERVICE ITW FOOD EQUIPMENT GROUP LLC PO BOX 2517 CAROL STREAM IL 60132
	State the term remaining	1/23/2021	
	List the contract number of any government contract		
2.36.	**Title of contract**	INSURANCE	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	GENERAL LIABILITY / PROFESSIONAL LIABILITY INSURANCE - POLICY NO. 4078501	
	Nature of debtor's interest	INSURED	IRONSHORE SPECIALTY INSURANCE COMPANY (LIBERTY MUTUAL) P.O. BOX 34756 SEATTLE WA 98124
	State the term remaining	JUNE 1, 2021	
	List the contract number of any government contract		
2.37.	**Title of contract**	INSURANCE	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	MISCELLANEOUS MEDICAL PROFESSIONAL LIABILITY – EXCESS (UMBRELLA) INSURANCE - POLICY NO. 4078701	
	Nature of debtor's interest	INSURED	IRONSHORE SPECIALTY INSURANCE COMPANY (LIBERTY MUTUAL) P.O. BOX 34756 SEATTLE WA 98124
	State the term remaining	JUNE 1, 2021	
	List the contract number of any government contract		
2.38.	**Title of contract**	JANITECH CONTRACT CLEANING AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SERVICES AGREEMENT - CLEANING SERVICES	
	Nature of debtor's interest	CONTRACT PARTY	JANITECH CORPORATION 106 HIGH STREET CUMBERLAND RI 02864
	State the term remaining		
	List the contract number of any government contract		

2.39.	**Title of contract**	PROFESSIONAL SERVICES AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	CLINICAL & ADMINISTRATIVE SERVICES CONTRACT	
	Nature of debtor's interest	CONTRACT PARTY	LIANNE, INC. 21 COLONIAL DRIVE SHREWSBURY MA 01545
	State the term remaining	5/31/2020	
	List the contract number of any government contract	_____	
2.40.	**Title of contract**	COMMERCIAL BUILDING SUBLEASE	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	REAL ESTATE - LEASED PREMISES 107 LINCOLN STREET, WORCESTER MA	
	Nature of debtor's interest	LESSEE	LIANNE, INC. ATTN.: MOHAMMAD ALHABBAL, M.D. 21 COLONIAL DRIVE SHREWSBURY MA 01545
	State the term remaining	09/30/2020	
	List the contract number of any government contract	_____	
2.41.	**Title of contract**	MASTER LEASE	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	REAL ESTATE - LEASED PREMISES 95 LINCOLN STREET, WORCESTER, MA	
	Nature of debtor's interest	LESSEE	LINCOLN CATHARINE REALTY CORPORATION 107 LINCOLN STREET WORCESTER MA 01605
	State the term remaining	10/01/2020	
	List the contract number of any government contract	_____	
2.42.	**Title of contract**	COMMERCIAL LEASE	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	REAL ESTATE - LEASED PREMISES 1419 HANCOCK STREET, SUITES 300, 301A, 301B, 302, QUINCY, MA	
	Nature of debtor's interest	LESSEE	M & J REALTY, LLP 67 CODDINGTON STREET QUINCY MA 02169
	State the term remaining	11/30/2020	
	List the contract number of any government contract	_____	
2.43.	**Title of contract**	INSURANCE	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	EMPLOYMENT PRACTICES LIABILITY INSURANCE - POLICY NO. MKLM2MML000 420	
	Nature of debtor's interest	INSURED	MARKEL AMERICAN INSURANCE COMPANY 3650 MANSELL ROAD SUITE 440 ALPHARETTA GA 30022
	State the term remaining	JUNE 10, 2021	
	List the contract number of any government contract	_____	

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

2.44.	**Title of contract**	MOBILE X-RAY AND EKG SERVICES AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SERVICE CONTRACT	
	Nature of debtor's interest	CONTRACT PARTY	MOBILEX USA 920 RIDGEBROOK ROAD SPARKS MD 21152
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.45.	**Title of contract**	(PROFESSIONAL SERVICES) AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	PHYSICIAN SERVICES CONTRACT (PSYCHIATRIST)	
	Nature of debtor's interest	CONTRACT PARTY	MOHAMAD R. OCH, M.D. & ORGANIZATION Address Intentionally Omitted
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.46.	**Title of contract**	2020-21 PREVENTIVE MAINTENANCE CONTRACT FOR 95 LINCOLN STREET	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SERVICES AGREEMENT - FACILITY MAINTENANCE SERVICES (COOLING, HEATING, AND FILTERS)	
	Nature of debtor's interest	CONTRACT PARTY	MORRIS MECHANICAL SALES & SERVICE, INC. 19 PARKER STREET CLINTON MA 01510
	State the term remaining	2/3/2021	
	List the contract number of any government contract	_____	
2.47.	**Title of contract**	INSURANCE	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	D&O INSURANCE - POLICY NO. 01-940-12-09	
	Nature of debtor's interest	INSURED	NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA. (AIG) 175 WATER STREET 18TH FLOOR NEW YORK NY 10038
	State the term remaining	OCTOBER 2, 2020	
	List the contract number of any government contract	_____	
2.48.	**Title of contract**	INSURANCE	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	FIDELITY & CRIME INSURANCE - POLICY NO. 01-933-09-85	
	Nature of debtor's interest	INSURED	NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA. (AIG) 175 WATER STREET 18TH FLOOR NEW YORK NY 10038
	State the term remaining	OCTOBER 2, 2020	
	List the contract number of any government contract	_____	

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

2.49.	**Title of contract**	OFF SITE STORAGE CONTRACT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SERVICE CONTRACT - OFF SITE DOCUMENT STORAGE	
	Nature of debtor's interest	CONTRACT PARTY	NEW ENGLAND DOCUMENT SYSTEMS, INC. 750 EAST INDUSTRIAL PARK DR. MANCHESTER NH 03109
	State the term remaining	1/17/2021	
	List the contract number of any government contract	_____	
2.50.	**Title of contract**	(PROFESSIONAL SERVICES) AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	PHYSICIAN SERVICES CONTRACT	
	Nature of debtor's interest	CONTRACT PARTY	OCH, MOHAMAD R. M.D. Address Intentionally Omitted
	State the term remaining	12/16/2020	
	List the contract number of any government contract	_____	
2.51.	**Title of contract**	MASTER AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SERVICE CONTRACT	
	Nature of debtor's interest	CONTRACT PARTY	PITNEY BOWES P.O. BOX 371896 PITTSBURGH PA 15250-7896
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.52.	**Title of contract**	PITNEY BOWES LEASE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	_____	
	Nature of debtor's interest	LEASE FOR POSTAGE MACHINE	PITNEY BOWES 3001 SUMMER STREET STAMFORD CT 06926
	State the term remaining	UNKNOWN	
	List the contract number of any government contract	_____	
2.53.	**Title of contract**	MASSACHUSETTS NATURAL GAS FIRM COMMERCIAL SERVICE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SERVICE CONTRACT (NATURAL GAS)	
	Nature of debtor's interest	CONTRACT PARTY	PLYMOUTH ROCK PLYMOUTH ROCK ENERGY 920 RAILROAD AVE WOODMERE NY 11598
	State the term remaining	11/1/2022	
	List the contract number of any government contract	_____	

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

2.54. **Title of contract** BUSINESS ASSOCIATE/QSO AGREEMENT

State what the contract or lease is for SERVICE CONTRACT

Nature of debtor's interest CONTRACT PARTY

State the term remaining _____

List the contract number of any government contract _____

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

PRESCOTT PHARMACY LTC, INC.
100 GROVE STREET
SUITE B-12
WORCESTER MA 01605

2.55. **Title of contract** PHARMACY SERVICES AGREEMENT

State what the contract or lease is for SERVICE CONTRACT

Nature of debtor's interest CONTRACT PARTY

State the term remaining _____

List the contract number of any government contract _____

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

PRESCOTT PHARMACY LTC, INC.
ATTN: HAMID MOHAGHEGH
100 GROVE STREET
SUITE B-12
WORCESTER MA 01605

2.56. **Title of contract** ALARM INSTALLATION & MONITORING AGREEMENT

State what the contract or lease is for SERVICES AGREEMENT - SECURITY SERVICES/ALARM SERVICES

Nature of debtor's interest CONTRACT PARTY

State the term remaining _____

List the contract number of any government contract _____

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

PROTECTIVE SERVICES, INC.
50 MAIN STREET
CENTER PROFESSIONAL BUILDING
LUNENBURG MA 01462

2.57. **Title of contract** ALARM INSTALLATION & MONITORING AGREEMENT

State what the contract or lease is for SERVICES AGREEMENT - SECURITY SERVICES/ALARM SERVICES

Nature of debtor's interest CONTRACT PARTY

State the term remaining _____

List the contract number of any government contract _____

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

PROTECTIVE SERVICES, INC.
50 MAIN STREET
CENTER PROFESSIONAL BUILDING
LUNENBURG MA 01462

2.58. **Title of contract** ALARM INSTALLATION & MONITORING AGREEMENT

State what the contract or lease is for SERVICES AGREEMENT - SECURITY SERVICES/ALARM SERVICES

Nature of debtor's interest CONTRACT PARTY

State the term remaining _____

List the contract number of any government contract _____

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

PROTECTIVE SERVICES, INC.
50 MAIN STREET
CENTER PROFESSIONAL BUILDING
LUNENBURG MA 01462

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

2.59.	**Title of contract**	ALARM INSTALLATION & MONITORING AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SERVICES AGREEMENT - SECURITY SERVICES/ALARM SERVICES	
	Nature of debtor's interest	CONTRACT PARTY	PROTECTIVE SERVICES, INC. 50 MAIN STREET CENTER PROFESSIONAL BUILDING LUNENBURG MA 01462
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.60.	**Title of contract**	ALARM INSTALLATION & MONITORING AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SERVICES AGREEMENT - SECURITY SERVICES/ALARM SERVICES	
	Nature of debtor's interest	CONTRACT PARTY	PROTECTIVE SERVICES, INC. 50 MAIN STREET CENTER PROFESSIONAL BUILDING LUNENBURG MA 01462
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.61.	**Title of contract**	ALARM INSTALLATION & MONITORING AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SERVICES AGREEMENT - SECURITY SERVICES/ALARM SERVICES	
	Nature of debtor's interest	CONTRACT PARTY	PROTECTIVE SERVICES, INC. 50 MAIN STREET CENTER PROFESSIONAL BUILDING LUNENBURG MA 01462
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.62.	**Title of contract**	ALARM INSTALLATION & MONITORING AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SERVICES AGREEMENT - SECURITY SERVICES/ALARM SERVICES	
	Nature of debtor's interest	CONTRACT PARTY	PROTECTIVE SERVICES, INC. 50 MAIN STREET CENTER PROFESSIONAL BUILDING LUNENBURG MA 01462
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.63.	**Title of contract**	ALARM INSTALLATION & MONITORING AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SERVICES AGREEMENT - SECURITY SERVICES/ALARM SERVICES	
	Nature of debtor's interest	CONTRACT PARTY	PROTECTIVE SERVICES, INC. 50 MAIN STREET CENTER PROFESSIONAL BUILDING LUNENBURG MA 01462
	State the term remaining	_____	
	List the contract number of any government contract	_____	

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

2.64.	**Title of contract**	LABORATORY SERVICES AGREEMENT (HOSPITAL)	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SERVICE CONTRACT	
	Nature of debtor's interest	CONTRACT PARTY	QUEST DIAGNOSTICS, LLC ATTN: REGIONAL VICE PRESIDENT, OPERATIONS 200 FOREST STREET MARLBOROUGH MA 01752
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.65.	**Title of contract**	SUBSTANCE ABUSE TESTING SERVICES AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SERVICE CONTRACT	
	Nature of debtor's interest	CONTRACT PARTY	QUEST DIAGNOSTICS, LLC ATTN: REGIONAL VICE PRESIDENT, OPERATIONS 200 FOREST STREET MARLBOROUGH MA 01752
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.66.	**Title of contract**	PHYSICIAN CREDENTIALING AND PRIVILEGING AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SERVICE CONTRACT (TELEMEDICINE)	
	Nature of debtor's interest	CONTRACT PARTY	RELY RADIOLOGY 1620 NORTHWEST BLVD SUITE 301 COEUR D'ALENE ID 83814
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.67.	**Title of contract**	PARTNERSHIP PROPOSAL	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	MARKETING AGREEMENT (RADIO ADVERTISEMENT)	
	Nature of debtor's interest	CONTRACT PARTY	ROCK 92.9 55 MORRISSEY BLVD DORCHESTER MA 02125
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.68.	**Title of contract**	INSURANCE	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	D&O INSURANCE - POLICY NO. NHS669565	
	Nature of debtor's interest	INSURED	RSUI INDEMNITY COMPANY 945 EAST PACES FERRY ROAD NE SUITE 1800 ATLANTA GA 30326
	State the term remaining	OCTOBER 2, 2020	
	List the contract number of any government contract	_____	

2.69.	**Title of contract**	CUSTOMER SERVICE AGREEMENT	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SERVICE CONTRACT	
	Nature of debtor's interest	CONTRACT PARTY	SHRED-IT 2C GILL ST WOBURN MA 01801
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.70.	**Title of contract**	INSURANCE	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	COMMERCIAL AUTO INSURANCE - POLICY NO. BAP-0297373-03	
	Nature of debtor's interest	INSURED	STEADFAST INSURANCE (ZURICH AMERICAN) 1400 AMERICAN LANE SCHAUMBURG IL 60196
	State the term remaining	JUNE 1, 2021	
	List the contract number of any government contract	_____	
2.71.	**Title of contract**	_____	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	_____	
	Nature of debtor's interest	CONTRACT PARTY	STERICYCLE, INC. P.O. BOX 6582 CAROL STREAM IL 60197-6582
	State the term remaining	_____	
	List the contract number of any government contract	_____	
2.72.	**Title of contract**	INSURANCE	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	ENVIRONMENTAL STORAGE TANK INSURANCE - POLICY NO. PPK2059719	
	Nature of debtor's interest	INSURED	TOKIO MARINE SPECIALTY INSURANCE COMPANY 840 CRESCENT CENTRE DRIVE #180 FRANKLIN TN 37067
	State the term remaining	NOVEMBER 7, 2020	
	List the contract number of any government contract	_____	
2.73.	**Title of contract**	INSURANCE	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	FIDUCIARY LIABILITY INSURANCE - POLICY NO. 106602890	
	Nature of debtor's interest	INSURED	TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA P.O. BOX 660317 DALLAS TX 75266-0317
	State the term remaining	OCTOBER 2, 2020	
	List the contract number of any government contract	_____	

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

2.74. **Title of contract** MASTER SERVICES AGREEMENT

State what the contract or lease is for SERVICES AGREEMENT - LICENSE/SUBSCRIPTION AGREEMENT (REVENUE MANAGEMENT CYCLE SOFTWARE)

Nature of debtor's interest CONTRACT PARTY

State the term remaining 1/31/2023

List the contract number of any government contract _____

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

TRUBRIDGE, LLC
3725 AIRPORT BOULEVARD
SUITE 208A
MOBILE AL 36608

2.75. **Title of contract** SERVICE AGREEMENT

State what the contract or lease is for SERVICE CONTRACT (LINENS)

Nature of debtor's interest CONTRACT PARTY

State the term remaining _____

List the contract number of any government contract _____

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

ULS OF NEW ENGLAND
65 MANCHESTER STREET
LAWRENCE MA 01841

2.76. **Title of contract** OUTCOMES RESEARCH AGREEMENT

State what the contract or lease is for SERVICE CONTRACT

Nature of debtor's interest CONTRACT PARTY

State the term remaining _____

List the contract number of any government contract _____

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

VISTA RESEARCH GROUP, INC.
ATTN: JOANNA L. CONTI, CEO
1332 CAPE ST. CLAIRE RD,#656
ANNAPOLIS MD 21409

2.77. **Title of contract** CUSTOMER AGREEMENT

State what the contract or lease is for SERVICE CONTRACT

Nature of debtor's interest CONTRACT PARTY

State the term remaining _____

List the contract number of any government contract _____

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

VITAL EMS
ATTN: RANDY JUSSEAUME,
REGIONAL DIRECTOR
1013 MAIN ST.
WORCESTER MD 01603

2.78. **Title of contract** FIFTH AMENDMENT TO LEASE

State what the contract or lease is for REAL ESTATE - LEASED PREMISES WARWICK MEDICAL BUILDING, 400 BALD HILL ROAD, WARWICK, RI 02886

Nature of debtor's interest LESSEE

State the term remaining 07/14/2020

List the contract number of any government contract _____

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

WARWICK PROFESSIONAL
BUILDING, LLC
10 NORTH MAIN STREET
P.O. BOX 2516
FALL RIVER MA 02722

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

2.79.	**Title of contract**	ELEVATOR MAINTENANCE PROPOSAL	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	SERVICES AGREEMENT - FACILITY MAINTENANCE SERVICES (ELEVATORS)	
	Nature of debtor's interest	CONTRACT PARTY	WORCESTER ELEVATOR CO, INC. 4 SOUTHBRIDGE STREET AUBURN MA 01501
	State the term remaining	1/31/2021	
	List the contract number of any government contract	_____	
2.80.	**Title of contract**	ANNUAL JAN-DEC 2020 FINAL	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	MARKETING AGREEMENT (RADIO ADVERTISEMENT)	
	Nature of debtor's interest	CONTRACT PARTY	WPRI 55 MORRISSEY BLVD DORCHESTER MA 02125
	State the term remaining	12/27/2020	
	List the contract number of any government contract	_____	
2.81.	**Title of contract**	INSURANCE	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	FLOOD (BUILDING CONTENTS) INSURANCE - POLICY NO. 09-1151879863-00	
	Nature of debtor's interest	INSURED	WRIGHT NATIONAL FLOOD INSURANCE COMPANY P.O. BOX 33064 ST. PETERSBURG FL 33733
	State the term remaining	AUGUST 3, 2020	
	List the contract number of any government contract	_____	
2.82.	**Title of contract**	INSURANCE	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	FLOOD (BUILDING CONTENTS) INSURANCE - POLICY NO. 09-1151897164-00	
	Nature of debtor's interest	INSURED	WRIGHT NATIONAL FLOOD INSURANCE COMPANY P.O. BOX 33064 ST. PETERSBURG FL 33733
	State the term remaining	SEPTEMBER 30, 2020	
	List the contract number of any government contract	_____	
2.83.	**Title of contract**	INSURANCE	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	FLOOD (BUILDING CONTENTS) INSURANCE - POLICY NO. 09-1151897167-00	
	Nature of debtor's interest	INSURED	WRIGHT NATIONAL FLOOD INSURANCE COMPANY P.O. BOX 33064 ST. PETERSBURG FL 33733
	State the term remaining	SEPTEMBER 30, 2020	
	List the contract number of any government contract	_____	

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

2.84.	**Title of contract**	INSURANCE	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	FLOOD (BUILDING CONTENTS) INSURANCE - POLICY NO. 09-1151897168-00	
	Nature of debtor's interest	INSURED	WRIGHT NATIONAL FLOOD INSURANCE COMPANY P.O. BOX 33064 ST. PETERSBURG FL 33733
	State the term remaining	SEPTEMBER 30, 2020	
	List the contract number of any government contract	_____	
2.85.	**Title of contract**	INSURANCE	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	D&O INSURANCE - POLICY NO. ELU146665-16	
	Nature of debtor's interest	INSURED	XL SPECIALTY INSURANCE COMPANY 20 N. MARTINGALE ROAD # 200 SCHAUMBURG IL 60173
	State the term remaining	OCTOBER 2, 2020	
	List the contract number of any government contract	_____	
2.86.	**Title of contract**	INSURANCE	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	WORKERS' COMPENSATION (RETRO) INSURANCE - POLICY NO. WC 1070390-03	
	Nature of debtor's interest	INSURED	ZURICH AMERICAN INSURANCE COMPANY 1299 ZURICH WAY ZAIC SCHAUMBURG IL 60196
	State the term remaining	JUNE 1, 2021	
	List the contract number of any government contract	_____	
2.87.	**Title of contract**	INSURANCE	**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
	State what the contract or lease is for	WORKERS' COMPENSATION INSURANCE - POLICY NO. WC 0297371-03	
	Nature of debtor's interest	INSURED	ZURICH AMERICAN INSURANCE COMPANY 1299 ZURICH WAY ZAIC SCHAUMBURG IL 60196
	State the term remaining	JUNE 1, 2021	
	List the contract number of any government contract	_____	

Fill in this information to identify the case:

Debtor name: AdCare Hospital of Worcester, Inc.

United States Bankruptcy Court for the: District of Delaware

Case number (if known): 20-11640

☐ 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.	AAC DALLAS OUTPATIENT CENTER, LLC	2301 AVENUE J ARLINGTON TX 76006	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☑ D ☐ E/F ☐ G
2.2.	AAC DALLAS OUTPATIENT CENTER, LLC	2301 AVENUE J ARLINGTON TX 76006	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☑ D ☐ E/F ☐ G
2.3.	AAC HEALTHCARE NETWORK, INC.	200 POWELL PLACE BRENTWOOD TN 37027	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☑ D ☐ E/F ☐ G
2.4.	AAC HEALTHCARE NETWORK, INC.	200 POWELL PLACE BRENTWOOD TN 37027	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☑ D ☐ E/F ☐ G
2.5.	AAC HOLDINGS, INC.	200 POWELL PLACE BRENTWOOD TN 37027	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☑ D ☐ E/F ☐ G
2.6.	AAC HOLDINGS, INC.	200 POWELL PLACE BRENTWOOD TN 37027	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☑ D ☐ E/F ☐ G

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

	Column 1: Codebtor		Column 2: Creditor	
	Name	**Mailing address**	**Name**	*Check all schedules that apply:*
2.7.	AAC LAS VEGAS OUTPATIENT CENTER, LLC	3441 S EASTERN AVENUE LAS VEGAS NV 89169	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☑ D ☐ E/F ☐ G
2.8.	AAC LAS VEGAS OUTPATIENT CENTER, LLC	3441 S EASTERN AVENUE LAS VEGAS NV 89169	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☑ D ☐ E/F ☐ G
2.9.	ADCARE RHODE ISLAND, INC.	107 LINCOLN STREET WORCESTER MA 01605	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☑ D ☐ E/F ☐ G
2.10.	ADCARE RHODE ISLAND, INC.	107 LINCOLN STREET WORCESTER MA 01605	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☑ D ☐ E/F ☐ G
2.11.	ADCARE, INC.	107 LINCOLN STREET WORCESTER MA 01605	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☑ D ☐ E/F ☐ G
2.12.	ADCARE, INC.	107 LINCOLN STREET WORCESTER MA 01605	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☑ D ☐ E/F ☐ G
2.13.	ADDICTION LABS OF AMERICA, LLC	500 WILSON PIKE CIRCLE SUITE 360 BRENTWOOD TN 37027	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☑ D ☐ E/F ☐ G
2.14.	ADDICTION LABS OF AMERICA, LLC	500 WILSON PIKE CIRCLE SUITE 360 BRENTWOOD TN 37027	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☑ D ☐ E/F ☐ G
2.15.	AMERICAN ADDICTION CENTERS, INC.	200 POWELL PLACE BRENTWOOD TN 37027	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☑ D ☐ E/F ☐ G
2.16.	AMERICAN ADDICTION CENTERS, INC.	200 POWELL PLACE BRENTWOOD TN 37027	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☑ D ☐ E/F ☐ G
2.17.	BEHAVIORAL HEALTHCARE REALTY, LLC	200 POWELL PLACE BRENTWOOD TN 37027	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☑ D ☐ E/F ☐ G

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

	Column 1: Codebtor		Column 2: Creditor	
	Name	**Mailing address**	**Name**	*Check all schedules that apply:*
2.18.	BEHAVIORAL HEALTHCARE REALTY, LLC	200 POWELL PLACE BRENTWOOD TN 37027	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☑ D ☐ E/F ☐ G
2.19.	BHR ALISO VIEJO REAL ESTATE, LLC	200 POWELL PLACE BRENTWOOD TN 37027	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☑ D ☐ E/F ☐ G
2.20.	BHR ALISO VIEJO REAL ESTATE, LLC	200 POWELL PLACE BRENTWOOD TN 37027	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☑ D ☐ E/F ☐ G
2.21.	BHR GREENHOUSE REAL ESTATE, LLC	200 POWELL PLACE BRENTWOOD TN 37027	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☑ D ☐ E/F ☐ G
2.22.	BHR GREENHOUSE REAL ESTATE, LLC	200 POWELL PLACE BRENTWOOD TN 37027	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☑ D ☐ E/F ☐ G
2.23.	BHR OXFORD REAL ESTATE, LLC	200 POWELL PLACE BRENTWOOD TN 37027	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☑ D ☐ E/F ☐ G
2.24.	BHR OXFORD REAL ESTATE, LLC	200 POWELL PLACE BRENTWOOD TN 37027	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☑ D ☐ E/F ☐ G
2.25.	BHR RINGWOOD REAL ESTATE, LLC	200 POWELL PLACE BRENTWOOD TN 37027	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☑ D ☐ E/F ☐ G
2.26.	BHR RINGWOOD REAL ESTATE, LLC	200 POWELL PLACE BRENTWOOD TN 37027	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☑ D ☐ E/F ☐ G
2.27.	CONCORDE REAL ESTATE, LLC	200 POWELL PLACE BRENTWOOD TN 37027	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☑ D ☐ E/F ☐ G

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

	Column 1: Codebtor		Column 2: Creditor	
	Name	**Mailing address**	**Name**	*Check all schedules that apply:*
2.28.	CONCORDE REAL ESTATE, LLC	200 POWELL PLACE BRENTWOOD TN 37027	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☑ D ☐ E/F ☐ G
2.29.	CONCORDE TREATMENT CENTER, LLC	2465 EAST TWAIN AVENUE LAS VEGAS NV 89121	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☑ D ☐ E/F ☐ G
2.30.	CONCORDE TREATMENT CENTER, LLC	2465 EAST TWAIN AVENUE LAS VEGAS NV 89121	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☑ D ☐ E/F ☐ G
2.31.	FORTERUS HEALTH CARE SERVICES, INC.	200 POWELL PLACE BRENTWOOD TN 37027	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☑ D ☐ E/F ☐ G
2.32.	FORTERUS HEALTH CARE SERVICES, INC.	200 POWELL PLACE BRENTWOOD TN 37027	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☑ D ☐ E/F ☐ G
2.33.	GRAND PRAIRIE PROFESSIONAL GROUP, P.A.	1171 107TH STREET SUITE A GRAND PRAIRIE TX 75050	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☑ D ☐ E/F ☐ G
2.34.	GRAND PRAIRIE PROFESSIONAL GROUP, P.A.	1171 107TH STREET SUITE A GRAND PRAIRIE TX 75050	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☑ D ☐ E/F ☐ G
2.35.	GREEN HILL REALTY CORPORATION	107 LINCOLN STREET WORCESTER MA 01605	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☑ D ☐ E/F ☐ G
2.36.	GREEN HILL REALTY CORPORATION	107 LINCOLN STREET WORCESTER MA 01605	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☑ D ☐ E/F ☐ G
2.37.	GREENHOUSE TREATMENT CENTER, LLC	1171 107TH STREET SUITE A GRAND PRAIRIE TX 75050	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☑ D ☐ E/F ☐ G
2.38.	GREENHOUSE TREATMENT CENTER, LLC	1171 107TH STREET SUITE A GRAND PRAIRIE TX 75050	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☑ D ☐ E/F ☐ G

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

	Column 1: Codebtor		Column 2: Creditor	
	Name	**Mailing address**	**Name**	*Check all schedules that apply:*
2.39.	LAGUNA TREATMENT HOSPITAL, LLC	24552 PACIFIC PARK DRIVE ALISO VIEJO CA 92656	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☑ D ☐ E/F ☐ G
2.40.	LAGUNA TREATMENT HOSPITAL, LLC	24552 PACIFIC PARK DRIVE ALISO VIEJO CA 92656	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☑ D ☐ E/F ☐ G
2.41.	LAS VEGAS PROFESSIONAL GROUP - CALARCO, P.C.	2465 E TWAIN AVENUE SUITE 100 LAS VEGAS NV 89121	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☑ D ☐ E/F ☐ G
2.42.	LAS VEGAS PROFESSIONAL GROUP - CALARCO, P.C.	2465 E TWAIN AVENUE SUITE 100 LAS VEGAS NV 89121	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☑ D ☐ E/F ☐ G
2.43.	LINCOLN CATHARINE REALTY CORPORATION	107 LINCOLN STREET WORCESTER MA 01605	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☑ D ☐ E/F ☐ G
2.44.	LINCOLN CATHARINE REALTY CORPORATION	107 LINCOLN STREET WORCESTER MA 01605	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☑ D ☐ E/F ☐ G
2.45.	NEW JERSEY ADDICTION TREATMENT CENTER, LLC	37 SUNSET INN ROAD LAFAYETTE NJ 07848	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☑ D ☐ E/F ☐ G
2.46.	NEW JERSEY ADDICTION TREATMENT CENTER, LLC	37 SUNSET INN ROAD LAFAYETTE NJ 07848	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☑ D ☐ E/F ☐ G
2.47.	OXFORD OUTPATIENT CENTER, LLC	611 COMMERCE PARKWAY OXFORD MS 38655	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☑ D ☐ E/F ☐ G
2.48.	OXFORD OUTPATIENT CENTER, LLC	611 COMMERCE PARKWAY OXFORD MS 38655	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☑ D ☐ E/F ☐ G

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

	Column 1: Codebtor		Column 2: Creditor	
	Name	**Mailing address**	**Name**	*Check all schedules that apply:*
2.49.	OXFORD PROFESSIONAL GROUP, P.C.	297 CR 244 SUITE 100 ETTA MS 38627	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☑ D ☐ E/F ☐ G
2.50.	OXFORD PROFESSIONAL GROUP, P.C.	297 CR 244 SUITE 100 ETTA MS 38627	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☑ D ☐ E/F ☐ G
2.51.	OXFORD TREATMENT CENTER, LLC	297 CR 244 SUITE 100 ETTA MS 38627	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☑ D ☐ E/F ☐ G
2.52.	OXFORD TREATMENT CENTER, LLC	297 CR 244 SUITE 100 ETTA MS 38627	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☑ D ☐ E/F ☐ G
2.53.	PALM BEACH PROFESSIONAL GROUP, PROFESSIONAL CORPORATION	12012 BOYETTE ROAD SUITE A RIVERVIEW FL 33569	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☑ D ☐ E/F ☐ G
2.54.	PALM BEACH PROFESSIONAL GROUP, PROFESSIONAL CORPORATION	12012 BOYETTE ROAD SUITE A RIVERVIEW FL 33569	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☑ D ☐ E/F ☐ G
2.55.	PONTCHARTRAIN MEDICAL GROUP, A PROFESSIONAL CORPORATION	2014 W PINHOOK ROAD SUITE 301 LAFAYETTE LA 70508	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☑ D ☐ E/F ☐ G
2.56.	PONTCHARTRAIN MEDICAL GROUP, A PROFESSIONAL CORPORATION	2014 W PINHOOK ROAD SUITE 301 LAFAYETTE LA 70508	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☑ D ☐ E/F ☐ G
2.57.	RECOVERY BRANDS, LLC	517 4TH AVENUE SUITE 401 SAN DIEGO CA 92101	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☑ D ☐ E/F ☐ G
2.58.	RECOVERY BRANDS, LLC	517 4TH AVENUE SUITE 401 SAN DIEGO CA 92101	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☑ D ☐ E/F ☐ G
2.59.	RECOVERY FIRST OF FLORIDA, LLC	4110 DAVIE ROAD EXTENSION SUITE 203 HOLLYWOOD FL 33024	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☑ D ☐ E/F ☐ G

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

	Column 1: Codebtor		Column 2: Creditor	
	Name	**Mailing address**	**Name**	*Check all schedules that apply:*
2.60.	RECOVERY FIRST OF FLORIDA, LLC	4110 DAVIE ROAD EXTENSION SUITE 203 HOLLYWOOD FL 33024	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☑ D ☐ E/F ☐ G
2.61.	REFERRAL SOLUTIONS GROUP, LLC	517 4TH AVENUE SUITE 401 SAN DIEGO CA 92101	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☑ D ☐ E/F ☐ G
2.62.	REFERRAL SOLUTIONS GROUP, LLC	517 4TH AVENUE SUITE 401 SAN DIEGO CA 92101	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☑ D ☐ E/F ☐ G
2.63.	RI - CLINICAL SERVICES, LLC	11 KING CHARLES DRIVE SUITE A2 PORTSMOUTH RI 02871	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☑ D ☐ E/F ☐ G
2.64.	RI - CLINICAL SERVICES, LLC	11 KING CHARLES DRIVE SUITE A2 PORTSMOUTH RI 02871	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☑ D ☐ E/F ☐ G
2.65.	RIVER OAKS TREATMENT CENTER, LLC	12012 BOYETTE ROAD RIVERVIEW FL 33569	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☑ D ☐ E/F ☐ G
2.66.	RIVER OAKS TREATMENT CENTER, LLC	12012 BOYETTE ROAD RIVERVIEW FL 33569	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☑ D ☐ E/F ☐ G
2.67.	SAGENEX DIAGNOSTICS LABORATORY, LLC	3042 GAUSE BLVD EAST SLIDELL LA 70461	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☑ D ☐ E/F ☐ G
2.68.	SAGENEX DIAGNOSTICS LABORATORY, LLC	3042 GAUSE BLVD EAST SLIDELL LA 70461	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☑ D ☐ E/F ☐ G
2.69.	SAN DIEGO ADDICTION TREATMENT CENTER, INC.	2456 E STREET SAN DIEGO CA 92102	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☑ D ☐ E/F ☐ G

Debtor **AdCare Hospital of Worcester, Inc.** Case number *(if known)* **20-11640**

	Column 1: Codebtor		Column 2: Creditor	
	Name	**Mailing address**	**Name**	*Check all schedules that apply:*
2.70.	SAN DIEGO ADDICTION TREATMENT CENTER, INC.	2456 E STREET SAN DIEGO CA 92102	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☑ D ☐ E/F ☐ G
2.71.	SAN DIEGO PROFESSIONAL GROUP, P.C.	24502 PACIFIC PARK DRIVE SUITE 101 ALISO VIEJO CA 92656	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☑ D ☐ E/F ☐ G
2.72.	SAN DIEGO PROFESSIONAL GROUP, P.C.	24502 PACIFIC PARK DRIVE SUITE 101 ALISO VIEJO CA 92656	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☑ D ☐ E/F ☐ G
2.73.	SOBER MEDIA GROUP, LLC	200 POWELL PLACE BRENTWOOD TN 37027	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☑ D ☐ E/F ☐ G
2.74.	SOBER MEDIA GROUP, LLC	200 POWELL PLACE BRENTWOOD TN 37027	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☑ D ☐ E/F ☐ G
2.75.	SOLUTIONS TREATMENT CENTER, LLC	2975 S RAINBOW BLVD LAS VEGAS NV 89146	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☑ D ☐ E/F ☐ G
2.76.	SOLUTIONS TREATMENT CENTER, LLC	2975 S RAINBOW BLVD LAS VEGAS NV 89146	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☑ D ☐ E/F ☐ G
2.77.	THE ACADEMY REAL ESTATE, LLC	200 POWELL PLACE BRENTWOOD TN 37027	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☑ D ☐ E/F ☐ G
2.78.	THE ACADEMY REAL ESTATE, LLC	200 POWELL PLACE BRENTWOOD TN 37027	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☑ D ☐ E/F ☐ G
2.79.	TOWER HILL REALTY, INC.	107 LINCOLN STREET WORCESTER MA 01605	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☑ D ☐ E/F ☐ G
2.80.	TOWER HILL REALTY, INC.	107 LINCOLN STREET WORCESTER MA 01605	ANKURA TRUST COMPANY, LLC, AS COLLATERAL AGENT	☑ D ☐ E/F ☐ G

Fill in this information to identify the case and this filing:

Debtor Name AdCare Hospital of Worcester, Inc.

United States Bankruptcy Court for the: _____ District of Delaware (State)

Case number (*If known*): 20-11640

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* ____
- ❑ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 30 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 07/27/2020
MM / DD / YYYY

✘ */s/ Andrew McWilliams*
Signature of individual signing on behalf of debtor

Andrew McWilliams
Printed name

Sole Director
Position or relationship to debtor