

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF CALIFORNIA

Case number (if known)

Chapter 11

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

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

1. Debtor's name ANKA Behavioral Health, Incorporated

2. All other names debtor used in the last 8 years
Include any assumed names, trade names and *doing business as* names

3. Debtor's federal Employer Identification Number (EIN) 94-2209679

4. Debtor's address

Principal place of business	Mailing address, if different from principal place of business
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3480 Buskirk Ave, Suite 300
Pleasant Hill, CA 94523

Number, Street, City, State & ZIP Code

Contra Costa
County

P.O. Box, Number, Street, City, State & ZIP Code

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL) https://www.ankabhi.org/

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify: _____

7. Describe debtor's business A. Check one:

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

B. Check all that apply

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

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

6232

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

Check one:

- ☐ Chapter 7
☐ Chapter 9

☒ Chapter 11. Check all that apply:

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☐ A plan is being filed with this petition.
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

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

- ☒ No.
☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

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

- ☒ No
☐ Yes.

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

Debtor	_____	Relationship	_____
District	_____	When	_____
		Case number, if known	_____

11. Why is the case filed in this district?*Check all that apply:*

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?☒ No☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention?** (*Check all that apply.*)☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

☐ It needs to be physically secured or protected from the weather.☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).☐ Other _____**Where is the property?** _____

Number, Street, City, State & ZIP Code

Is the property insured?☐ No☐ Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information**13. Debtor's estimation of available funds***Check one:*☐ Funds will be available for distribution to unsecured creditors.☒ After any administrative expenses are paid, no funds will be available to unsecured creditors.**14. Estimated number of creditors**☐ 1-49☐ 50-99☐ 100-199☐ 200-999☒ 1,000-5,000☐ 5001-10,000☐ 10,001-25,000☐ 25,001-50,000☐ 50,001-100,000☐ More than 100,000**15. Estimated Assets**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☒ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion**16. Estimated liabilities**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☐ \$1,000,001 - \$10 million☒ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion

Debtor ANKA Behavioral Health, Incorporated
Name

Case number (if known) _____

Request for Relief, Declaration, and Signatures

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

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

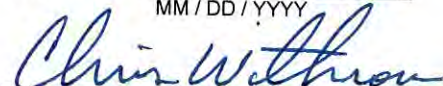
I have been authorized to file this petition on behalf of the debtor.

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

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

Executed on April 30, 2019

MM / DD / YYYY



Signature of authorized representative of debtor

Chris Withrow

Printed name

Title President & CEO

18. Signature of attorney

X /s/ Richard A. Lapping

Signature of attorney for debtor

Date April 30, 2019

MM / DD / YYYY

Richard A. Lapping

Printed name

Trodella & Lapping LLP

Firm name

540 Pacific Avenue

San Francisco, CA 94133

Number, Street, City, State & ZIP Code

Contact phone (415) 399-1015

Email address rich@trodelalapping.com

107496

Bar number and State

**MINUTES OF MEETING OF BOARD OF DIRECTORS OF
ANKA BEHAVIORAL HEALTH, INC.**

AND RESOLUTION AUTHORIZING FILING OF BANKRUPTCY

The Board of Directors of ANKA Behavioral Health, Inc. (the "Corporation") held a meeting on April 29, 2019 at the Corporation's office in Pleasant Hill, California.

The following directors, constituting a quorum of the full board, were present at the meeting, either in person or by telephone:

The following directors were absent:

There were then presented to the meeting the following resolutions, each of which were considered and discussed and, on motion duly made and seconded, unanimously approved:

BE IT RESOLVED, that the Corporation, after having considered the outstanding liabilities and assets of the Corporation, the Corporation's inability to meet its debts as they become due, and the Corporation's fiduciary duties to its patients, clients, employees and creditors, and alternatives currently available to the Corporation, has determined that it is advisable and in the interests of the Corporation, its patients, clients, employees and creditors to file a bankruptcy petition under Chapter 11 of the United States Bankruptcy Code;

RESOLVED FURTHER, that Christopher Withrow (the "Responsible Individual") and anyone designated by the Responsible Individual, is hereby authorized to execute and cause to be filed a bankruptcy petition (and all related documents and papers) under Chapter 11 of the Bankruptcy Code to enable the Corporation to commence a Chapter 11 bankruptcy case;

RESOLVED FURTHER, that the Responsible Individual is hereby authorized and directed, in the name of the Corporation, to employ the law firms of Trodella & Lapping LLP, and Wendel, Rosen, Black & Dean LLP as bankruptcy counsel to the Corporation for purposes of filing the Chapter 11 bankruptcy petition and representing the Corporation in its Chapter 11 bankruptcy case;

RESOLVED FURTHER, that the Responsible Individual is hereby authorized and directed, in the name of the Corporation, to employ Russell K. Burbank and BPM LLP as financial advisor to the Corporation for purposes of assisting the Corporation in carrying out its responsibilities in connection with the Chapter 11 bankruptcy case;

RESOLVED FURTHER, that the Responsible Individual is hereby authorized and directed, in the name of the Corporation, to employ Donlin, Recano & Corporation, Inc. as claims and noticing agent for purposes of assisting the Corporation and its attorneys in carrying out their responsibilities in connection with the Chapter 11 bankruptcy case;

RESOLVED FURTHER, that the Responsible Individual is hereby authorized to employ, in the name of the Corporation, any other professionals to represent or assist the Corporation in connection with the Corporation's Chapter 11 bankruptcy case that the Responsible Individual deems to be in the best interests of the Corporation;


RESOLVED FURTHER, that the Responsible Individual is hereby authorized and directed on behalf of and in the name of the Corporation to execute and file and to cause counsel to the Corporation to prepare with the assistance of the Corporation as appropriate all petitions, schedules, lists and other papers, documents and pleadings and to take any and all action which the Responsible Individual deems necessary and proper in connection with the Corporation's Chapter 11 bankruptcy case;

RESOLVED FURTHER, that the authority granted to the Responsible Individual pursuant to the foregoing resolutions to cause the Corporation to take further actions in connection with the Corporation's Chapter 11 bankruptcy case shall include, but not be limited to,

1. arranging for the care of the Corporation's patients and clients to be transferred to other responsible providers as soon and as safely as possible,
2. seeking Bankruptcy Court approval for the Corporation to use cash collateral and executing any agreements and preparing budgets related to any of the foregoing;
3. compensating employees;
4. terminating employees;
5. entering into or continuing with agreements;
6. terminating agreements;
7. collecting accounts receivable;
8. negotiating with creditors, lenders, vendors, suppliers and landlords;
9. assuming, assigning, or rejecting executory contracts and unexpired leases;
10. renegotiating the terms of executory contracts and unexpired leases;
11. signing new or amended contracts and leases;
12. commencing and defending litigation involving the Corporation;
13. marketing the Corporation's assets for sale and consummating the sale of all or substantially all of the Corporation's assets for the most money possible; and
14. formulating, filing and seeking to confirm a plan of liquidation or conversion of the bankruptcy case to chapter 7 liquidation once all patients and clients have been safely transferred to the care of other providers.

There being no further business to come before the meeting, on motion duly made and seconded, the meeting was adjourned.

Dated: April 29, 2019



Ken Jacobson, President
Board of Directors
Anka Behavioral Health, Inc.

Fill in this information to identify the case and this filing:

Debtor name: ANKA Behavioral Health, Incorporated

United States Bankruptcy Court for the: Northern District of California

Case number (if known): 19-_____

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 04/30/2019
MM/DD/YYYY

x



Signature of individual signing on behalf of debtor

Chris Withrow

Printed name

President and CEO

Position or relationship to debtor

Fill in this information to identify the case:**Debtor name:** ANKA Behavioral Health, Incorporated**United States Bankruptcy Court for the:** Northern District of California**Case number (if known):** 19-_____☐ Check if this is an amended filing**Official Form 204****Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders**

12/15

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

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1	BBVA COMPAS BANK P.O. BOX 830139 BIRMINGHAM AL 35283-0139	Eli Noaln / Marianne Sasso marianne.sasso@bbvacompass.com Tel: (925) 344-9728 / (925) 989-8333	TRADE PAYABLE	<input type="checkbox"/> C <input type="checkbox"/> U <input type="checkbox"/> D			\$746,856.53
2	KAISER PERMANENTE FILE NUMBER 73030 P.O. BOX 60000 SAN FRANCISCO CA 94160-3030	Swati Arroyo swati.arroyo@kp.org Tel: (619) 542-7278	TRADE PAYABLE	<input type="checkbox"/> C <input type="checkbox"/> U <input type="checkbox"/> D			\$393,581.00
3	HEALTH INFORMATION TECHNOLOGY CARE, LLC 1310 REDWOOD WAY SUITE 125 PETALUMA CA 94954	Tony Niemotka tony.niemotka@HITCare.com Tel: (925) 389-2181	TRADE PAYABLE	<input type="checkbox"/> C <input type="checkbox"/> U <input type="checkbox"/> D			\$265,276.24
4	BERKSHIRE HATHAWAY HOMESTATE COMPANIES P.O. BOX 881236 SAN FRANCISCO CA 94188	Stan Morrison Tel: (916) 770-5694	TRADE PAYABLE	<input type="checkbox"/> C <input type="checkbox"/> U <input type="checkbox"/> D			\$231,207.88
5	RIVERSIDE COUNTY MENTAL HEALTH ATTN: REVENUE SECTION P O BOX 7549 RIVERSIDE CA 92513-7549	Tel: (951) 358-4553	TRADE PAYABLE	<input type="checkbox"/> C <input type="checkbox"/> U <input type="checkbox"/> D			\$228,831.60
6	DELL FINANCIAL SERVICES PAYMENT PROCESSING CNTR P.O. BOX 5292 CAROL STREAM IL 60197-5292	Matei Stamate Matei_Stamate@Dellteam.com Tel: (800) 624-9897 Fax: 512-283-9406	TRADE PAYABLE	<input type="checkbox"/> C <input type="checkbox"/> U <input type="checkbox"/> D			\$225,944.91
7	CALLTOWER, INC. 10701 S. RIVER FRONT PKWY SUITE 450 SOUTH JORDAN UT 84095	Shawn Hansen bengland@calltower.com Tel: (385) 259-6210	TRADE PAYABLE	<input type="checkbox"/> C <input type="checkbox"/> U <input type="checkbox"/> D			\$207,724.03

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
8	UNITED HEALTHCARE DEPT #6940 LOS ANGELES CA 90084-6940	Kurt Masters Kurt.Masters@uhc.com Tel: 916-403-0676	TRADE PAYABLE	<input type="checkbox"/> C <input type="checkbox"/> U <input type="checkbox"/> D			\$111,842.87
9	ENTERPRISE FLEET SERVICES CUSTOMER BILLING P O BOX 800089 KANSAS CITY MO 64180-0089	Michael Kerbey Michael.Kerbey@efleets.com Tel: (650) 685-6002	TRADE PAYABLE	<input type="checkbox"/> C <input type="checkbox"/> U <input type="checkbox"/> D			\$101,940.06
10	ROBERT HALF MANAGEMENT RESOURCES P.O. BOX 743295 LOS ANGELES CA 90074-3295	Renee Sanchez-Morales Renee.Sanchez-Morales@roberthalf.com Tel: (800) 356-1994	TRADE PAYABLE	<input type="checkbox"/> C <input type="checkbox"/> U <input type="checkbox"/> D			\$95,367.63
11	COLLINS COLLINS MUIR & STEWART LLP 1100 EL CENTRO STREET SOUTH PASADENA CA 91030	Ryan J. Kohler, Esq. Tel: (626) 243-1100	TRADE PAYABLE	<input type="checkbox"/> C <input type="checkbox"/> U <input type="checkbox"/> D			\$93,994.24
12	501 (c) AGENCIES TRUST 400 RACE STREET # 200 SAN JOSE CA 95126	Candy Anaya Tel: (800) 442-4867	TRADE PAYABLE	<input type="checkbox"/> C <input type="checkbox"/> U <input type="checkbox"/> D			\$92,582.16
13	METLIFE - GROUP BENEFITS P.O. BOX 804466 KANSAS CITY MO 64180-4466	Rhonda Swaggerty rhonda.swaggerty@metlifeservice.com Tel: (816) 204-3246	TRADE PAYABLE	<input type="checkbox"/> C <input type="checkbox"/> U <input type="checkbox"/> D			\$89,396.64
14	MOSIAC NETWORKX LLC DEPT LA 24111 PASADENA CA 91185-4111	Peter Herschkorn peter@mosaicnetworkx.com Tel: (415) 507-1770	TRADE PAYABLE	<input type="checkbox"/> C <input type="checkbox"/> U <input type="checkbox"/> D			\$89,088.16
15	STAPLES ADVANTAGE DEPT LA P.O. BOX 83689 CHICAGO IL 60696-3689	Gloria J Cuomo gloria.cuomo@staples.com Tel: (803) 333-8550	TRADE PAYABLE	<input type="checkbox"/> C <input type="checkbox"/> U <input type="checkbox"/> D			\$83,820.68
16	CREDIBLE BEHAVIORAL HEALTH, INC. P.O. BOX 34456 WEST BETHESDA MD 20817	robert.ricci@credibleinc.com Tel: (301) 652-9500 x1335	TRADE PAYABLE	<input type="checkbox"/> C <input type="checkbox"/> U <input type="checkbox"/> D			\$78,739.46
17	EMPLOYMENT DEVELOPMENT DEPT. P.O. BOX 989061 WEST SACRAMENTO CA 95798-9061	Tel: (916) 464-0646	TRADE PAYABLE	<input type="checkbox"/> C <input type="checkbox"/> U <input type="checkbox"/> D			\$74,121.57
18	INTERNAL REVENUE SERVICE DEPARTMENT OF THE TREASURY OGDEN UT 84201-0039	Tel: (877) 829-5500	TRADE PAYABLE	<input type="checkbox"/> C <input type="checkbox"/> U <input type="checkbox"/> D			\$70,717.84
19	MAXIM STAFFING SOLUTIONS, INC. 7227 LEE DEFOREST DR. COLUMBIA MD 21046	Ryan Wasser Tel: (443) 510-8550	TRADE PAYABLE	<input type="checkbox"/> C <input type="checkbox"/> U <input type="checkbox"/> D			\$66,801.01

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
20	LOCUMTENENS HOLDINGS, LLC 2655 NORTHWINDS PARKWAY ALPHARETTA GA 30009	Kris Weir Tel: (678) 690-7358	TRADE PAYABLE	<input type="checkbox"/> C <input type="checkbox"/> U <input type="checkbox"/> D			\$61,199.94