

Fill in this information to identify the case:

Debtor Hudson Hospital Opco LLC d/b/a CarePoint Health-Christ HospitalUnited States Bankruptcy Court for the: District of DelawareCase number 24-12546
(if known)☒ Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)1a. **Real property:**Copy line 88 from *Schedule A/B*

\$2,653,446.21

1b. **Total personal property:**Copy line 91A from *Schedule A/B*

\$75,333,610.17

1c. **Total of all property:**Copy line 92 from *Schedule A/B*

\$77,987,056.38

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*

\$50,000,000.00

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206EF)3a. **Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*

\$12,453,036.15

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*

+

\$78,411,731.12

4. **Total liabilities**

Lines 2 + 3a + 3b

\$140,864,767.27

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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**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
AMENDED			
3.1.	PNC BANK	GOV LOCKBOX 0265	\$0.00
AMENDED			
3.2.	PNC BANK	NON-GOV LOCKBOX 0273	\$0.00
AMENDED			
3.3.	PNC BANK	OPERATING ACCOUNT 0302	\$28,048.84
AMENDED			
3.4.	PNC BANK	PAYROLL 0281	\$145,025.81

5 Total of Part 1.
 ADD LINES 2 THROUGH 4 (INCLUDING AMOUNTS ON ANY ADDITIONAL SHEETS). COPY THE TOTAL TO LINE 80.

\$173,074.65

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 propertyCurrent value of real
property

80. Cash, cash equivalents, and financial assets. *Copy line 5, Part 1.* \$173,074.65

(Name)

81. **Deposits and prepayments.** *Copy line 9, Part 2.*82. **Accounts receivable.** *Copy line 12, Part 3.*83. **Investments.** *Copy line 17, Part 4.*84. **Inventory.** *Copy line 23, Part 5.*85. **Farming and fishing-related assets.** *Copy line 33, Part 6.*86. **Office furniture, fixtures, and equipment; and collectibles.**
*Copy line 43, Part 7.*87. **Machinery, equipment, and vehicles.** *Copy line 51, Part 8.*88. **Real property.** *Copy line 56, Part 9.* →89. **Intangibles and intellectual property.** *Copy line 66, Part 10.*90. **All other assets.** *Copy line 78, Part 11.*

+

91. **Total.** Add lines 80 through 90 for each column. 91a.

\$173,074.65

+ 91b.

92. **Total of all property on Schedule A/B.** Lines 91a + 91b = 92.

\$173,074.65

Fill in this information to identify the case:Debtor Hudson Hospital Opco LLC d/b/a CarePoint Health-Christ HospitalUnited States Bankruptcy Court for the: District of DelawareCase number 24-12546
(if known)☒ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

1. 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 All Creditors with 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**Column B***Amount of claim****Value of collateral that supports this claim***Do not deduct the value of collateral.*

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

\$50,000,000.00

Fill in this information to identify the case:Debtor Hudson Hospital Opco LLC d/b/a CarePoint Health-Christ HospitalUnited States Bankruptcy Court for the: District of DelawareCase number 24-12546
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Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

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

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

Total claim

Priority amount

Part 2: List All Creditors with NONPRIORITY Unsecured Claims**Do any creditors have nonpriority unsecured claims?** (See 11 U.S.C. § 507).☐ No.☒ Yes.**3. List in alphabetical order all of the creditors with nonpriority unsecured claims.** If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

ADDITION**3.114 Nonpriority creditor's name and mailing address**

BENEGO VENTURES, LLC
REGISTERED AGENT – VIVEK GARIPALLI
11 COLTS GAIT LANE
COLTS NECK, NJ 07722

Date or dates debt was incurred**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:**

RELATED PARTY TRANSACTIONS

Is the claim subject to offset?☒ No☐ Yes

UNKNOWN

ADDITION**3.139 Nonpriority creditor's name and mailing address**

BRIAR HILL VENTURES, LLC
REGISTERED AGENT – THE CORPORATE TRUST COMPANY
820 BEAR TAVERN ROAD
WEST TRENTON, NJ 08628

Date or dates debt was incurred**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:**

RELATED PARTY TRANSACTIONS

Is the claim subject to offset?☒ No☐ Yes

UNKNOWN

(Name)

Part 2:

Additional Page

Amount of claim

ADDITION

3.299 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** UNKNOWN
 FREEHOLD TRUST
Check all that apply.
☐ Contingent
☒ Unliquidated
☒ Disputed
Date or dates debt was incurred
Basis for the claim:
 RELATED PARTY TRANSACTIONS
Last 4 digits of account number:
Is the claim subject to offset?
☒ No
☐ Yes

ADDITION

3.342 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** UNKNOWN
 HEIGHTS HEALTHCARE SERVICES LIMITED LIABILITY
 COMPANY
 REGISTERED AGENT – JOSEPH B. TIBONI, ESQ.
 166 SOUTH STREET
 NEW PROVIDENCE, NJ 07974
Check all that apply.
☐ Contingent
☒ Unliquidated
☒ Disputed
Date or dates debt was incurred
Basis for the claim:
 RELATED PARTY TRANSACTIONS
Last 4 digits of account number:
Is the claim subject to offset?
☒ No
☐ Yes

ADDITION

3.388 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** UNKNOWN
 JAMES LAWLER
 ADDRESS REDACTED
Check all that apply.
☐ Contingent
☒ Unliquidated
☒ Disputed
Date or dates debt was incurred
Basis for the claim:
 RELATED PARTY TRANSACTIONS
Last 4 digits of account number:
Is the claim subject to offset?
☒ No
☐ Yes

ADDITION

3.395 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** UNKNOWN
 JEFFREY MANDLER
 ADDRESS REDACTED
Check all that apply.
☐ Contingent
☒ Unliquidated
☒ Disputed
Date or dates debt was incurred
Basis for the claim:
 RELATED PARTY TRANSACTIONS
Last 4 digits of account number:
Is the claim subject to offset?
☒ No
☐ Yes

ADDITION

3.407 **Nonpriority creditor's name and mailing address** **As of the petition filing date, the claim is:** UNKNOWN
 JPL HEALTHCARE CONSULTING LIMITED LIABILITY
 COMPANY
 REGISTERED AGENT – JAMES LAWLER
 27 DEER RUN
 MILLINGTON, NJ 07946
Check all that apply.
☐ Contingent
☒ Unliquidated
☒ Disputed
Date or dates debt was incurred
Basis for the claim:
 RELATED PARTY TRANSACTIONS
Last 4 digits of account number:
Is the claim subject to offset?
☒ No
☐ Yes

(Name)

Part 2:

Additional Page

Amount of claim

ADDITION

3.564 Nonpriority creditor's name and mailing address

OAK MANAGEMENT, LLC
 REGISTERED AGENT – TIBONI & TIBONI, LLP
 166 SOUTH STREET
 NEW PROVIDENCE, NJ 07974

Date or dates debt was incurred

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:

RELATED PARTY TRANSACTIONS

Is the claim subject to offset?

- ☒ No
☐ Yes

UNKNOWN

ADDITION

3.598 Nonpriority creditor's name and mailing address

PHEASANT RUN VENTURES, LLC
 REGISTERED AGENT – THE CORPORATE TRUST
 COMPANY
 820 BEAR TAVERN ROAD
 WEST TRENTON, NJ 08628

Date or dates debt was incurred

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:

RELATED PARTY TRANSACTIONS

Is the claim subject to offset?

- ☒ No
☐ Yes

UNKNOWN

ADDITION

3.739 Nonpriority creditor's name and mailing address

STRATEGIC VENTURES, LLC
 883 ECHO HILL ROAD
 WESTCHESTER, PA 19382

Date or dates debt was incurred

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:

RELATED PARTY TRANSACTIONS

Is the claim subject to offset?

- ☒ No
☐ Yes

UNKNOWN

ADDITION

3.815 Nonpriority creditor's name and mailing address

VIVEK GARIPALLI
 ADDRESS REDACTED

Date or dates debt was incurred

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:

RELATED PARTY TRANSACTIONS

Is the claim subject to offset?

- ☒ No
☐ Yes

UNKNOWN

ADDITION

3.831 Nonpriority creditor's name and mailing address

WILLOW HEALTHCARE SERVICES, LLC
 REGISTERED AGENT – JOSEPH B. TIBONI, ESQ.
 166 SOUTH STREET
 NEW PROVIDENCE, NJ 07974

Date or dates debt was incurred

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:

RELATED PARTY TRANSACTIONS

Is the claim subject to offset?

- ☒ No
☐ Yes

UNKNOWN

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.	\$12,453,036.15
5b. Total claims from Part 2	5b. +	\$78,411,731.12
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	\$90,864,767.27

Fill in this information to identify the case:

Debtor

United States Bankruptcy Court for the:

Case number
(if known)☒ Check if this is an
amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases****12/15****Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.****1. Does the debtor have any executory contracts or unexpired leases?**

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

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(if known)☒ 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.

Fill in this information to identify the case:Debtor Hudson Hospital Opco LLC d/b/a CarePoint Health-Christ HospitalUnited States Bankruptcy Court for the: District of DelawareCase number 24-12546
(if known)**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 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration

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

Executed on 01/22/2025
MM / DD / YYYY

X/s/ Shamiq Syed

Signature of individual signing on behalf of debtor

Shamiq Syed

Printed name

Chief Financial Officer

Position or relationship to debtor