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IN THE UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

In re:

SC HEALTHCARE HOLDING, LLC, et al.,

Debtors. 1

Chapter 11

Case No. 24-10443 (TMH)

(Jointly Administered)

SCHEDULES OF ASSETS AND LIABILITIES FOR EFFINGHAM HCO, LLC (CASE NO. 24-10543)

The last four digits of SC Healthcare Holding, LLC's tax identification number are 2584. The mailing address for SC Healthcare Holding, LLC is c/o Petersen Health Care Management, LLC 830 West Trailcreek Dr., Peoria, IL 61614. Due to the large number of debtors in these Chapter 11 Cases, for which the Debtors have requested joint administration, a complete list of the Debtors and the last four digits of their federal tax identification numbers is not provided herein. A complete list of such information will be made available on a website of the Debtors' proposed claims and noticing agent at www.kccllc.net/Petersen.

IN THE UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

In re

SC HEALTHCARE HOLDING, LLC et al.,

Debtors.1

Chapter 11

Case No. 24-10443 (TMH)

Jointly Administered

GLOBAL NOTES AND STATEMENTS OF LIMITATIONS, METHODOLOGY, AND DISCLAIMERS REGARDING DEBTORS' SCHEDULES OF ASSETS AND LIABILITIES AND STATEMENTS OF FINANCIAL AFFAIRS

INTRODUCTION

The debtors and debtors in possession (collectively, the "<u>Debtors</u>" or the "<u>Company</u>") in the above-captioned chapter 11 cases (these "<u>Chapter 11 Cases</u>") submit their *Schedules of Assets and Liabilities* (the "<u>Schedules</u>") and *Statements of Financial Affairs* (the "<u>Statements</u>" and, together with the Schedules, the "<u>Schedules and Statements</u>") pursuant to section 521 of the Bankruptcy Code (as defined below), Rule 1007 of the Federal Rules of Bankruptcy Procedure, and Rule 1007-1 of the Local Rules of Bankruptcy Practice and Procedure of the United States Bankruptcy Court for the District of Delaware.

On March 20, 2024 (the "Petition Date"), the Debtors commenced these Chapter 11 Cases by filing voluntary petitions for relief under chapter 11 of title 11 of the United States Code, 11 U.S.C. §§ 101–1532 (the "Bankruptcy Code") with the United States Bankruptcy Court for the District of Delaware (the "Court"). These Chapter 11 Cases have been consolidated for procedural purposes only and are being administered jointly under case number 24-10443 (TMH). The Debtors, with the exception of certain inactive entities, are authorized to operate their business as debtors-in-possession pursuant to sections 1107(a) and 1108 of the Bankruptcy Code.²

The last four digits of SC Healthcare Holding, LLC's tax identification number are 2584. The mailing address for SC Healthcare Holding, LLC is c/o Petersen Health Care Management, LLC 830 West Trailcreek Dr., Peoria, IL 61614. Due to the large number of debtors in these Chapter 11 Cases, whose cases are being jointly administered, a complete list of the Debtors and the last four digits of their federal tax identification numbers is not provided herein. A complete list of such information is available on a website of the Debtors' claims and noticing agent at www.kccllc.net/Petersen.

Pursuant to that Order Approving Stipulation to Resolve (I) X-Caliber's (A) Motion to Dismiss, (B) 543 Motion, and (C) DIP Objection, and (II) the Debtors' MT4 Motion to Dismiss [Docket No. 340], certain of the Debtors' cases are suspended pursuant to 11 U.S.C. §305(b) and, thus, these Schedules and Statements do not reflect information from the suspended Debtors' books and records.

The Schedules and Statements have been prepared by the Debtors' management team, with the assistance of their professional advisors, with reliance upon the efforts, statements, and representations of the Debtors' personnel and the advice of the Debtors' professional advisors. The Schedules and Statements are unaudited and subject to potential adjustment. In preparing the Schedules and Statements, the Debtors relied on financial data derived from their books and records that was available at the time of preparation.

On or about October 20, 2023, Petersen became the victim of a ransomware attack by an entity named White Ninja. The attackers infiltrated many of the Petersen systems, thereby impacting the Debtors' access to historic and current billing records, other books and records, and emails (the "Data Breach"). The Debtors quickly contacted a consultant to assist in remedying the impact of the ransomware attack and provided notice of the attack to the Federal Bureau of Investigation. While the Debtors are back "online" with new servers, email addresses, and replacement software, a significant amount of the Debtors' books and records were lost in the attack, leading to incredible difficulty and delay in pursuit of the Debtors' accounts receivable. Additionally, as a result of the ransomware attack, retrieval of the Debtors' files and related information has proven onerous and, in some cases, impossible. Thus, throughout the Chapter 11 Cases, the Debtors have had and anticipate having difficulty providing comprehensive historical information. Such difficulty, thus, impacts the availability, accuracy, and completeness of the information in the Debtors' Schedules and Statements.

The Debtors' liquidity crisis was further hampered by a cyberattack that impacted a crucial service provider for certain of its payors' revenue processes. It was recently announced that on February 21, 2024, Change Healthcare, a division of UnitedHealth Group, began experiencing a cyber security issue which impacted its operations (the "Change Cyberattack"). Based on media reports regarding the Change Cyberattack, the Debtors understand that Change Healthcare processes 15 billion health care transactions annually and is involved in one in every three patient records nationwide. After the Change Cyberattack was reported in the media, the Debtors noticed reimbursements from certain payors slowing and subsequently heard affirmatively from payors that amounts owed to the Debtors were being suspended due to the Change Cyberattack. While the Debtors continue to assess the impact of the Change Cyberattack, the attack has affected the Debtors' timing and processing of reimbursements, which impacts the availability, accuracy, and completeness of the information in the Debtors' Schedules and Statements.

The Debtors have used commercially reasonable efforts to ensure the accuracy and completeness of such information and data; however, subsequent information, data, or discovery may result in material changes to the Schedules and Statements and inadvertent errors, omissions, or inaccuracies may exist.

The Debtors and their estates reserve all rights to amend or supplement the Schedules and Statements as may be necessary and appropriate, but expressly do not undertake any obligation to update, modify, revise, or re-categorize the information provided in the Schedules and Statements or to notify any third party should the information be updated, modified, revised, or re-categorized, except as required by applicable law or order of the Court. Nothing contained in the Schedules and Statements or these Global Notes and Statements of Limitations, Methodology, and Disclaimers Regarding Debtors' Schedules of Assets and Liabilities and Statements of Financial Affairs (these "Global Notes") shall constitute a waiver of any rights of the Debtors and their estates or an admission with respect to these Chapter 11 Cases, including, but not limited to, any issues involving objections to claims, setoff or recoupment, equitable subordination or

recharacterization of debt, defenses, characterization or re-characterization of contracts, leases, and claims, assumption or rejection of contracts and leases, and/or causes of action arising under the Bankruptcy Code or any other applicable laws.

The Debtors and their agents, attorneys, and financial advisors shall not be liable for any loss or injury arising out of, or caused in whole or in part by, the acts, errors, or omissions, whether negligent or otherwise, in procuring, compiling, collecting, interpreting, reporting, communicating, or delivering the information contained herein. In no event shall the Debtors or their agents, attorneys and financial advisors be liable to any third party for any direct, indirect, incidental, consequential, or special damages (including, but not limited to, damages arising from the disallowance of a potential claim against the Debtors or damages to business reputation, lost business or lost profits), whether foreseeable or not and however caused, even if the Debtors or their agents, attorneys, and financial advisors are advised of the possibility of such damages.

These Global Notes should be referred to and reviewed in connection with any review of the Schedules and Statements.

GLOBAL NOTES AND OVERVIEW OF METHODOLOGY

- 1. Reservation of Rights. The Debtors reserve the right to dispute or to assert setoff or other defenses to any claim reflected in the Schedules and Statements as to amount, liability, and classification. The Debtors also reserve all rights with respect to the values, amounts, and characterizations of the assets and liabilities listed in their Schedules and Statements.
- **Basis of Presentation.** The Schedules and Statements reflect the separate assets and liabilities of each individual Debtor. For financial reporting purposes, the Debtors historically prepared consolidated financial statements, which included financial information for and the Debtors' business enterprise, which were audited annually. The majority of the Debtors' operations occur through Petersen Healthcare Management, LLC and/or Petersen Health Care, Inc.

The Schedules and Statements do not purport to represent financial statements prepared in accordance with Generally Accepted Accounting Principles ("GAAP"), nor are they intended to reconcile to the financial statements previously distributed to lenders, major creditors, or other parties in interest on an intermittent basis.

The Schedules and Statements have been signed by David Campbell, the Debtors' Chief Restructuring Officer. In reviewing and signing the Schedules and Statements, Mr. Campbell necessarily relied upon the efforts, statements, and representations of the accounting and non-accounting personnel who report to, or work with, Mr. Campbell, either directly or indirectly. Mr. Campbell has not, and could not have, personally verified the accuracy of each such statement and representation, including statements and representations concerning amounts owed to creditors.

3. <u>Insiders.</u> In circumstances where the Schedules and Statements require information regarding "insiders," the Debtors have included information with respect to the individuals who the Debtors believe may be included in the definition of "insider" as such term is

defined in section 101(31) of the Bankruptcy Code. Except as otherwise disclosed herein or in the Statements, payments to "insiders" are set forth on Statement 4. Persons listed as "insiders" have been included for informational purposes only, and such listing is not intended to be, nor should be construed as, a legal characterization of such person as an insider, nor does it serve as an admission of any fact, claim, right, or defense, and all such claims, rights, and defenses with respect thereto are hereby expressly reserved. The Debtors do not take any position with respect to: (a) such person's influence over the control of the Debtors; (b) the management responsibilities or functions of such individual; (c) the decision-making or corporate authority of such individual; or (d) whether such individual could successfully argue that he or she is not an "insider" under applicable law, or with respect to any theories of liability or any other purposes.

- 4. Accounts Payable and Distribution System. The Debtors use a consolidated cash management system through which the Debtors pay substantially all liabilities and expenses (the "Cash Management System"). A more complete description of the Cash Management System is set forth in the Debtors' Motion for Entry of Interim and Final Orders (I) Authorizing the Debtors to (A) Continue to Use Their Bank Accounts, (B) Honor Prepetition Obligations Related Thereto, (C) Maintain the Refund Programs, (D) Perform Intercompany Transactions, (E) Maintain Existing Business Forms; and (II) Granting Related Relief [Docket No. 41] filed on the Petition Date. Additional information regarding the Debtors' Cash Management System may also be found in the Fourth Interim Order (I) Authorizing the Debtors to (A) Continue to Use Their Bank Accounts, (B) Honor Prepetition Obligations Related Thereto, (C) Maintain the Refund Programs, (D) Perform Intercompany Transactions, (E) Maintain Existing Business Forms; and (II) Granting Related Relief [Docket No. 343].
- bate of Valuations. Except as otherwise noted in the Schedules and Statements, all liabilities are valued as of the Petition Date. Where values as of the Petition Date are not available, or where making calculations as of the Petition Date would create undue burden on, or expense to, the estates, the Debtors used values as of the most recent month-end close available to them, which was February 29, 2024. The Schedules and Statements reflect the Debtors' best effort to allocate the assets, liabilities, receipts, and expenses to the appropriate Debtor entity "as of" such dates. All values are stated in United States currency. The Debtors made reasonable efforts to allocate liabilities between the pre- and postpetition periods based on the information and research that was conducted in connection with the preparation of the Schedules and Statements. As additional information becomes available and further research is conducted, the Debtors may modify the allocation of liabilities between the pre- and postpetition periods and amend the Schedules and Statements accordingly.
- 6. <u>Book Value</u>. Except as otherwise noted, each asset and liability of each Debtor is shown on the basis of net book value of the asset or liability in accordance with such Debtor's accounting books and records. Therefore, unless otherwise noted, the Schedules and Statements are not based upon any estimate of the current market values of the Debtors' assets and liabilities, which may not correspond to book values. It would be cost prohibitive and unduly burdensome to obtain current market valuations of all of the Debtors' interests. Except as otherwise noted, the Debtors' assets are presented, in detail,

as they appear on the Debtors' accounting sub-ledgers. As such, the detail may include error corrections and value adjustments (shown as negative values or multiple line items for an individual asset). The Debtors believe that certain of their assets, including (i) goodwill and (ii) intangibles, may have been significantly impaired by, among other things, the events leading to, and the commencement of, the Debtors' Chapter 11 Cases. The Debtors have not yet formally evaluated the appropriateness of the carrying values ascribed to their assets prior to the Petition Date.

- **Re-characterization.** Notwithstanding the Debtors' reasonable efforts to properly characterize, classify, categorize or designate certain claims, assets, executory contracts, unexpired leases and other items reported in the Schedules and Statements, the Debtors may, nevertheless, have improperly characterized, classified, categorized, designated or omitted certain items due to the complexity and size of the Debtors' business. Accordingly, the Debtors reserve all of their rights to re-characterize, reclassify, re-categorize, redesignate, add or delete items reported in the Schedules and Statements at a later time as is necessary or appropriate as additional information becomes available, including, without limitation, whether contracts or leases listed in the Schedules and Statements were deemed executory or unexpired as of the Petition Date and remain executory or unexpired postpetition.
- **8. Property and Equipment.** Nothing in the Schedules and Statements is, or shall be construed as, an admission as to the determination of the legal status of any lease (including, without limitation, whether any lease is a true lease or a financing arrangement, and whether such lease is unexpired), and the Debtors and their estates reserve all rights with respect to such issues.
- **Causes of Action.** The Debtors have made their best efforts to set forth known causes of action against third parties as assets in their Schedules and Statements. The Debtors reserve all of their rights with respect to causes of action they may have (including, but not limited to, causes of action arising under the Bankruptcy Code or any other applicable laws), whether disclosed or not disclosed, and neither these Global Notes nor the Schedules and Statements shall be deemed a waiver of any such causes of action, or in any way waive, prejudice, impair, or otherwise affect the assertion of such claims and causes of action.
- **10.** <u>Materialman's/Mechanic's Liens</u>. The assets listed in the Schedules and Statements are presented without consideration of any materialman's or mechanic's liens.
- 11. <u>Litigation</u>. Certain litigation actions (collectively, the "<u>Litigation Actions</u>") reflected as claims against a particular Debtor may relate to other Debtors. The Debtors have made reasonable efforts to accurately record the Litigation Actions in the Schedules and Statements of the Debtor(s) that is the party to the Litigation Action. The inclusion of any Litigation Action in the Schedules and Statements does not constitute an admission by the Debtors of liability, the validity of any Litigation Action, or the amount of any potential claim that may result from any claims with respect to any Litigation Action, or the amount and treatment of any potential claim resulting from any Litigation Action currently pending or that may arise in the future.

- 12. <u>Credits and Adjustments</u>. In the ordinary course of their business, the Debtors apply credits against amounts otherwise due to vendors. Certain of these credits are subject to change. Claims of vendors and creditors are listed in the amounts entered on the Debtors' books and records, and may not reflect certain credits, allowances, or other adjustments due from such vendors or creditors to the Debtors. The Debtors and their estates reserve all rights with regard to any such credits, allowances, and other adjustments, including, without limitation, the right to assert claims, objections, setoffs, and recoupments with respect to the same.
- 13. Executory Contracts and Unexpired Leases. The Debtors have not set forth executory contracts and unexpired leases as assets in the Schedules and Statements, even though these contracts and leases may have some value to the Debtors' estates. Rather, executory contracts and unexpired leases have been set forth solely on Schedule G. The Debtors' rejection of executory contracts and unexpired leases may result in the assertion of rejection damages claims against the Debtors and their estates; however, the Schedules and Statements do not reflect any claims for rejection damages. The Debtors and their estates reserve all rights with respect to the assertion of any such claims.
- 14. <u>Claims</u>. Certain of the Debtors' Schedules list creditors and set forth the Debtors' estimate of the claims of creditors as of the Petition Date. The claim amounts reflected on the Schedules may include the Debtors' estimates for vendor charges not yet invoiced. By estimating certain invoices, the Debtors are not representing that they have sought to identify and estimate all un-invoiced vendor charges. While the Debtors have made their best efforts to reflect the claims by vendor, excluding these various adjustments, the actual unpaid claims of creditors that may be allowed in these Chapter 11 Cases may differ from the amounts set forth in the Schedules and Statements.

The Debtors intentionally have not included "non-cash" accruals (*i.e.*, accruals to recognize expense or liability over multiple periods where no specific obligation to perform is established, such as accruals to equalize lease payments) in the Schedules and Statements.

- 15. <u>First Day Orders</u>. Pursuant to various "first day" orders and any supplements or amendments to such orders entered by the Court, the Debtors and their estates are authorized to pay certain prepetition claims, including, without limitation, certain claims relating to employee wages and benefits, claims for taxes and fees, and claims of specific vendors.
- 16. Classifications and Claims Descriptions. Any failure to designate a claim listed on a Debtor's Schedule as "disputed," "contingent," or "unliquidated" does not constitute an admission by the Debtors that the claim is not "disputed," "contingent," or "unliquidated." Likewise, listing a claim (a) on Schedule D as "secured," (b) on Schedule E/F as "unsecured priority," or "unsecured non-priority," or (c) listing a contract or lease on Schedule G as "executory" or "unexpired," does not constitute an admission by the Debtors and their estates of the legal rights of any claimant, or a waiver of the rights of the Debtors and their estates to amend these Schedules and Statements to recharacterize or reclassify any claim or contract. The Debtors and their estates reserve the right to (i) object to, or otherwise dispute or assert setoff rights, cross-claims, counterclaims or defenses to, any

- claim reflected on the Schedules on any grounds, including, without limitation, amount, liability, validity, priority, or classification, or (ii) otherwise designate subsequently any claim as "disputed," "contingent," or "unliquidated."
- Addresses of Employees, Residents, and Resident Contacts. Consistent with the Debtors' Motion for Entry of an Order (I) Authorizing the Debtors to File (A) a Consolidated Master List of Creditors and (B) a Consolidated List of the Debtors' 40 Largest General Unsecured Creditors, (II) Authorizing the Debtors to Redact Personally Identifiable Information for Certain Individual Creditors and Parties in Interest, (III) Authorizing Procedures to Maintain and Protect Confidential Resident Information, and (IV) Granting Related Relief [Docket No. 3], the Debtors have attempted to list each of their current employees', Residents', and Resident Contacts' names and addresses as "Available Upon Request," where reasonably possible, in order to protect their privacy. The Debtors have served and will continue to serve all necessary notices, including notice of the claims bar date, to the actual address of each of the Debtors' employees, residents, and resident contacts.
- **Estimates.** The Debtors were required to make certain estimates and assumptions that affect the reported amounts of assets and liabilities and reported revenue and expenses. The Debtors and their estates reserve all rights to amend the reported amounts of assets, liabilities, revenue, and expenses to reflect changes in those estimates and assumptions.

SPECIFIC ADDITIONAL DISCLOSURES WITH RESPECT TO SCHEDULES

Schedule A/B

<u>Item 3</u>: The balances scheduled on Schedule A/B 3 are as of March 27, 2024, as those are the balances available to the Debtors and match the reporting provided by the Debtors in these Chapter 11 Cases.

<u>Item 11</u>: Negative accounts receivable balances are related to overpayments made to the Debtors by Medicaid or Medicare and certain private payments collected from residents while their Medicaid status is approved.

Due to the Data Breach, parsing accounts receivable by age (90 days old or less and over 90 days old) is not possible. As a result, the Debtors have listed the aggregate accounts receivable on Schedule A/B 11a.

- <u>Item 39 & 40</u>: The Debtors are unable to parse between office furniture, fixtures, and other equipment ("<u>FF&E</u>") because all FF&E is booked in the aggregate. As a result, the Debtors have scheduled all FF&E in the aggregate at Item 39.
- <u>Item 62</u>: The Debtors are scheduling certain licenses required to operate their business. These licenses are not traded on an open market and as a result the Debtors have scheduled their value as "undetermined." Notwithstanding that fact, the licenses are extremely valuable to the Debtors as they would be unable to operate their business without them.

<u>Item 71</u>: The reference to "See SOFA 3" is intended to highlight that certain loans made to, and taken from, Mark Petersen are described in SOFA 3 and thus not scheduled at Item 71.

<u>Items 74 and 75</u>: In the ordinary course of business, the Debtors typically pursue their current and former residents' past due balances through legal action. Because of the Data Breach, among other reasons, the Debtors have yet to complete a review the full scope of pursuable claims.

Despite their commercially reasonable efforts to identify all known assets, the Debtors may not have listed all of their respective causes of action or potential causes of action against third parties as assets in Schedule A/B, Part 11, Items 74 and 75, including, but not limited to, causes of action arising under the Bankruptcy Code or any other applicable laws (including, but not limited to, potential preference actions and/or fraudulent transfer action). The Debtors and their estates reserve all rights with respect to any claims and causes of action that they may have, and neither these Global Notes nor the Schedules and Statements shall be deemed a waiver of any such claims and causes of actions, or in any way waive, prejudice, impair, or otherwise affect the assertion of such claims and causes of action.

Schedule D

Except as otherwise ordered by the Court or agreed pursuant to a stipulation, the Debtors reserve their rights to dispute or challenge the validity, perfection, or immunity from avoidance of any lien purported to be granted or perfected in any specific asset for the benefit of a secured creditor listed on a Debtor's Schedule D. Moreover, although the Debtors may have scheduled claims of various creditors as secured claims for informational purposes, the Debtors reserve all rights to dispute or challenge the secured nature of any such creditor's claim or the characterization of the structure of any such transaction or any document or instrument (including without limitation, any intercompany agreement) related to such creditor's claim.

Except as specifically stated herein, real property lessors, utility companies, and other parties which may hold security deposits have not been listed on Schedule D. The Debtors have not included parties that may believe their claims are secured through setoff rights or inchoate statutory lien rights.

For all claims secured by property, the Debtors have listed balances as February 23, 2024. Where the precise date a debt was incurred is unavailable, the Debtors have listed the effective date of the applicable loan documents (including amendments).

Schedule E/F

The Debtors reserve their right to dispute or challenge whether claims owing to various taxing authorities are entitled to priority and the listing of any claim on Schedule E/F, Part 1 does not constitute an admission that such claim is entitled to priority treatment pursuant to section 507 of the Bankruptcy Code.

In certain instances, a Debtor may be a guarantor with respect to scheduled claims of other Debtors. No claim set forth on the Schedule E/F of any Debtor is intended to acknowledge claims of creditors that may be otherwise satisfied or discharged.

The Debtors have continued to pay Employee Compensation and Benefits, as defined in, and in accordance with, the *Final Order (I) Authorizing the Debtors to (A) Pay Prepetition Wages, Salaries, Other Compensation, and Reimbursable Expenses and (B) Continue Employee Benefits Programs and (II) Granting Related Relief* [Docket No. 216]. As a result, Schedule E/F, Part 2 does not include any potential Employee Compensation and Benefits amounts accrued but unpaid as of the Petition Date.

The Debtors have listed their known creditors in Schedule E/F. To the extent attorneys have entered appearances on behalf of such creditors, those appearances are noted on the docket of the Debtors' Chapter 11 Cases and are not separately listed in Item 4.

Third parties should not anticipate that the relationship of aggregate asset values and aggregate liabilities set forth in the Schedules will reflect their ultimate recoveries in these Chapter 11 Cases. Actual assets and liabilities may deviate from the amounts shown in the Schedules due to various events that occur throughout the duration of these Chapter 11 Cases.

Schedule G

The Debtors' business is complex, and the Data Breach have made the compilation and review of the Debtors' contracts difficult and time-consuming. While every effort has been made to ensure the accuracy of Schedule G, inadvertent errors or omissions may have occurred. The Debtors continue to search their records for potential contracts that may not have been included in the Schedules. If any such contracts are discovered, the Debtors reserve their right to amend and/or supplement the Schedules as necessary. 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 and other documents, instruments and agreements that may not be listed therein. Relationships between the Debtors and their vendors are occasionally governed by a master services agreement, under which vendors also place work and purchase orders, which may be considered executory contracts. The Debtors believe that disclosure of all of these purchase and work orders would be impracticable and unduly burdensome. Likewise, in some cases, the same supplier or provider may appear multiple times in Schedule G.

Unless otherwise specified on Schedule G, each executory contract or unexpired lease listed thereon shall include all final exhibits, schedules, riders, modifications, declarations, amendments, supplements, attachments, restatements, or other agreements made directly or indirectly by any executed agreement, instrument, or other document that in any manner affects such executory contract or unexpired lease, without respect to whether such agreement, instrument, or other document is listed thereon.

The Debtors and their estates hereby reserve all of their rights, claims, and causes of action to (i) dispute the validity, status, or enforceability of any contracts, agreements, or leases set forth in Schedule G, (ii) dispute or challenge the characterization of the structure of any transaction, document, or instrument related to a creditor's claim, including, but not limited to, the agreements listed on Schedule G; and (iii) amend or supplement such Schedule as necessary.

Schedule H

Due to their voluminous nature, and to avoid unnecessary duplication, the Debtors have not included on Schedule H debts for which more than one Debtor may be liable if such debts were already reflected on Schedule G for the respective Debtors subject to such debt. There may be certain contracts in which multiple Debtors are parties, and while the Debtors have made every effort to list co-Debtors appropriately in such instances, inadvertent errors or omissions may have occurred. Because nearly all of the Debtors' administrative processes are handled at the Debtors' corporate headquarters, the Debtors have listed 830 West Trailcreek Dr., Peoria, IL 61614 for each Debtor on Schedule H.

SPECIFIC ADDITIONAL DISCLOSURES WITH RESPECT TO STATEMENTS

<u>Question 3</u>: At times, the Debtors reimbursed certain employees when such employees used personal credit cards to pay for goods and/or services that would normally have been paid directly by the Debtors but, due to liquidity constraints, were not.

Question 4: Mark Petersen, as the owner and Chief Executive Officer of the Debtors and their affiliates since 2002, has overseen the expansion of the Debtors' enterprise over the last twenty plus years. For a large portion of that time, and for at least the past ten years, Mr. Petersen has not taken a salary for his role as Chief Executive Officer. In lieu of a salary, Mr. Petersen occasionally paid certain of his personal expenses out of the Debtors' accounts. Such payments were, at all times, accurately recorded as dividends and have been listed in Question 4. In certain instances, Mr. Petersen acted as an intermediary between certain Debtors wherein he would receive a disbursement from one Debtor entity and then immediately deposited such disbursement with another Debtor entity or non-Debtor affiliate as a method of intercompany cash management. Those disbursements to Mr. Petersen are reflected in Question 4, but due in part to the Data Breach, the records of the corresponding deposits back into the enterprise are not readily available in the Debtors books at this time and, thus, are not represented in these Schedules and Statements. The Debtors are in the process of engaging a third-party accounting firm to review and locate the appropriate matching transactions. In certain instances, payments were made to Mr. Petersen to pay down credit cards that were used for business expenses in the ordinary course. Those payments have been marked with an asterisk in Question 4.

The Debtors routinely made intercompany disbursements from Debtor to Debtor and from Debtor to non-Debtor affiliate. Disbursements to other Debtors or to non-Debtor affiliates are reflected in Question 4 and marked with an asterisk ("*"), but because of the Data Breach, the records of any corresponding deposits from Debtor to Debtor or from non-Debtor affiliate to Debtor are not available to the Debtors at this time and not represented in these Schedules and Statements. As noted above, the Debtors are in the process of engaging a third-party accounting firm to review and generate the appropriate matching transactions.

Question 6: The Debtors are subject to certain Medicaid setoffs based on various regulatory fees and taxes. The Debtors have used their best efforts to reflect such setoffs where known; however, there are instances where certain setoffs equal or surpass the amount that the Debtors are owed from Medicaid.

<u>Question 7</u>: The Debtors are subject to certain ordinary course audits by certain regulatory authorities, including, but not limited to audits of certain payroll reports and Illinois Department of Public Health facility audits, as applicable. Such ordinary course audits have not been listed.

Question 10: For all losses on property, the Debtors have listed such losses at the Debtor entity that owns the property. In the ordinary course of business, insurance payments may be processed through a separate operating Debtor entity. In such cases, insurance payments have been listed at the operating Debtor entity.

Question 20: Other than the location listed for off-premise storage, Mark Petersen maintains a storage facility that does not hold any property of the Debtors to the best of their knowledge.

Question 21: The Debtors maintain and manage bank accounts which hold residents' funds (the "Resident Trust Accounts") at their facilities. The money held in the Resident Trust Accounts is not property of the Debtors or their estates and is held solely for the benefit of the residents' use. The Debtors never have the ability to take ownership over Resident Trust Account funds. In the event that a resident leaves a facility and their Resident Trust Account funds cannot be returned, those funds are turned over to the state in which that facility operates. More information related to the Resident Trust Accounts can be found in the Debtors' Motion for Entry of Interim and Final Orders (I) Authorizing the Debtors to (A) Continue to Use Their Bank Account, (B) Honor Prepetition Obligations Related Thereto, (C) Maintain the Refund Programs, (D) Perform Intercompany Transactions, (E) Maintain Exiting Business Forms; and (II) Granting Related Relief [Docket No. 41].

In the ordinary course of business, the Debtors may hold personal belongings of residents after they leave a facility for various reasons. Such property is held until the resident or their designated contact retrieves the subject property.

Petersen Health Care, Inc. is party to a lease agreement for copiers which are held at various Debtor locations.

<u>Question 26a</u>: Debtor Petersen Health Care Management, LLC maintains the books and records for all of the Debtors and has been listed to reflect that in the Schedules and Statements. Specific names have been provided in the Statements of Petersen Health Care Management, LLC.

Question 26d: The Debtors' financial statements are maintained and distributed from Petersen Health Care Management, Inc. From time to time, the Debtors provide financial statements in the ordinary course of business to certain parties for business, statutory, credit, financing, and other reasons. Recipients may include regulatory and tax agencies, financial institutions, investment banks, vendors, debtholders, and their legal and financial advisors. Additionally, the Debtors contacted various parties in connection with the Debtors' efforts to market and sell their assets. The Debtors shared certain financial information under confidentiality agreements to certain of those parties through Walker & Dunlop Investment Sales, LLC, the Debtors' retained Investment Sales Broker. The identity of such parties has not been individually disclosed herein based on confidentiality.

Question 31: Until 2021, certain Debtors were members of a consolidated group for tax purposes wherein such Debtors did not file tax returns and were accounted for within the personal tax returns

of Mark Petersen. As of 2021, those Debtors are no longer part of such consolidated group. The Debtors maintain that during the time in which such Debtors were members of a consolidated group for tax purposes, such Debtors were not required to file any tax return because they generated no income.

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Fill in this information to identify the case: Debtor Name: In re: Effingham HCO, LLC		
United States Bankruptcy Court for the: District of Delaware		Objects # Abic in the
Case number (if known): 24-10543 (TMH)		Check if this is an amended filing
Official Form 206Sum		
Summary of Assets and Liabilities for No	on-Individuals	12/15
Part 1: Summary of Assets		
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	\$ _	2,857,653.05
1c. Total of all property:		
Copy line 92 from Schedule A/B	\$_	2,857,653.05
Part 2: Summary of Liabilities		
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form	n 206D)	
Copy the total dollar amount listed in Column A, Amount of claim, from line 3	of Schedule D	3,933,640.78
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	\$	79,400.00
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 Schedu	+\$_	733,616.03
4. Total liabilities		

Lines 2 + 3a + 3b

4,746,656.81

I in this information to identify the case:									
ebtor Name: In re : Effingham HCO, LLC									
Inited States Bankruptcy Court for the: District of Delaware		l		Ch	Check	Check if this	Check if this is	Check if this is	Check if this is
ase number (if known): 24-10543 (TMH)	_							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 t	he debtor have any cash or cash equi	valents?			
☐ No	. Go to Part 2.				
✓ Ye	s. Fill in the information below.				
All cas	sh or cash equivalents owned or co	entrolled by the debto	r	Current valu	ue of debtor's interest
2. Cash	on hand				
	2.1 <u>None</u>			 \$ <u></u>	
3. Check	ing, savings, money market, or financ	ial brokerage accounts	(Identify all)		
Name o	of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number		
	3.1 PNC Bank	Commercial	3565	\$	28,528.24
	3.2 PNC Bank	Government	2829	\$	0.00
	3.3 PNC Bank	Operating	2474	 \$	0.00
4. Other	cash equivalents (Identify all)				
	4.1 Non-Critical Repair Reserve			\$	28,651.39
	4.2 Property Insurance Escrow			\$	12,409.85
5. Total of	f Part 1				
Add line	es 2 through 4 (including amounts on a	any additional sheets).	Copy the total to line 80.	\$	69,589.48

Debtor: Case 24-10443-TMH Doc 429 Filed 05/31/24 Page 16 of 58

Case number (if known): 24-10543

Name

Part 2: Deposits and prepayments		
6. Does the debtor have any deposits or prepayments?		
□ No. Go to Part 3.		
✓ Yes. Fill in the information below.		
	Current valu	ue of debtor's interest
7. Deposits, including security deposits and utility deposits		
Description, including name of holder of deposit		
7.1 None	\$	
8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent		
Description, including name of holder of prepayment		
8.1 Prepaid Insurance	\$	70,681.26
8.2 Prepaid Management Fees	\$	524,418.05
9. Total of Part 2.		
Add lines 7 through 8. Copy the total to line 81.	\$	595,099.31

Page 17 of 58 Case 24-10443-TMH Doc 429 Filed 05/31/24 Effingham HCO, LLC Case number (if known): Debtor: Name Accounts receivable Part 3: 10. Does the debtor have any accounts receivable? $\ \square$ No. Go to Part 4. $\ensuremath{\,\,^{\square}}$ Yes. Fill in the information below. Current value of debtor's 11. Accounts receivable Description face amount doubtful or uncollectible accounts Accounts 11a. 90 days old or less: 2,179,276.69 - \$ 2,179,276.69 Receivables Note: See Global Notes Accounts 11b. Over 90 days old: Receivables - \$ Note: See Global Notes 12. Total of Part 3.

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

2,179,276.69

\$

Case 24-10443-TMH Doc 429 Filed 05/31/24 Page 18 of 58

Debtor:	Effingham HCO, LLC	Case number (if known):	24-10543	
	Name			
	•			

Par	t 4: Investments				
13.	Does the debtor own any investments?				
	☑ No. Go to Part 5.				
	$\ \square$ 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:				
				\$	
15.	Non-publicly traded stock and interests in incorporated and un including any interest in an LLC, partnership, or joint venture	incorporated businesses,			
	Name of entity:	% of ownership:			
			<u></u>	\$	_
16.	Government bonds, corporate bonds, and other negotiable and instruments not included in Part 1	d non-negotiable			
	Describe:				
			_	\$	_
17.	Total of Part 4.				_
	Add lines 14 through 16. Copy the total to line 83.			\$0.00	

Case 24-10443-TMH Doc 429 Filed 05/31/24 Page 19 of 58

Debtor: Effingham HCO, LLC Case number (if known): 24-10543

Debtor:		Case Humber
	Name	

Inventory, excluding agriculture assets

18.	Does the debtor own any inventory (excluding agriculture assets)? ☑ No. Go to Part 6. ☐ Yes. Fill in the information below.					
	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest	
19.	Raw materials		\$\$		\$	
20.	Work in progress		\$		\$	
21.	Finished goods, including goods held for re-	sale	\$		\$	
22.	Other inventory or supplies		\$		\$	
23.	Total of Part 5. Add lines 19 through 22. Copy the total to line 8	34.			\$	
24.	Is any of the property listed in Part 5 perisha ☐ No ☐ Yes	ble?				
25.	Has any of the property listed in Part 5 been □ No	purchased within 20 o	days before the bankruptcy was	s filed?		
	☐ Yes. Description Book value	ue\$	Valuation method	Current value	\$	
26.	Has any of the property listed in Part 5 been □ No □ Yes	appraised by a profes	ssional within the last year?			

Case 24-10443-TMH Doc 429 Filed 05/31/24 Page 20 of 58

 Debtor:
 Effingham HCO, LLC
 Case number (if known):
 24-10543

 Name
 Annumber (if known):
 24-10543

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 as	ssets (other than titled motor	vehicles and land)?				
	☑ No. Go to Part 7.						
	☐ Yes. Fill in the information below.						
	General description i	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest			
28.	Crops—either planted or harvested						
		\$		\$			
29.	Farm animals Examples: Livestock, poultry, farm-raised fish	\$		\$			
20	Farm machiness and environment (Other them titled metas yellisles)						
30.	Farm machinery and equipment (Other than titled motor vehicles)	\$		\$			
		\$		_ *			
31	Farm and fishing supplies, chemicals, and feed						
01.		\$		\$			
			-				
32.	Other farming and fishing-related property not already listed in I	Part 6					
	:	\$		\$			
33	Total of Part 6.		Г				
00.	Add lines 28 through 32. Copy the total to line 85.			\$0.00			
			L				
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	0 days before the bankruptcy	was filed?				
	□ No						
	☐ Yes. Description Book value \$	Valuation method	Curr	ent value \$			
36.	Is a depreciation schedule available for any of the property lister	d in Part 6?					
	□ No						
	□ Yes						
37.	Has any of the property listed in Part 6 been appraised by a profe	essional within the last year?					
	□ No						
	Π ٧ως						

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 Debtor:
 Effingham HCO, LLC
 Case number (if known):
 24-10543

 Name
 Anne
 24-10543

Par	t 7: Office furniture, fixtures, and equipment; a	nd collectibles		
38.	Does the debtor own or lease any office furniture, fixtures,	equipment, or collectibles?		
	□ No. Go to Part 8.			
	$oxed{arnothing}$ 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 Total FFE from Balance Sheet	\$ 13,687.57	Net Book Value	\$ 13,687.57
40.	Office fixtures			
	40.1 See Schedule A/B 39	\$	_	\$
41.	Office equipment, including all computer equipment and communication systems equipment and software			
	41.1 See Schedule A/B 39	\$	_	\$
42.	Collectibles <i>Examples:</i> Antiques and figurines; paintings,prints books, pictures, or other art objects; china and crystal; stamp, card collections; other collections, memorabilia, or collectibles			
	42.1 None	\$	_	\$
43.	Total of Part 7. Add lines 39 through 42. Copy the total to line 86.			\$13,687.57
44.	Is a depreciation schedule available for any of the property	listed in Part 7?		
	☑ No			
	□ Yes			

☑ No☐ Yes

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

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 Debtor:
 Effingham HCO, LLC
 Case number (if known):
 24-10543

 Name
 24-10543

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	Net book value of debtor's interest	Valuation method used	Current value of debtor's interest			
	Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	(Where available)	for current value	Current value of deptor's interest			
47.	Automobiles, vans, trucks, motorcycles, trailers, and titled	farm vehicles					
	47.1 None	\$		\$			
48.	Watercraft, trailers, motors, and related accessories Examp floating homes, personal watercraft, and fishing vessels	oles: Boats, trailers, motors,					
	48.1 None	\$		\$			
49.	Aircraft and accessories						
	49.1 None	\$;	\$			
50.	Other machinery, fixtures, and equipment (excluding farm	machinery and equipment)					
00.		\$		\$			
	30.1. <u></u>		·				
5 4	Total of Bort 0						
51.	Total of Part 8.			0.00			
	Add lines 47 through 50. Copy the total to line 87.		`	0.00			
52.	Is a depreciation schedule available for any of the property	v listed in Part 8?					
	M No	•					
	□ Yes						
53	Has any of the property listed in Part 8 been appraised by	a professional within the last v	(oar?				
JJ.	rias any or the property listed in Fart o been appraised by	a professional within the last)	cai:				

✓ No☐ Yes

Case 24-10443-TMH Doc 429 Filed 05/31/24 Page 23 of 58 Effingham HCO, LLC Case number (if known): Debtor: Name Part 9: **Real property** Does the debtor own or lease any real property? ☑ No. Go to Part 10. $\hfill \hfill \hfill$ 55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest **Description and location of property** Net book value of Nature and extent of Valuation method Include street address or other description such as debtor's interest Current value of Assessor Parcel Number (APN), and type of property (for debtor's interest in used for current debtor's interest value property example, acreage, factory, warehouse, apartment or office (Where available) building), if available. 55.1 56. Total of Part 9. Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88. 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?

□ Yes

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Debtor: Effingham HCO, LLC

Case number (if known):

24-10543

Name

હા	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 None	\$		\$		
61.	Internet domain names and websites					
	61.1 None	\$		\$		
62.	Licenses, franchises, and royalties State of Illinois Department of Public Health License, 62.1 Permit, Certification, Registration	\$ Undetermined		\$ Undetermined		
63.	Customer lists, mailing lists, or other compilations					
	63.1 Customer / patient list	\$0.00		\$ Undetermined		
64.	Other intangibles, or intellectual property					
	64.1 None	\$		\$		
65.	Goodwill					
	65.1 None	\$		\$		
66.	Total of Part 10.					

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

 \square No

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

✓ 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?

□ Yes

0.00

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Debtor: Effingham HCO, LLC Case number (if known): 24-10543

Name

Part 11:	All	other	assets

rent value of debtor's rest
rest
0.00
-

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Debtor: Effingham HCO, LLC

Name

Case number (if known):

24-10543

Part 12: Summary

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

	Type of property	 nt value of nal property		Current value of real property		
80.	Cash, cash equivalents, and financial assets. Copy line 5, Part 1.	\$ 69,589.48				
81.	Deposits and prepayments. Copy line 9, Part 2.	\$ 595,099.31				
82.	Accounts receivable. Copy line 12, Part 3.	\$ 2,179,276.69				
83.	Investments. Copy line 17, Part 4.	\$ 0.00				
84.	Inventory. Copy line 23, Part 5.	\$ 0.00				
85.	Farming and fishing-related assets. Copy line 33, Part 6.	\$ 0.00				
86.	Office furniture, fixtures, and equipment; and collectibles.	\$ 13,687.57				
	Copy line 43, Part 7.					
87.	Machinery, equipment, and vehicles. Copy line 51, Part 8.	\$ 0.00				
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.	\$ 0.00				
91.	Total. Add lines 80 through 90 for each column91a.	\$ 2,857,653.05	+ 91b.	\$0.00		
92.	Total of all property on Schedule A/B. Lines 91a + 91b = 92	 			\$	2,85

Jnited Sta	me: In re: Effingham HCO, LLC tes Bankruptcy Court for the: District of Delaware per (if known): 24-10543 (TMH)			_	Check if this is an amended filing
	al Form 206D dule D: Creditors Who H	ave Claims Secured by F	roper	ty	12/15
Be as co	mplete and accurate as possible.				
□ No	r creditors have claims secured by debtor's proceed to the control of the control	coperty? the court with debtor's other schedules. Debtor h	as nothing e	else to report on th	is form.
art 1:	List Creditors Who Have Secured Claims				
secured	Iphabetical order all creditors who have secur claim, list the creditor separately for each claim.		Amo Do r valu	umn A ount of claim not deduct the e of collateral.	Column B Value of collateral that supports this claim
2.1	Creditor's name	Describe debtor's property that is subject to			
	Ecapital Creditor's Name Creditor's mailing address	NonRE Property and all Accounts	\$	3,933,640.78	\$ Undetermined
,	Notice Name	Describe the lien NonReal Estate and Financial			
	20807 Biscayne Blvd	-			
	Street Suite 203	Is the creditor an insider or related party?			
	_	_ ☑ No			
	Aventura FL 33180 City State ZIP Code	☐ Yes			
	Country Creditor's email address, if known Date debt was incurred	Is anyone else liable on this claim? □ No □ Yes. Fill out Schedule H: Codebtors(Official)	l Form 206H	<i>t</i>).	
	Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply.			
	Do multiple creditors have an interest in the same property?	☐ Contingent☐ Unliquidated☐ Disputed			
	☑ 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	-			

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

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

If no 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
Name			Line	
- Traine				
Notice Name				
Street				
City	State	ZIP Code		
Country				

Fill in this information to identify the case:
Debtor Name: In re : Effingham HCO, LLC
United States Bankruptcy Court for the: District of Delaware
Case number (if known): 24-10543 (TMH)

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
rail I.	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 clain	n	Priority ar	nount
Priority creditor's name and mailing address IDPH/CMS Creditor Name		nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	25,000.00	\$	25,000.00
Creditor Name							
			☐ Unliquidated				
Creditor's Notice n	ame		_ □ Disputed				
535 West Jeffe	rson Street						
Address			Basis for the claim:				
			Taxes				
				_			
Springfield	IL	62761	_				
City	State	ZIP Code	-				
Country			_				
Date or dates	s debt was inc	urred					
Various							
Last 4 digits number	of account			Is the cl ✓ No	laim subject	to offset?	
Specify Code	subsection o	of PRIORITY unsecur	ed	□ Yes			
claim: 11 U.S	.C. § 507(a) (<u>8</u>)						

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Name		e number (if known): 24-10543	
Priority creditor's name and mailing address IDPH/CMS	As of the petition filing date, the claim is: \$ Check all that apply.	25,000.00 \$	25,000
Creditor Name	_ ☐ Contingent		
	☐ Unliquidated		
Creditor's Notice name	☐ Disputed		
505 West Jaffarras Obsert	□ Disputed		
535 West Jefferson Street Address	Basis for the claim:		
Address			
	Taxes		
	_		
Springfield IL 62761 City State ZIP Code			
Only State Zii Gode			
Country	_		
Date or dates debt was incurred			
Various			
Last 4 digits of account	_	Is the claim subject to offset?	
number		✓ No	
Specify Code subsection of PRIORITY unsecure claim: 11 U.S.C. § 507(a) (8)	ed	☐ Yes	
claim: 11 U.S.C. § 507(a) (8) Priority creditor's name and mailing address IDPH/CMS	As of the petition filing date, the claim is: \$ Check all that apply.		25,000.
claim: 11 U.S.C. § 507(a) (<u>8</u>) Priority creditor's name and mailing address	As of the petition filing date, the claim is: \$		25,000.
claim: 11 U.S.C. § 507(a) (8) Priority creditor's name and mailing address IDPH/CMS	As of the petition filing date, the claim is: \$ Check all that apply.		25,000.
claim: 11 U.S.C. § 507(a) (8) Priority creditor's name and mailing address IDPH/CMS	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated		25,000.
claim: 11 U.S.C. § 507(a) (8) Priority creditor's name and mailing address IDPH/CMS Creditor Name Creditor's Notice name	As of the petition filing date, the claim is: \$ Check all that apply. Contingent		25,000.
claim: 11 U.S.C. § 507(a) (<u>8</u>) Priority creditor's name and mailing address IDPH/CMS Creditor Name	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated		25,000.
claim: 11 U.S.C. § 507(a) (8) Priority creditor's name and mailing address IDPH/CMS Creditor Name Creditor's Notice name 535 West Jefferson Street	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim:		25,000.
claim: 11 U.S.C. § 507(a) (8) Priority creditor's name and mailing address IDPH/CMS Creditor Name Creditor's Notice name 535 West Jefferson Street	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed		25,000.
Claim: 11 U.S.C. § 507(a) (8) Priority creditor's name and mailing address IDPH/CMS Creditor Name Creditor's Notice name 535 West Jefferson Street Address	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim:		25,000.
claim: 11 U.S.C. § 507(a) (8) Priority creditor's name and mailing address IDPH/CMS Creditor Name Creditor's Notice name 535 West Jefferson Street	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim:		25,000.
Claim: 11 U.S.C. § 507(a) (8) Priority creditor's name and mailing address IDPH/CMS Creditor Name Creditor's Notice name 535 West Jefferson Street Address Springfield IL 62761	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim:		25,000.
Claim: 11 U.S.C. § 507(a) (8) Priority creditor's name and mailing address IDPH/CMS Creditor Name Creditor's Notice name 535 West Jefferson Street Address Springfield IL 62761	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim:		25,000.
Creditor's name and mailing address IDPH/CMS Creditor Name Creditor's Notice name 535 West Jefferson Street Address Springfield City IL State 62761 ZIP Code	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim:		25,000.
Claim: 11 U.S.C. § 507(a) (8) Priority creditor's name and mailing address IDPH/CMS Creditor Name Creditor's Notice name 535 West Jefferson Street Address Springfield City IL State 62761 ZIP Code Country	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim:		25,000.
Creditor's name and mailing address IDPH/CMS Creditor Name Creditor's Notice name 535 West Jefferson Street Address Springfield City LL State Country Date or dates debt was incurred	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim:		25,000.

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r: Effingham HCO, LLC	Cas	e number (if known	_{1):} 24-105	543	
Name					
Priority creditor's name and mailing address IDPH/CMS	As of the petition filing date, the claim is: \$ Check all that apply.		2,200.00 \$		2,200
Creditor Name	☐ Contingent				
	☐ Unliquidated				
Creditor's Notice name	· □ Disputed				
EZE West leffereen Street	_ Disputed				
535 West Jefferson Street Address	Basis for the claim:				
	Taxes				
Springfield IL 62761	_				
Springfield IL 62761 City State ZIP Code	-				
•					
Country	_				
Date or dates debt was incurred					
Various					
Last 4 digits of account	_	Is the claim	subject to	offset?	
number Specify Code subsection of PRIORITY unsecur claim: 11 U.S.C. § 507(a) (8)	ed	☑ No □ Yes			
Specify Code subsection of PRIORITY unsecur	ed As of the petition filing date, the claim is: \$ Check all that apply.	□ Yes	2,200.00 \$	3	2,200
Specify Code subsection of PRIORITY unsecur claim: 11 U.S.C. \S 507(a) (\S) Priority creditor's name and mailing address	As of the petition filing date, the claim is: \$ Check all that apply.	□ Yes	<u>2,200.00</u> \$	3	2,200
Specify Code subsection of PRIORITY unsecur claim: 11 U.S.C. § 507(a) (8) Priority creditor's name and mailing address IDPH/CMS	As of the petition filing date, the claim is: \$ Check all that apply.	□ Yes	2,200.00 \$	3	2,200
Specify Code subsection of PRIORITY unsecur claim: 11 U.S.C. § 507(a) (8) Priority creditor's name and mailing address IDPH/CMS	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated	□ Yes	<u>2,200.00</u> \$	3	2,200
Specify Code subsection of PRIORITY unsecur claim: 11 U.S.C. § 507(a) (8) Priority creditor's name and mailing address IDPH/CMS Creditor Name Creditor's Notice name	As of the petition filing date, the claim is: \$ Check all that apply.	□ Yes	2 <u>,200.00</u> \$	3	2,200
Specify Code subsection of PRIORITY unsecur claim: 11 U.S.C. § 507(a) (8) Priority creditor's name and mailing address IDPH/CMS Creditor Name Creditor's Notice name 535 West Jefferson Street	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed	□ Yes	<u>2,200.00</u> \$	3	2,200.
Specify Code subsection of PRIORITY unsecur claim: 11 U.S.C. § 507(a) (8) Priority creditor's name and mailing address IDPH/CMS Creditor Name Creditor's Notice name	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	□ Yes	2,200.00 \$	5	2,200
Specify Code subsection of PRIORITY unsecur claim: 11 U.S.C. § 507(a) (8) Priority creditor's name and mailing address IDPH/CMS Creditor Name Creditor's Notice name 535 West Jefferson Street	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed	□ Yes	<u>2,200.00</u> \$	3	2,200
Specify Code subsection of PRIORITY unsecur claim: 11 U.S.C. § 507(a) (8) Priority creditor's name and mailing address IDPH/CMS Creditor Name Creditor's Notice name 535 West Jefferson Street Address	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	□ Yes	2,200.00 \$; 	2,200
Specify Code subsection of PRIORITY unsecur claim: 11 U.S.C. § 507(a) (8) Priority creditor's name and mailing address IDPH/CMS Creditor Name Creditor's Notice name 535 West Jefferson Street Address Springfield IL 62761	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	□ Yes	2,200.00 \$	3	2,200.
Specify Code subsection of PRIORITY unsecur claim: 11 U.S.C. § 507(a) (8) Priority creditor's name and mailing address IDPH/CMS Creditor Name Creditor's Notice name 535 West Jefferson Street Address	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	□ Yes	2,200.00 \$;	2,200.
Specify Code subsection of PRIORITY unsecur claim: 11 U.S.C. § 507(a) (8) Priority creditor's name and mailing address IDPH/CMS Creditor Name Creditor's Notice name 535 West Jefferson Street Address Springfield IL 62761	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	□ Yes	2,200.00\$	3	2,200.
Specify Code subsection of PRIORITY unsecur claim: 11 U.S.C. § 507(a) (8) Priority creditor's name and mailing address IDPH/CMS Creditor Name Creditor's Notice name 535 West Jefferson Street Address Springfield IL 62761 City State 2IP Code	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	□ Yes	2,200.00 \$	3	2,200.
Specify Code subsection of PRIORITY unsecur claim: 11 U.S.C. § 507(a) (8) Priority creditor's name and mailing address IDPH/CMS Creditor Name Creditor's Notice name 535 West Jefferson Street Address Springfield LL State G2761 ZIP Code	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	□ Yes	2,200.00 \$	5	2,200
Specify Code subsection of PRIORITY unsecur claim: 11 U.S.C. § 507(a) (8) Priority creditor's name and mailing address IDPH/CMS Creditor Name Creditor's Notice name 535 West Jefferson Street Address Springfield IL State 62761 ZIP Code Country Date or dates debt was incurred	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	□ Yes			2,200.

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.

Accurate Biometrics Check all that apply.					Amount of claim	
Creditor's Notice name 500 Park Boulevard Address Suite 1250 Itasca			nd mailing address		\$	63.00
Creditor's Notice name Country State 2 Country						
Disputed Basis for the claim: Trade Payable				•		
Basis for the claim: Address Suite 1260 Itasca	Creditor's Notice r	name		<u> </u>		
Address Suite 1260 Itasca				·		
Suite 1260 Itasea		evard				
Itasca				Trade Payable	_	
Country Date or dates debt was incurred Various Last 4 digits of account number 2 Nonpriority creditor's name and mailing address Andes Healthmart Pharmacy Creditor Name Creditor's Notice name 805 West Fayette Avenue Address Effingham IL 62401 City State ZIP Code Is the claim subject to offset? No As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable Effingham IL 62401 City State ZIP Code Is the claim subject to offset? No	Suite 1260					
Country Date or dates debt was incurred Various Last 4 digits of account number 2 Nonpriority creditor's name and mailing address Andes Healthmart Pharmacy Creditor Name Creditor's Notice name 805 West Fayette Avenue Address Effingham IL Gity State Country Date or dates debt was incurred Various Is the claim subject to offset? No No Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable State Country Date or dates debt was incurred Various Is the claim subject to offset? No	Itasca	II .	60143			
Date or dates debt was incurred Various Last 4 digits of account number 2 Nonpriority creditor's name and mailing address Andes Healthmart Pharmacy Creditor Name Creditor Name B05 West Fayette Avenue Address Effingham IL State Country Date or dates debt was incurred Various Is the claim subject to offset? No						
Various Last 4 digits of account number 2 Nonpriority creditor's name and mailing address Andes Healthmart Pharmacy Creditor Name Contingent Unliquidated Disputed Basis for the claim: Trade Payable	Country					
Last 4 digits of account number 2 Nonpriority creditor's name and mailing address As of the petition filling date, the claim is: \$ Check all that apply. Creditor Name Creditor's Notice name B05 West Fayette Avenue Address Effingham IL 62401 City State ZIP Code Country Date or dates debt was incurred Various As of the petition filing date, the claim is: \$ Check all that apply. Check all that	Date or dates	s debt was incurr	ed	Is the claim subject to offset?		
As of the petition filing date, the claim is: \$ Andes Healthmart Pharmacy Creditor Name Creditor's Notice name 805 West Fayette Avenue Address Effingham LL City State Country Date or dates debt was incurred Various As of the petition filing date, the claim is: \$ Check all that apply. C	Various			✓ No		
As of the petition filing date, the claim is: Andes Healthmart Pharmacy Creditor Name Creditor's Notice name Unliquidated	Last 4 digits	of account		□ Yes		
Creditor's Notice name 805 West Fayette Avenue Address Effingham IL 62401 City State ZIP Code Country	Andes Healthm		na maning address		\$	30.13
Creditor's Notice name 805 West Fayette Avenue Address Effingham IL 62401 City State ZIP Code Country Date or dates debt was incurred Various Creditor's Notice name Basis for the claim: Trade Payable It also payable Is the claim subject to offset? ✓ No				☐ Contingent		
Boss West Fayette Avenue Address Effingham IL 62401 City State ZIP Code Country Date or dates debt was incurred Various Disputed Basis for the claim: Trade Payable Is the claim subject to offset? ✓ No	Craditaria Nation			Unliquidated		
Address Effingham IL 62401 City State ZIP Code Country Date or dates debt was incurred Various Trade Payable Is the claim subject to offset? No	Creditor's Notice r	name		☐ Disputed		
Effingham IL 62401 City State ZIP Code Country Date or dates debt was incurred Various Is the claim subject to offset? No	805 West Faye	ette Avenue		Basis for the claim:		
Country Date or dates debt was incurred Various ZIP Code Is the claim subject to offset? ✓ No	Address			Trade Payable	_	
Country Date or dates debt was incurred Various ZIP Code Is the claim subject to offset? ✓ No						
Country Date or dates debt was incurred Various Is the claim subject to offset? ✓ No	Effingham	IL	62401			
Date or dates debt was incurred Is the claim subject to offset? Various ✓ No	City	State	ZIP Code			
<u>Various</u>						
various		s debt was incurr	ed			
Last 4 digits of account	-					
	Last 4 digits	ot account		⊔ Yes		

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Nonpriority creditor's name and mailing address	A 241 ALL ALL L	•	:
Biotech X- Ray Inc	As of the petition filing date, the claim is: Check all that apply.	\$	803.1
Creditor Name			
	☐ Contingent		
Creditor's Notice name	Unliquidated		
Creditor's notice flame	☐ Disputed		
1065 Executive Parkway Drive	Basis for the claim:		
Address	Trade Payable		
Suite 220		_	
St Louis MO 631416367			
City State ZIP Code			
Country			
Date or dates debt was incurred	Is the claim subject to offset?		
Various	☑ No		
Last 4 digits of account	□ Yes		
Nonpriority creditor's name and mailing address C J Signs	As of the petition filing date, the claim is: Check all that apply.	\$	300.0
Creditor Name	 ☐ Contingent		
	☐ Unliquidated		
Creditor's Notice name	· '		
	□ Disputed		
Creditor's Notice name 4024 SW Adams Street Address	□ Disputed Basis for the claim:		
4024 SW Adams Street	□ Disputed	_	
4024 SW Adams Street Address	□ Disputed Basis for the claim:	_	
4024 SW Adams Street Address Peoria IL 61605	□ Disputed Basis for the claim:	_	
4024 SW Adams Street Address	□ Disputed Basis for the claim:	_	
Address Peoria IL 61605 City State ZIP Code Country	Disputed Basis for the claim: Trade Payable	_	
Address Peoria IL 61605 City State ZIP Code	□ Disputed Basis for the claim:		

number

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or: Effingham H	CO, LLC		Case number (if known).	24-10543	
Name					
Nonpriority c	reditor's name a	nd mailing address	As of the petition filing date, the claim is:	\$	22,572.8
Constellation No	ew Energy		Check all that apply.		
Creditor Name			☐ Contingent		
			☐ Unliquidated		
Creditor's Notice na	ame		☐ Disputed		
Gas Division LLC Address PO Box 5473			Basis for the claim: Trade Payable		
				-	
Carol Stream	IL	60197-5473			
City	State	ZIP Code			
Country			<u></u>		
Date or dates	debt was incurr	red	Is the claim subject to offset?		
Various					
Last 4 digits	of account		☐ Yes		
Datamax	reditor's name a	nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	3,495.0
Creditor Name			☐ Contingent		
dba Sumner On	ne		☐ Unliquidated		
Creditor's Notice na	ame		 □ Disputed		
PO Box 5180			Basis for the claim:		
Address			Trade Payable	_	
St Louis	MO	63139-0180			
City	State	ZIP Code			
Country					
Date or dates	debt was incurr	red	Is the claim subject to offset?		
Various			✓ No		
Last 4 digits	of account		□ Yes		
number					

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			Case number (if known).): 24-10543	
Name					
7 Nonpriority creditor's name and mailing address		nd mailing address	As of the petition filing date, the claim is:	\$	8,248.1
Direct Supply Inc			Check all that apply.		
Ordulor Name			☐ Contingent		
			☐ Unliquidated		
Creditor's Notice name Box 88201 Address			☐ Disputed Basis for the claim: Trade Payable		
				_	
Milwaukee	WI	53288			
City	State	ZIP Code			
Country					
Date or dates	debt was incurr	ed	Is the claim subject to offset?		
Various			☑ No		
Last 4 digits of	f account		□ Yes		
_					
number	editor's name a	nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	2,661.4
number Nonpriority cr	editor's name a	nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	2,661.4
number Nonpriority cr Effingham Builde	editor's name a	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent	\$	2,661.4
number Nonpriority cr Effingham Builde	editor's name a	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated	\$	2,661.4
number Nonpriority cr Effingham Builde Creditor Name Creditor's Notice na	editor's name a ers Supply	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	\$	2,661.4
number Nonpriority cr Effingham Builde Creditor Name	editor's name a ers Supply	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	2,661.4
number Nonpriority cr Effingham Builde Creditor Name Creditor's Notice na	editor's name a ers Supply	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	\$	2,661.4
number Nonpriority cr Effingham Builde Creditor Name Creditor's Notice na 100 East Evergre Address PO Box 249	editor's name a ers Supply me een Avenue		As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	2,661.4
Nonpriority cr Effingham Builde Creditor Name Creditor's Notice na 100 East Evergraddress PO Box 249 Effingham	editor's name a ers Supply me een Avenue	62401	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	2,661.4
number Nonpriority cr Effingham Builde Creditor Name Creditor's Notice na 100 East Evergre Address PO Box 249	editor's name a ers Supply me een Avenue		As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	2,661.4
Nonpriority cr Effingham Builde Creditor Name Creditor's Notice na 100 East Evergraddress PO Box 249 Effingham	editor's name a ers Supply me een Avenue	62401	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Basis for the claim: Trade Payable	\$	2,661.4
Nonpriority cr Effingham Builde Creditor Name Creditor's Notice na 100 East Evergranddress PO Box 249 Effingham City Country	editor's name a ers Supply me een Avenue	62401 ZIP Code	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Basis for the claim: Trade Payable Is the claim subject to offset?	\$	2,661.4
Nonpriority cr Effingham Builde Creditor Name Creditor's Notice na 100 East Evergranddress PO Box 249 Effingham City Country	editor's name a ers Supply me een Avenue IL State	62401 ZIP Code	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Basis for the claim: Trade Payable	\$	2,661.4

number

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Namoulaulter		nd mailing address	A = - f (b = m = 0) (c = 0)	Φ.	
9 Nonpriority creditor's name and mailing address Effingham Urology Associates		nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	10.3
Creditor Name			□ Contingent		
			☐ Unliquidated		
Creditor's Notice na	me		☐ Disputed		
414 West Virgini	2		Basis for the claim:		
414 West Virginia Address			Trade Payable		
Box 1169				_	
Effingham	IL	62401-2258			
City	State	ZIP Code			
Country					
Date or dates	debt was incurr	red	Is the claim subject to offset?		
Date or dates debt was incurred Various			✓ No		
Last 4 digits o	f account		□ Yes		
Last 4 digits o	editor's name a	nd mailing address	☐ Yes As of the petition filing date, the claim is: Check all that apply.	\$	559.
Last 4 digits on number Nonpriority cruflynn Sales & Se	editor's name a	nd mailing address	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent	\$	559.′
Last 4 digits on number Nonpriority cruflynn Sales & Se	editor's name a ervice Inc	nd mailing address	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated	\$	559.
Last 4 digits on number Nonpriority cr. Flynn Sales & Sec. Creditor Name Creditor's Notice name	editor's name a ervice Inc	nd mailing address	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed	\$	559.′
Last 4 digits on number Nonpriority cr. Flynn Sales & Sec. Creditor Name Creditor's Notice name	editor's name a ervice Inc	nd mailing address	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$	559.′
Last 4 digits on number Nonpriority cr. Flynn Sales & Sec. Creditor Name Creditor's Notice name	editor's name a ervice Inc	nd mailing address	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed	\$	559.
Last 4 digits on number Nonpriority critical Section	editor's name a ervice Inc me		□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$	559.
Last 4 digits on number Nonpriority cr. Flynn Sales & Sec. Creditor Name Creditor's Notice name	editor's name a ervice Inc	nd mailing address 62650 ZIP Code	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$	559.1
Last 4 digits on number Nonpriority cre Flynn Sales & Se Creditor Name Creditor's Notice nate 1286 Franks Roa Address Jacksonville	editor's name a ervice Inc me ad	62650	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$	559.
Last 4 digits on number Nonpriority cre Flynn Sales & Se Creditor Name Creditor's Notice nate 1286 Franks Roa Address Jacksonville City Country	editor's name a ervice Inc me ad	62650 ZIP Code	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$	559.
Last 4 digits on number Nonpriority cre Flynn Sales & Se Creditor Name Creditor's Notice nate 1286 Franks Roa Address Jacksonville City Country	editor's name a ervice Inc me ad IL State	62650 ZIP Code	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	559.

number

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otor:	Effingham HC	O, LLC		Case number (if known):	:	24-10543	
	Name				_		
		editor's name a	nd mailing address	As of the petition filing date, the claim is:	\$_		608.7
	uaranteed Ink			Check all that apply.			
O.	reditor realine			☐ Contingent			
				☐ Unliquidated			
Cr	reditor's Notice na	me		□ Disputed			
P	O Box 2222			Basis for the claim:			
	ddress			Trade Payable			
_					-		
Ea	ast Peoria	IL	61611				
Ci	ity	State	ZIP Code				
	Country						
		debt was incuri	red	Is the claim subject to offset?			
_	arious			☑ No			
Lá	ast 4 digits o	f account		□ Yes			
	umber						
Н	ealth Technolo		nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$_		3,366.3
Cr	reditor Name			□ Contingent			
				☐ Unliquidated			
Cr	reditor's Notice na	me		· □ Disputed			
84	446 Page Aven	uie		Basis for the claim:			
	ddress			 Trade Payable			
_					-		
St	t. Louis	MO	63130				
Ci	ity	State	ZIP Code				
	Country						
		debt was incurr	ed	Is the claim subject to offset?			
_	arious	_		✓ No			
Lá	ast 4 digits o	f account		□ Yes			
nı	umber						

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Nonpriority creditor's name Hospital Sisters Health System II Creditor Name		As of the petition filing date, the claim is: Check all that apply.	\$	497.6
	<u>L</u>	Check all that apply.		
Creditor Name				
		□ Contingent		
		☐ Unliquidated		
Creditor's Notice name		□ Disputed		
Patient Financial Services		Basis for the claim:		
Address		 Trade Payable		
PO Box 13427			-	
Springfield IL	62791			
City State	ZIP Code			
Country				
Date or dates debt was incu	rred	Is the claim subject to offset?		
Various		✓ No		
Last 4 digits of account				
Nonpriority creditor's name	and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	860.0
Creditor Name		☐ Contingent		
		☐ Unliquidated		
Creditor's Notice name		□ Disputed		
Bureau of Investigation		Basis for the claim:		
Address		Trade Payable		
206 North Chicago Street			-	
latina II	004004070			
Joliet IL	604324072			
	ZIP Code			
City State				
Country		le the plaim publicat to effect?		
	rred	Is the claim subject to offset? ☑ No		

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· Nannuiauitu aua					
Impact Medical S		nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	11,200.0
Creditor Name			☐ Contingent		
			☐ Unliquidated		
Creditor's Notice nam	e		□ Disputed		
1001 NW Vesper	Street		Basis for the claim:		
Address			Trade Payable	-	
Blue Springs	MO	64015-3676			
City	State	ZIP Code			
Country					
Date or dates d	ebt was incurr	ed	Is the claim subject to offset?		
Various					
Last 4 digits of	account		☐ Yes		
number					
		nd mailing address	As of the petition filing date, the claim is:	\$	448.0
Jansens Heating	and Air Condition	ing	Check all that apply.		
			☐ Contingent		
			Unliquidated		
Craditar's Nation nam	. C				
Creditor's Notice nam			☐ Disputed		
11984 East US H			☐ Disputed Basis for the claim:		
			·	_	
11984 East US H			Basis for the claim:	-	
11984 East US H		62401	Basis for the claim:	-	
11984 East US Hi	ighway 40	62401 ZIP Code	Basis for the claim:	-	
11984 East US Hi Address	ighway 40		Basis for the claim: Trade Payable	-	
11984 East US Hi Address Effingham City	ighway 40	ZIP Code	Basis for the claim: Trade Payable Is the claim subject to offset?	-	
11984 East US Hi Address Effingham City Country	ighway 40 L State lebt was incurr	ZIP Code	Basis for the claim: Trade Payable	-	

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or: Effingham HC	O, LLC		Case number (if known):	:	24-10543	
Name				-		
7 Nonpriority cr	editor's name a	and mailing address	As of the petition filing date, the claim is:	\$	Un	determined
Law Office of Jef	ffrey Krumpe		Check all that apply.			
Creditor Name			☐ Contingent			
			✓ Unliquidated			
Creditor's Notice nar	me		 ☑ Disputed			
110 SW Jefferes	son		Basis for the claim:			
Address			 Litigation			
Suite 410				-		
Peoria	IL	61602				
City	State	ZIP Code				
Country						
Date or dates	debt was incurr	red	Is the claim subject to offset?			
2/6/2024			☑ No			
Last 4 digits o	of account		□ Yes			
	editor's name a	and mailing address	As of the petition filing date, the claim is:	\$		172,724.08
Martin Bros Creditor Name			Check all that apply.			
			☐ Contingent			
			☐ Unliquidated			
Creditor's Notice na	me		☐ Disputed			
406 Viking Road	1		Basis for the claim:			
Address			Trade Payable	_		
Cedar Falls	IA	50613				
City	State	ZIP Code				
Country						
Date or dates	debt was incurr	red	Is the claim subject to offset?			
Various			☑ No			
Last 4 digits o	of account		□ Yes			

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otor: Effingham HC	CO, LLC		Case number (if known).	24-10543	3
Name					
19 Nonpriority cr Mc Kesson Med		and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	24,540.0
Creditor Name					
			☐ Contingent		
Creditor's Notice na	ame		Unliquidated		
			☐ Disputed		
PO Box 630693 Address	<u> </u>		Basis for the claim: Trade Payable		
			Trade r ayable	_	
Cincinnati	OH	452630693			
City	State	ZIP Code			
Country					
Date or dates	debt was incurr	red	Is the claim subject to offset?		
Various			☑ No		
Last 4 digits of	of account		☐ Yes		
number					
20 Nonpriority c Memorial Medic		and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	1,912.00
Creditor Name	ai Centei				
			ŭ		
Creditor's Notice na	ame		·		
704 14 15 14	0		☐ Disputed Basis for the claim:		
701 North First S Address	Street		Trade Payable		
				_	
On the off 11		00704 0004			
Springfield	IL	62781-0001			
City	State	ZIP Code			
Country			le the plains out in affect 2		
	debt was incurr	red	Is the claim subject to offset? ☑ No		
Various					
Last 4 digits of	or account		□ Yes		

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or:	Effingham HCO), LLC		Case number (if known):	:	24-10543	
-	Name				-		
No	onpriority cre	ditor's name a	nd mailing address	As of the petition filing date, the claim is:	\$		1,113.0
	PAC Healthcare	•		Check all that apply.			
Cre	editor Name			☐ Contingent			
				☐ Unliquidated			
Cre	editor's Notice name	е		☐ Disputed			
PC	D Box 75580			Basis for the claim:			
	dress			Trade Payable	_		
_							
Ch	nicago	IL	60675-5580				
City	у	State	ZIP Code				
Со	puntry						
Da	ate or dates d	ebt was incurr	ed	Is the claim subject to offset?			
	arious			☑ No			
La	st 4 digits of	account		□ Yes			
	onpriority cre	ditor's name a	nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$		7,500.
Cre	editor Name			□ Contingent			
				☐ Unliquidated			
Cre	editor's Notice name	е		□ Disputed			
Dr.	. Zaman			Basis for the claim:			
	dress			Trade Payable			
128	80 South Ridge	eland eAvenue Su	uite E		_		
— Pa	alos Heights	IL	60463				
City		State	ZIP Code				
Со	ountry						
Da	ate or dates d	ebt was incurr	ed	Is the claim subject to offset?			
Va	arious			☑ No			
La	st 4 digits of	account		□ Yes			
nıı	ımber						

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or: Effingham H	ICO, LLC		Case number (if known):	24-10543	
Name					
-	creditor's name a	nd mailing address	As of the petition filing date, the claim is:	\$	32,406.4
Omnicare Creditor Name			Check all that apply.		
Creditor Name			☐ Contingent		
			☐ Unliquidated		
Creditor's Notice r	name		□ Disputed		
Department78	1668		Basis for the claim:		
Address			 Trade Payable		
PO Box 78000	1			_	
Detroit	MI	482781668			
City	State	ZIP Code			
Country					
Date or date:	s debt was incurr	red	Is the claim subject to offset?		
Various			☑ No		
Last 4 digits	of account		□ Yes		
-	creditor's name a	and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	9,053.3
PEL/VIP Creditor Name					
			☐ Contingent		
Creditor's Notice r	name		Unliquidated		
Orealtor 3 Notice 1	iame		☐ Disputed		
9840 Southwes	st Highway		Basis for the claim:		
Address			Trade Payable	_	
Oak Lawn	IL	60453			
City	State	ZIP Code			
City	State	ZIF Code			
Country					
Date or date:	s debt was incurr	red	Is the claim subject to offset?		
Various			☑ No		
Last 4 digits	of account		□ Yes		
number					

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or: Effingham H	CO, LLC		Case number (if known):	24-10543	
Name					
Nonpriority o	reditor's name a	nd mailing address	As of the petition filing date, the claim is:	\$	368.6
Personal Safety	y Corp		Check all that apply.		
Creditor Name			☐ Contingent		
			Unliquidated		
Creditor's Notice n	name		□ Disputed		
Professional Se	ecurity Corp		Basis for the claim:		
Address			Trade Payable		
PO Box 128				•	
Hiawatha	IA	52233			
City	State	ZIP Code			
Country					
Date or dates	s debt was incurr	ed	Is the claim subject to offset?		
Various			☑ No		
Last 4 digits	of account		□ Yes		
number Nonpriority o	reditor's name a	nd mailing address	As of the petition filing date, the claim is:	\$	3,584.3
Point Click Care	e Technologies Inc		Check all that apply.		
Creditor Name			☐ Contingent		
			Unliquidated		
Creditor's Notice n	name		☐ Disputed		
PO Box 674802	2		Basis for the claim:		
Address			Trade Payable		
Detroit	MI	48267-4802			
City	State	ZIP Code			
Country			Is the claim subject to offset?		
	s debt was incurr	ed	Is the claim subject to onset? ☑ No		
Various Last 4 digits	of accessed				
Last 4 didits	OF ACCOUNT		□ Yes		

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Name 27 Nonpriority creditor's name and mailing address 28 Prairie Cardiovascular Consultants Creditor Name Country Date or dates debt was incurred Various Last 4 digits of account number Robor Name Creditor's name and mailing address Presto- X Creditor Name Creditor's Name Credi	10543	24-10543	Case number (if known):		CO, LLC	or: Effingham HC
Prainic Cardiovascular Consultants Creditor Name Creditor Name Contingent Unliquidated Disputed Basis for the claim: Trade Payable						Name
Contingent Uniliquidated Disputed Basis for the claim: Trade Payable	1,633.8	\$		d mailing address	reditor's name an	7 Nonpriority cr
Creditor's Notice name PO Box 13427 Address Springfield IL 62791-3427 Chy State ZIP Code State			Check all that apply.		ascular Consultants	
Disputed Basis for the claim: Trade Payable			☐ Contingent			Creditor Name
Disputed			☐ Unliquidated			
Trade Payable Springfield			□ Disputed		ame	Creditor's Notice na
Springfield IL 62791-3427 City State ZIP Code State Stat			Basis for the claim:			PO Box 13427
Country Date or dates debt was incurred Various Last 4 digits of account number 8 Nonpriority creditor's name and mailing address Presto- X Creditor Name Creditor's Notice name PO Box 14095 Address Reading PA 19612 City State Country Date or dates debt was incurred Is the claim subject to offset? No Is the claim subject to offset? No			Trade Payable			
Country Date or dates debt was incurred Various Last 4 digits of account number 8 Nonpriority creditor's name and mailing address Presto- X Creditor Name Creditor's Notice name PO Box 14095 Address Reading PA 19612 City State Country Date or dates debt was incurred Various Is the claim subject to offset? Ves No Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable Reading PA 19612 City State Zip Code Is the claim subject to offset? Various						
Date or dates debt was incurred State claim subject to offset?				62791-3427	<u>IL</u>	Springfield
Date or dates debt was incurred Various Last 4 digits of account number 8 Nonpriority creditor's name and mailing address Presto- X Creditor Name Creditor's Notice name PO Box 14095 Address Reading City Reading Country Date or dates debt was incurred Various Is the claim subject to offset? No No No No Yes No Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable Is the claim subject to offset? No				ZIP Code	State	City
Various Last 4 digits of account number 8 Nonpriority creditor's name and mailing address Presto- X Creditor Name Creditor's Notice name PO Box 14095 Address Reading City State Tade Payable No No No No No No No No No N						Country
Last 4 digits of account number 8 Nonpriority creditor's name and mailing address Presto- X Creditor Name Creditor's Notice name PO Box 14095 Address Reading City State PA 19612 City State Country Date or dates debt was incurred Various As of the petition filing date, the claim is: Check all that apply. Check all that app				d	debt was incurre	Date or dates
Nonpriority creditor's name and mailing address Presto- X Creditor Name Creditor's Notice name PO Box 14095 Address Reading City State PA 19612 Country Date or dates debt was incurred Various As of the petition filing date, the claim is: Check all that apply. Check all that apply. Check all that apply. Check all that apply. Disputed Basis for the claim: Trade Payable Is the claim subject to offset? No			<u> </u>			
As of the petition filing date, the claim is: Presto- X			⊔ Yes		of account	Last 4 digits of
Presto- X Creditor Name Creditor's Notice name Creditor's Notice name PO Box 14095 Address Reading City PA State 19612 ZIP Code Country Date or dates debt was incurred Various Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable State Is the claim subject to offset? No						number
Creditor Name Creditor's Notice name PO Box 14095 Address Reading City PA 19612 ZIP Code Country Date or dates debt was incurred Various Contingent Unliquidated Basis for the claim: Trade Payable Is the claim subject to offset? No	900.0	\$		d mailing address	reditor's name an	8 Nonpriority cr
Creditor's Notice name PO Box 14095 Address Reading City PA State Trade Payable Contingent Unliquidated Disputed Basis for the claim: Trade Payable Country Date or dates debt was incurred Various Contingent Unliquidated Disputed Date or the claim: Trade Payable			Check all that apply.			
Creditor's Notice name PO Box 14095 Address Reading City PA 19612 ZIP Code Country Date or dates debt was incurred Various Disputed Basis for the claim: Trade Payable Is the claim subject to offset? ✓ No			☐ Contingent			Creditor Name
PO Box 14095 Address Reading PA 19612 City State ZIP Code Disputed			Unliquidated			
Address Trade Payable Reading PA 19612 City State ZIP Code Country Date or dates debt was incurred Various Trade Payable Is the claim subject to offset? ✓ No			☐ Disputed		ame	Creditor's Notice na
Reading PA 19612 City State ZIP Code Country Date or dates debt was incurred Various Is the claim subject to offset? ✓ No			Basis for the claim:			PO Box 14095
Country Date or dates debt was incurred Various ZIP Code Is the claim subject to offset? No			Trade Payable			Address
Country Date or dates debt was incurred Various ZIP Code Is the claim subject to offset? No						
Country Date or dates debt was incurred Various Is the claim subject to offset? ✓ No				19612	PA	Reading
Date or dates debt was incurred Is the claim subject to offset? Various ✓ No				ZIP Code	State	City
Various ☑ No						
Talload .				d	debt was incurre	
Leat 4 digite of account						
Last 4 digits of account			☐ Yes		of account	Last 4 digits of

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Nonpriority of	reditor's name a	and mailing address	As of the petition filing date, the claim is:	\$	316.2
Proforma Creditor Name			Check all that apply.		
Creditor Name			☐ Contingent		
			☐ Unliquidated		
Creditor's Notice r	iame		☐ Disputed		
PO Box 64081	4		Basis for the claim:		
Address			Trade Payable	-	
Cincinnati	ОН	452640814			
City	State	ZIP Code			
Country					
	s debt was incurr	red	Is the claim subject to offset?		
Various			☑ No		
Last 4 digits	of account		□ Yes		
Nonpriority of RecoverCare L		and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	5,415.
			☐ Contingent		
	3				
dba Joerns LL0			Unliquidated		
dba Joerns LLC Creditor's Notice r			□ Disputed		
Creditor's Notice r	name		□ Disputed Basis for the claim:		
Creditor's Notice r	name		□ Disputed	_	
PO Box 936440 Address	name		□ Disputed Basis for the claim:	-	
PO Box 936444 Address Atlanta	GA	31193-6446	□ Disputed Basis for the claim:	-	
PO Box 936440 Address	name	31193-6446 ZIP Code	□ Disputed Basis for the claim:	-	
PO Box 936444 Address Atlanta	GA		□ Disputed Basis for the claim: Trade Payable	-	
PO Box 936444 Address Atlanta City Country	GA	ZIP Code	□ Disputed Basis for the claim: Trade Payable Is the claim subject to offset?	-	
PO Box 936444 Address Atlanta City Country	GA State s debt was incurr	ZIP Code	□ Disputed Basis for the claim: Trade Payable	-	

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tor: Effingham I	HCO, LLC		Case number (if known).	24-1054	13
Name					
-	creditor's name a	nd mailing address	As of the petition filing date, the claim is:	\$	190,893.4
RehabCare Creditor Name			Check all that apply.		
			☐ Contingent		
Creditor's Notice	namo		Unliquidated		
Creditor's Notice	name		☐ Disputed		
PO Box 71985	5		Basis for the claim:		
Address			Trade Payable	_	
Chicago	<u>IL</u>	60694-1985			
City	State	ZIP Code			
Country					
	s debt was incuri	red	Is the claim subject to offset?		
Various Last 4 digits			☑ No □ Yes		
number Nonpriority Select Rehabil Creditor Name		nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	217,511.3
			☐ Contingent		
One dite de Netice			☐ Unliquidated		
Creditor's Notice	name		☐ Disputed		
PO Box 71985	5		Basis for the claim:		
Address			Trade Payable		
Chicago	IL	606941985			
City	State	ZIP Code			
Country					
Date or date	es debt was incurr	ed	Is the claim subject to offset?		
Various					
Last 4 digits	of account		□ Yes		

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Name Nonpriority c	reditor's name a	and mailing address	As of the petition filing date, the claim is:	\$	279.2
Shadow Fax Pr	rojects		Check all that apply.		
Creditor Name			☐ Contingent		
			Unliquidated		
Creditor's Notice na	name		□ Disputed		
PO Box 347			Basis for the claim:		
Address			Trade Payable	-	
Sullivan	IL	61951			
City	State	ZIP Code			
Country					
	s debt was incurr	red	Is the claim subject to offset?		
Various Last 4 digits					
Namurianitees					
Shadow Fax Proceeditor Name		and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	154.
Shadow Fax Pr		nd mailing address		\$	154.
Shadow Fax Proceeditor Name	rojects#2	nd mailing address	Check all that apply.	\$	154.
Shadow Fax Pr	rojects#2	nd mailing address	Check all that apply. □ Contingent	\$	154.5
Shadow Fax Pr Creditor Name Creditor's Notice noti	rojects#2	nd mailing address	Check all that apply. ☐ Contingent ☐ Unliquidated	\$	154.
Shadow Fax Pr Creditor Name	rojects#2	and mailing address	Check all that apply. Contingent Unliquidated Disputed	\$	154.5
Shadow Fax Pr Creditor Name Creditor's Notice notice Name Medical Waste Address	rojects#2	and mailing address	Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	154.
Shadow Fax Pr Creditor Name Creditor's Notice notice Name Medical Waste Address	rojects#2	end mailing address 61951	Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	154.
Shadow Fax Pr Creditor Name Creditor's Notice not Medical Waste Address PO Box 5473	name Account		Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	154.
Shadow Fax Pr Creditor Name Creditor's Notice notice notice and Medical Waste Address PO Box 5473 Sullivan	name Account	61951	Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	154.
Shadow Fax Proceeditor Name Creditor Name Creditor's Notice notice notice and Medical Waste Address PO Box 5473 Sullivan City Country	name Account	61951 ZIP Code	Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	154.

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Nonpriority cree	ditor's name a	ind mailing address	As of the petition filing date, the claim is:	\$	2,567.8	
St. Anthonys Mem	Hospital		Check all that apply.			
Creditor Name			☐ Contingent			
			☐ Unliquidated			
Creditor's Notice name	9		 ☐ Disputed			
PO Box 25116			Basis for the claim:			
Address			Trade Payable	_		
				_		
Salt Lake City	UT	84125				
City	State	ZIP Code				
Country						
Date or dates de	ebt was incurr	red	Is the claim subject to offset?			
Various			☑ No			
Last 4 digits of	account		☐ Yes			
number Nonpriority cree	ditor's name a	and mailing address	As of the petition filing date, the claim is:	\$	1,068.3	
Nonpriority crea		and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	1,068.3	
Nonpriority cre		and mailing address		\$	1,068.3	
Nonpriority crea		and mailing address	Check all that apply.	\$	1,068.3	
Nonpriority crea	Pro	and mailing address	Check all that apply.	\$	1,068.3	
The Home Depot I Creditor Name Creditor's Notice name	Pro	and mailing address	Check all that apply. Contingent Unliquidated	\$	1,068.3	
The Home Depot I	Pro	and mailing address	Check all that apply. Contingent Unliquidated Disputed	\$	1,068.3	
The Home Depot I Creditor Name Creditor's Notice name 13924 Collection C	Pro	and mailing address	Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	1,068.3	
The Home Depot I Creditor Name Creditor's Notice name 13924 Collection Caddress	e Center Drive		Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	1,068.3	
The Home Depot I Creditor Name Creditor's Notice name	Pro	and mailing address 60693-0126 ZIP Code	Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	1,068.3	
Nonpriority cree The Home Depot I Creditor Name Creditor's Notice name 13924 Collection C Address Chicago	e Center Drive	60693-0126	Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	1,068.3	
The Home Depot I Creditor Name Creditor's Notice name 13924 Collection C Address Chicago City	e Center Drive L State	60693-0126 ZIP Code	Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	1,068.0	
The Home Depot I Creditor Name Creditor's Notice name 13924 Collection C Address Chicago City Country	e Center Drive L State	60693-0126 ZIP Code	Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	1,068.3	

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Name				_	
	reditor's name a	and mailing address	As of the petition filing date, the claim is:	\$	1,589.0
Tri State Fire Protection Inc			Check all that apply.	_	
Creditor Name			☐ Contingent		
			☐ Unliquidated		
Creditor's Notice na	ime		□ Disputed		
PO Box 70			Basis for the claim:		
Address			Trade Payable	-	
Newtown		47000 0070			
Newburgh	IN	47629-0070			
City	State	ZIP Code			
Country					
Date or dates	debt was incurr	red	Is the claim subject to offset?		
Various					
Last 4 digits of	of account		□ Yes		
number					
	reditor's name a	and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$_	2,360.7
Creditor Name	, a i no i rotoction				
			☐ Contingent		
Creditor's Notice na	ame		Unliquidated		
			☐ Disputed		
PO Box 447			Basis for the claim:		
Address			Trade Payable		
, tadioos				_	
				_	
Effingham	IL	62401-0447		_	
	IL State	62401-0447 ZIP Code		_	
Effingham		 -		_	
Effingham City Country		ZIP Code	Is the claim subject to offset?	_	
Effingham City Country	State	ZIP Code	Is the claim subject to offset? ☑ No	_	

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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 mailin	ng 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
			Line	
Name			□ Not Listed.Explain	
Notice Name				_
Street				
City		ZIP Code		
	- 1-1-1	5346		
Country				

Total Amounts of the Priority and Nonpriority Unsecured Claims. Total of claim amounts 5a. Total claims from Part 1 5b. Total claims from Part 2 5c. Total of Parts 1 and 2 Total of Parts 1 and 2 5c. \$ 813,016.03

Lines 5a + 5b = 5c.

Fill in this information to identify the case:
Debtor Name: In re : Effingham HCO, LLC
United States Bankruptcy Court for the: District of Delaware
Case number (if known): 24-10543 (TMH)

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 con	tracts and unexpired	leases		mailing address for al s an executory contra	
2.1 State	what the contract or is for and the nature	Medical Director Agreement	Dr Arvinder Arora MD		
of the	of the debtor's interest	Modical Billottol Agreement	Name		
			Notice Name		
			401 North Mulberry Str	reet	
State	the term remaining		Address		
List tl	ne contract number of				
any g	overnment contract				
			Effingham	IL	62401
			City	State	ZIP Code
			Country		
State 2.2 lease	what the contract or is for and the nature	Memorandum of Agreement	KEPRO		
	debtor's interest	Memorandum of Agreement	Name		
			Notice Name		
			5700 Lombardo Cente	r Drive, Suite 100	
State	the term remaining		Address		
List tl	ne contract number of				
any g	overnment contract				
			Seven Hills	ОН	44131
			City	State	ZIP Code
			Country		

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ebtor: Effingham HCO, LLC	Se 24-10443-TWITE DOC 429 Filed (Case number (if known)		
Name				
2.3 State what the contract o lease is for and the natur	r e Memorandum of Agreement	Livanta, LLC		
of the debtor's interest	monoral dam or Agreement	Name		
		Notice Name		
		10830 Guilford Rd, Suite	312	
State the term remaining		Address	512	
g				
List the contract number	of			
any government contract				
		Annapolis Junction	MD	20701
		City	State	ZIP Code
		Oity	State	ZIF Code
		Country		
State what the contract o	r Business Facilities Agreement for CATV, Mediacom			
2.4 lease is for and the natur of the debtor's interest	Online Services and Mediacom Business Phone	MCC Illinois LLC Name		
of the deptor's interest				
		Attn Kimberly Polnitz AE Notice Name		
		Mediacom		
State the term remaining		Address		
State the term remaining		611 S 4th St		
List the contract number	of			
any government contract		-		
		Chillicothe	FL	61523
		City	State	ZIP Code
		Country		
01-1	Decision Facilities Assessment (or OAT) (Marifesses			
2.5 State what the contract o lease is for and the natur	r Business Facilities Agreement for CATV, Mediacom Online Services and Mediacom Business Phone	MCC Illinois LLC		
of the debtor's interest		Name		
		Attn Kimberly Polnitz AE		
		Notice Name		
		Mediacom		
State the term remaining		Address		
		611 S 4th St		
List the contract number	of			
any government contract				
		Chillicothe	FL	61523
		City	State	ZIP Code
		Country		

		24-10443-1MH D0C 429	Filed 05/31/24 Page	55 01 58	
ebtor: Effingham I	HCO, LLC		Case number (if)	known): 24-10543	
Name					
2.6 Issae is for	he contract or and the nature	Facility Consider Agreement	Midwest Post-Acute 0	Care PLLC	
of the debto	r's interest	Facility Service Agreement	Name	54.5,1 225	
			Attn Legal Departmer	nt	
			Notice Name		
				Ot. D #00054	
			2045 W Grand Avenu	Je Ste B #28354	
State the ter	rm remaining		Address		
List the con	tract number of				
any governi	ment contract				
			Chicago	п	60640 457
			Chicago	IL	60612-157
			City	State	ZIP Code
			Country		
- State what t	he contract or		St. Anthony's Memori	ial Hospital, of the Hospit	al Sisters of the Thir
2.7 State what the lease is for a	and the nature	Addendum to Contract	Order of St. Francis		
of the debto	r's interest		Name		
			Notice Name		
			503 N. Maple St.		
State the ter	rm remaining		Address		
	•				
l ist the con	tract number of				
any governi	ment contract				
			Effingham	IL	62401
			City	State	ZIP Code
			Country		
			Country		
State what t	he contract or		St. Anthony's Memori	ial Hospital, of the Hospit	al Sisters of the Thir
2.8 State what the lease is for a	and the nature	Business Associate Agreement	Order of St. Francis		
of the debto			Name		
			Notice Name		
			Notice Name		
			503 N. Maple St.		
State the ter	rm remaining		Address		
	_				
List the con	tract number of				
any governi	ment contract				
					_
			Effingham	<u> L</u>	62401
			City	State	ZIP Code
			Country		
			Country		

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Debtor: Effingham HCO, LLC	Se 24-10443-11011 DOC 429 Fileu	Case number (if kn	own): 24-10543	
Name			· -	
2.9 State what the contract o lease is for and the nature	r e Laboratory Services Agreement	St. Anthony's Memoria Order of St. Francis	Hospital, of the Hospit	al Sisters of the Third
of the debtor's interest		Name		
		Notice Name		
		503 N. Maple St.		
State the term remaining		Address		
State the term remaining				
List the contract number	of			
any government contract	- <u></u>			
, ,				
		Effingham	IL	62401
		City	State	ZIP Code
		Country		
• • • • • • • • • • • • • • • • • • • •				
2.10 State what the contract o lease is for and the nature	r Durable Medical Product and Service Agreement	Support Services		
of the debtor's interest		Name		
		Nation Name		
		Notice Name		
		10770 Midwest Industr	ial Blvd	
State the term remaining		Address		
List the contract number	of.			
List the contract number				
any government contract				
		St. Louis	MO	63132
		City	State	ZIP Code
		Country		
2.11 State what the contract o	r	The Carle Foundation	Hospital d/b/a Carlo Ho	enico
of the debtor's interest	Nursing Facility Hospice Services Agreement	Name	Tospital, u/b/a Carle Fic	ospice
		Attn Jennifer Wilken, R	N/Director	
		Notice Name		
		Carle Hospice		
State the term remaining		Address		
		1813 West Kirby Ave.		
List the contract number	of	<u> </u>		
any government contract				
		Champaign	IL	61821
				ZIP Code
		City	State	ZIP Code
		Country		

Fill in this information to identify the case:
Debtor Name: In re : Effingham HCO, LLC
United States Bankruptcy Court for the: District of Delaware
Case number (if known): 24-10543 (TMH)

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
- 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						\Box D	
		Street					
						□ E/F	
						□G	
		City	State	ZIP Code			
		Country					

Case 24-10443-TMH Doc 429 Filed 05/31/24 Page 58 of 58

Fill in this information to identify the case:
Debtor Name: In re : Effingham HCO, LLC
United States Bankruptcy Court for the: District of Delaware
Case number (if known): 24-10543 (TMH)

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

	beclaration 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 ha	have examined the information in the documents checked below and I have	a reasonable belief that the information is true and correct:						
V	Schedule A/B: Assets–Real and Personal Property (Official Form 206A/	Schedule A/B: Assets–Real and Personal Property (Official Form 206A/B)						
	Schedule D: Creditors Who Have Claims Secured by Property (Official F	Form 206D)						
☑	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 20	6E/F)						
	Schedule G: Executory Contracts and Unexpired Leases (Official Form	206G)						
$\overline{\mathbf{V}}$	Schedule H: Codebtors (Official Form 206H)							
	Summary of Assets and Liabilities for Non-Individuals (Official Form 206	Sum)						
	Amended Schedule							
	Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Larg	est Unsecured Claims and Are Not Insiders (Official Form 204)						
	Other document that requires a declaration							
l de	declare under penalty of perjury that the foregoing is true and correct.							
1 40	decide under periody of periody that the foregoing is true and contect.							
Exe	Executed on 05/31/2024 # / s	s / David R. Campbell						
	MM / DD / YYYY Signature of individual signing on behalf of debtor							
	D	avid R. Campbell						
	P	rinted name						
	A	uthorized Signatory						
		osition or relationship to debtor						

IN THE UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

In re:

SC HEALTHCARE HOLDING, LLC, et al.,

Debtors. 1

Chapter 11

Case No. 24-10443 (TMH)

(Jointly Administered)

STATEMENT OF FINANCIAL AFFAIRS FOR EFFINGHAM HCO, LLC (CASE NO. 24-10543)

The last four digits of SC Healthcare Holding, LLC's tax identification number are 2584. The mailing address for SC Healthcare Holding, LLC is c/o Petersen Health Care Management, LLC 830 West Trailcreek Dr., Peoria, IL 61614. Due to the large number of debtors in these Chapter 11 Cases, for which the Debtors have requested joint administration, a complete list of the Debtors and the last four digits of their federal tax identification numbers is not provided herein. A complete list of such information will be made available on a website of the Debtors' proposed claims and noticing agent at www.kccllc.net/Petersen.

Fill in this information to identify the case:						
Debtor Name: In re : Effingham HCO, LLC						
United States Bankruptcy Court for the: District Of Delaware						
Case number (if known): 24-10543 (TMH)						

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy 04/22

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

Part 1: Income								
Gross revenue from busines None	s							
Identify the beginning and may be a calendar year	ending	dates of the debtor's	fiscal y	ear, which		Sources of revenue Check all that apply	(be	ess revenue fore deductions and lusions)
From the beginning of the fiscal year to filing date:	From	1/1/2024 MM / DD / YYYY	to	Filing date	☑	Operating a business Other	\$	773,145.43
For prior year:	From	1/1/2023 MM / DD / YYYY	to	12/31/2023 MM / DD / YYYY	_ _ □	Operating a business Other	\$	3,872,525.51
For the year before that:	From	1/1/2022 MM / DD / YYYY	to	12/31/2022 MM / DD / YYYY	_ ☑ 	Operating a business Other	\$	3,165,072.48

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Debtor: Effingham HCO, LLC Case number (if known): 24-10543

Name

2. Non-business revenue

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

□ None

					Description of sources of revenue	Gross revent source (before deduce exclusions)	
From the beginning of the fiscal year to filing date:	From	1/1/2024 MM / DD / YYYY	to	Filing date	Interest	\$	1.62
For prior year:	From	1/1/2023 MM / DD / YYYY	to	12/31/2023 MM / DD / YYYY	Interest	_ \$	506.39
For the year before that:	From	1/1/2022 MM / DD / YYYY	to	12/31/2022 MM / DD / YYYY	Interest	\$	447.73

Case 24-10443-TMH Doc 429-1 Filed 05/31/24 Page 4 of 27

Debtor: Effingham HCO, LLC Case number (if known): 24-10543

Name

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers-including expense reimbursements-to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

\sqcup N	one							
	Creditor's name a	nd address		Dates	Total amour	nt or value	Reaso Check	ns for payment or transfer all that apply
3.1	City of Effingham V	Vater Dept		12/22/2023	\$	4,062.93		Secured debt
	Creditor's Name							Unsecured loan repayments
	PO Box 1345			_			\checkmark	Suppliers or vendors
	Street							Services
				_				Other
	Effingham	IL	62401					
	City	State	ZIP Code	_				
	Country			_				
3.2	City of Effingham V	Vater Dept		1/24/2024	\$	3,543.66		Secured debt
	Creditor's Name							Unsecured loan repayments
	PO Box 1345			_			\checkmark	Suppliers or vendors
	Street							Services
				_				Other
	Effingham	IL	62401					
	City	State	ZIP Code					
	Country			_				
3.3	City of Effingham V	Vater Dept		2/20/2024	\$	5,333.07		Secured debt
	Creditor's Name							Unsecured loan repayments
	PO Box 1345			_			\checkmark	Suppliers or vendors
	Street							Services
				_				Other
	Effingham	IL	62401	_				
	City	State	ZIP Code					
	Country			_				

Case 24-10443-TMH Doc 429-1 Filed 05/31/24 Page 5 of 27 Debtor: Effingham HCO, LLC Name Payments or other transfers of property made within 1 year before filing this case that benefited any insider 4. List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. Insiders include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31). ☐ None Insider's Name and Address Dates Total amount or value Reason for payment or transfer 4.1 See SOFA 4 Attachment Insider's Name Street City ZIP Code Country Relationship to Debtor Repossessions, foreclosures, and returns

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

✓ None

reditor's Name and	Name and Address Description of the Property				Value of property
5.1					\$
Creditor's Name					
Street			_		
City	State	ZIP Code	_		
Country			_		

Case 24-10443-TMH Doc 429-1 Filed 05/31/24 Page 6 of 27

Debtor: Effingham HCO, LLC

Name

6. Setoffs

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

debt.

□ None

	Creditor's Nan	ne and Add	Iress	Description of the action creditor took	Date action was taken	Amount	
6.1	Bed Tax Creditor's Name			Offset with Medicaid		\$	42,665.10
	Street			Last 4 digits of account number: XXXX–			
	City	State	ZIP Code	_			
	Country			_			

Debtor:		13-TMH Doc 429	1-1 Filed 05/31/24 Page 7 of Case number (if known): 2	f 27 24-10543							
	Name										
Part 3	Legal Actions or Assignments										
7. L	egal actions, administrative proceedings, court actions, executions, attachments, or governmental audits										
	ist the legal actions, proceedings, inventoring in any capacity—within 1 year		diations, and audits by federal or state agencie	es in which the debtor was							
	□ None										
	Case title	Nature of case	s Status of case								
	7.1 See SOFA 7 Attachment			☐ Pending							
			Name	☐ On appea							
				□ Conclude							
			Street								
	Case number										
			City State Z	IP Code							
			Country								

8. Assignments and receivership

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

	- 1	Νī	_	n	_
I۷I		N	റ	n	e

Custodian's na	me and addr	ess	Description of the Property	Value		
				\$ \$		
Custodian's name				Court name and address	SS	
			Case title			
Street				Name		
			Case number	Street		
City	State	ZIP Code	_			
Country			Date of order or assignment	City	State	ZIP Code
				 Country		

Case 24-10443-TMH Doc 429-1 Filed 05/31/24 Page 8 of 27

Debtor: Effingham HCO, LLC Case number (if known): 24-10543

Name

Part 4	Certain	Gifts	and	Charitable	Contributions
I all T.	Certain	Giita	anu	Citatilable	Continuations

 List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

✓ None

	Recipient's name and address			Description of the gifts or contributions	Dates given	Value
1						\$
	Creditor's Name					
	Street			_		
	City	State	ZIP Code	_		
	Country			_		
	Recipient's rela	tionship to de	ebtor			

Page 9 of 27 Case 24-10443-TMH Doc 429-1 Filed 05/31/24 Debtor: Effingham HCO, LLC Case number (if known): Name Part 5: **Certain Losses** All losses from fire, theft, or other casualty within 1 year before filing this case. □ None Amount of payments received for the loss If you have received payments to cover the loss, for example, from insurance, government Description of the property lost and how the compensation, or tort liability, list Date of loss Value of property lost loss occurred the total received.

List unpaid claims on Official Form 106A/B (*Schedule A/B*:

None

A ransomware cyber attack which occurred in 10.1 October 2023, ultimately led to the loss of large quantities of data and signficant consulting fees

Assets – Real and Personal
Property).

10/2023

Undetermined

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Debtor: Effingham HCO, LLC Case number (if known): 24-10543

Name

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

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

☑ None

	Who was paid or wh	o received the	transfer?	If not money, describe any property transferred	Dates	Total amount or value
.1						\$
	Address					
-	Street					
-	City	State	ZIP Code			
-	Country					
	Email or website add	dress				
	Who made the paym	ent, if not deb	tor?			
	Who made the paym	ent, if not deb	tor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

 $\ensuremath{\,\overline{\!\!\mathcal M\!}}$ None

	Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
12.1				\$
	Trustee			
		-		

Case 24-10443-TMH Doc 429-1 Filed 05/31/24 Page 11 of 27

Debtor: Effingham HCO, LLC Case number (if known): 24-10543

Name

13. Transfers not already listed on this statement

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

✓ None

	_	 \$
Address		
Street	_	
City State ZIP Code	_	
Country	_	
Relationship to Debtor		

ZIP Code

City

Country

State

Case 24-10443-TMH Doc 429-1 Filed 05/31/24 Page 13 of 27

Debtor: Effingham HCO, LLC Case number (if known):

Name

Part 8: **Health Care Bankruptcies**

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
 providing any surgical, psychiatric, drug treatment, or obstetric care?
- $\ \square$ No. Go to Part 9.

Facility Name	Facility Name and Address		Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
Effingham Re 5.1 Center Facility Name	habilitation &	k Health Care	Skilled Nursing Facility	1,013
1610 N. Lake	1610 N. Lakewood Drive		Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.	How are records kept?
Street	Street		PCC Electronic	Check all that apply: ☑ Electronically
Effingham	IL	62401	_	☑ Paper
City	State	ZIP Code	_	
Country			_	

Case 24-10443-TMH Doc 429-1 Filed 05/31/24 Page 14 of 27 Debtor: Effingham HCO, LLC Case number (if known): Name Personally Identifiable Information Part 9: 16. Does the debtor collect and retain personally identifiable information of customers? Medical and Billing Information Does the debtor have a privacy policy about that information? □ No Yes 17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit? ☐ No. Go to Part 10. ☑ Yes. Does the debtor serve as plan administrator? ☑ No. Go to Part 10. ☐ Yes. Fill in below: Employer identification number of the plan Name of plan 17.1 EIN:

Has the plan been terminated?

□ No

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Debtor: Effingham HCO, LLC Case number (if known): 24-10543

Name

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

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

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

☑ None

	Financial instituti	on name and add	ress	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1				XXXX-	Checking		\$
	Name				Savings		
					Money market		
	Street			-	Brokerage		
					Other		
				_			
	City	State	ZIP Code	-			
	Country						

19. Safe deposit boxes

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

✓ None

	Depository institut	ion name and add	dress	Names of anyone with access to it	Description of the contents	Does debtor still have it?
9.1						□ No
	Name					
	Otres					☐ Yes
	Street					
,						
				Address		
	City	State	ZIP Code			
	Country					

Case 24-10443-TMH Doc 429-1 Filed 05/31/24 Page 16 of 27 Debtor: Effingham HCO, LLC Case number (if known): Name 20. Off-premises storage List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business. ☐ None Does debtor still have it? Facility name and address Names of anyone with access to it Description of the contents 20.1 See Global Notes □ No Name ☐ Yes Street

Address

ZIP Code

City

Country

State

Case 24-10443-TMH Doc 429-1 Filed 05/31/24 Page 17 of 27

Debtor: Effingham HCO, LLC Case number (if known): 24-10543

Name

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Proper	rty held for	another
------------	--------------	---------

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

□ None

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

			-TMH Doc 429	-1 Filed 05/31	9						
ebtor:	Name	gham HCO, LLC			Case number (if known):	24-10543					
Part 1		Details About Environmental In									
or th	e purp	pose of Part 12, the following defir	itions apply:								
		onmental law means any statute of dless of the medium affected (air, I			n, contamination, or ha	zardous mate	rial,				
	Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.										
		dous material means anything tha milarly harmful substance.	t an environmental law de	efines as hazardous or	toxic, or describes as	a pollutant, co	ntaminant,				
Repo	rt all r	notices, releases, and proceedir	igs known, regardless o	f when they occurred	l.						
22. H	as the	e debtor been a party in any jud	icial or administrative r	roceeding under any	environmental law?	Include settle	ments and orders				
		o dobior book a party in arry jad	iolai oi aaiiiiiloiiaiivo p	recocuming under unit		morado como	monto ana oracio				
D	☑ No										
	□ Yes	s. Provide details below.									
		Case title	Court or agency name an	d address	Nature of the case		Status of case				
	22.1					Γ	Pending				
			Name				☐ On appeal				
			-			[Concluded				
			Street								
		Case Number									
		Outo Humbon									
			City State	ZIP Code							
			Country								
	_										
		ny governmental unit otherwise vironmental law?	notified the debtor that	the debtor may be lia	ible or potentially lial	ble under or i	n violation of				
	✓ No	1									
	⊔ Ye	es. Provide details below.									
		Site name and address	Governmenta address	I unit name and	Environmental la	w, if known	Date of notice				
	23.1										
		Name	Name								

ZIP Code

State

Street

City

Country

ZIP Code

Street

City

Country

State

Case 24-10443-TMH Doc 429-1 Filed 05/31/24 Page 19 of 27 Debtor: Effingham HCO, LLC

Case number (if known):

24. Has the debtor notified any governmental unit of any release of hazardous material?

✓ No

 $\ \square$ Yes. Provide details below.

	Site name and address			Governmen	ntal unit name	e and address	Environmental law, if known	Date of notice
1.1	Name			Name				_
	Street			Street				
	City	Stata	ZIP Code	City	Stata	ZIP Code		
	Country	State	ZIP Code	Country	State	ZIP Code		

Case 24-10443-TMH Doc 429-1 Filed 05/31/24 Page 20 of 27 Effingham HCO, LLC Debtor: Case number (if known): Name Details About the Debtor's Business or Connections to Any Business Other businesses in which the debtor has or has had an interest List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case.Include this information even if already listed in the Schedules. ✓ None **Employer Identification number Business name and address** Describe the nature of the business Do not include Social Security number or ITIN. 25.1 EIN: Name Dates business existed То Street City State ZIP Code Country 26. Books, records, and financial statements 26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case. □ None Name and Address Dates of service 26a.1 Petersen Health Care Management, LLC From To 830 West Trailcreek Dr. Street Peoria IL 61614 City State ZIP Code Country List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial 26b. statement within 2 years before filing this case. □ None

1	Name and Address			Dates of service					
_	Petersen Healthcare Management, Mark Petersen Name				12/22/2011	To	Present		
_	30 West Trailcreek Dr. treet								
F	Peoria	IL	61614						
(City	State	ZIP Code						
(Country								

Case 24-10443-TMH Doc 429-1 Filed 05/31/24 Page 21 of 27 Effingham HCO, LLC Debtor: Case number (if known): Name 26b.2 Ginoli & Company 2002 Present From То Name 7625 N University St. Street Peoria IL 61614 City State ZIP Code Country 26b.3 Clifton, Larson, Allen 2012 Present From То Name 301 SW Adams St. Street Suite 1000 Peoria IL 61602 State ZIP Code City Country 26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed. □ None If any books of account and records are unavailable, explain why Name and address 26c.1 Getzler Henrich and Associates Name 295 Madison Ave Street Floor 20 New York NY 10023 City State ZIP Code Country If any books of account and records are Name and address unavailable, explain why 26c.2 Ginoli & Company Name 7625 N University St. Street Peoria IL 61614 State ZIP Code City

Country

Case 24-10443-TMH Doc 429-1 Filed 05/31/24 Page 22 of 27 Effingham HCO, LLC Debtor: Case number (if known): Name If any books of account and records are Name and address unavailable, explain why 26c.3 Petersen Healthcare Management, Mark Petersen Name 830 West Trailcreek Dr. Street IL Peoria 61614 City State ZIP Code Country If any books of account and records are Name and address unavailable, explain why 26c.4 Clifton, Larson, Allen Name 301 SW Adams St. Street Suite 1000 Peoria IL 61602 City State ZIP Code Country 26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case. □ None Name and address Name Street City State ZIP Code

Country

Debtor:	Effir	ngham HCC		443-TMH	Doc 429-1	Filed		24 Page ase number (if know	23 of 27	3
a= .	Nam									
27. I	nvent	tories								
H	lave a	any invent	ories of the debtor's	s property been	taken within 2 year	s before fi	ling this cas	se?		
-	☑ No	O								
	□ Ye	es. Give th	e details about the t	two most recen	t inventories.					
		Name of	the person who sup	pervised the tak	ring of the inventory	,	ate of entory		mount and ba	asis (cost, market, or ntory
								\$		
	07.4	records	d address of the pe	rson who has p	ossession of inven	tory				
	27.1	Name								
		Street								
		City	State		ZIP Code					
		Country								
		Country								
					members, general e filing of this case		members i	n control, con	trolling shar	eholders, or other
		Name		Addres	s			osition and Nat	ure of any	% of interest, if any
	28.1	Mark B. F	Petersen	830 We	st Trailcreek Dr., Pe	eoria, IL 61	1614 M	ember		1%
	28.2	SABL, LL	С	830 We	st Trailcreek Dr., Pe	eoria, IL 61	1614 M	anager		99%
					the debtor have of trol of the debtor v					partners, members
	☑ N	lo								
	□ Y	es. Identify	y below.							
		Name		Address			Position a any interes	nd Nature of st	Period durir	ng which position or held

____ To ____

From

Debtor: Effingham HCO, LLC	_): 24-10543					
Name							
30. Payments, distributions, or withdrawals credited or given to insiders Within 1 year before filing this case, did the debtor provide an insider with value bonuses, loans, credits on loans, stock redemptions, and options exercised? No	e in any form, including salar	ry, other compensation, draws,					
☑ Yes. Identify below.							
Name and address of recipient Amount of money or description and value of property	Dates	Reason for providing the value					
30.1 See SOFA Question 4							
Name							
Street							
City State ZIP Code							
Country							
Relationship to debtor							
31. Within 6 years before filing this case, has the debtor been a member of	uny consolidated group for	tay nurnacas?					
•	iny consolidated group for	tax purposes :					
☑ No							
☐ Yes. Identify below.							
Name of the parent corporation Emplo	Employer Identification number of the parent corporation						
31.1 EIN:							
32. Within 6 years before filing this case, has the debtor as an employer be	en responsible for contribu	iting to a pension fund?					
	en responsible for contribu	iting to a pension fully:					
☑ No							
☐ Yes. Identify below.							
Name of the pension fund Employe	Identification number of the	pension fund					
32.1 EIN:							

Part 14: Case 24-10443-TMH Doc 429-1 Filed 05/31/24 Page 25 of 27

Yes

WA	RNING Ba	ankruptcy fraud is a seri	ous crime. Making a false stateme	ent, concealing property, or	obtaining money or property by fraud in
coni	nection with	a bankruptcy case can	result in fines up to \$500,000 or in	mprisonment for up to 20 ye	ears, or both.
18 L	J.S.C.§§ 152	2, 1341, 1519, and 3571			
I ha	ve examined	d the information in this	Statement of Financial Affairs and	l any attachments and have	e a reasonable belief that the information is true and correct.
l de	clare under p	penalty of perjury that th	ne foregoing is true and correct.		
Exe	cuted on	05/31/2024 MM / DD / YYYY			
×	/s/David	d R. Campbell		Printed name	David R. Campbell
	Signature	of individual signing on	behalf of the debtor		
	Position or	relationship to debtor	Authorized Signatory		
Are	additiona	I pages to Statemen	t of Financial Affairs for Nor	n-Individuals Filing for	Bankruptcy (Official Form 207) attached?
	No				

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In re: Effingham HCO, LLC Case No. 24-10543

Attachment 4

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

						Total amount or		
Insider's name	Address 1	City	State	Zip	Date	value	Reasons for payment or transfer	Relationship to debtor
**Please reference Global Notes for additional inform	mation related to Intercompany Payments/Transfers							
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	4/13/2023	\$9,161.47	V00300Petersen Health Care Management	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	5/11/2023	\$8,819.71	V00300Petersen Health Care Management	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	6/8/2023	\$7,966.85	V00300Petersen Health Care Management	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	7/13/2023	\$5,151.84	V00300Petersen Health Care Management	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	8/10/2023	\$5,548.61	V00300Petersen Health Care Management	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	9/15/2023	\$7,972.32	V00300Petersen Health Care Management	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	10/12/2023	\$7,020.96	V00300Petersen Health Care Management	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	11/9/2023	\$3,006.00	V00300Petersen Health Care Management	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	1/11/2024	\$2,304.00	V00300Petersen Health Care Management	Related Entity
Petersen Health Care Management 11 C*	830 West Trailcreek Dr.	Peoria	п	61614	1/11/2024	\$6,402,00	V00300Petersen Health Care Management	Related Entity

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In re: Effingham HCO, LLC Case No. 24-10543 Attachment 7

Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

Case Title	Case number	Nature of case	Court name	Court address 1	Court City	Court State	Court Zip	Status of case (e.g. Pending, On appeal, Concluded)
SELECT REHABILITATION, LLC PLAINTIFF V. MIDWEST HEALTH OPERATIONS, LLC; PETERSEN HEALTH CARE - FARMER CITY, LLC; PETERSEN HEALTH CARE - ILLINI, LLC; PETERSEN HEALTH CARE - OZARK, LLC; PETERSEN HEALTH CARE - WESTSIDE, LLC; PETERSEN HEALTH CARE - WESTSIDE, LLC; PETERSEN HEALTH CARE - ROSEVILLE, LLC; PETERSEN HEALTH CARE V, LLC; PETERSEN HEALTH CARE III, LLC; PETERSEN HEALTH CARE VII, LLC; PETERSEN HEALTH CARE VII, LLC; PETERSEN HEALTH OPERATIONS III, LLC; PETERSEN HEALTH OPERATIONS III, LLC; PETERSEN HEALTH OPERATIONS, LLC; PETERSEN HEALTH OPERATIONS III, LLC; PETERSEN HEALTH OPERATIONS, LLC; PETERSEN HEALTH QUALITY, LLC; PETERSEN MANAGEMENT COMPANY, LLC; SLI HEALTH SYSTEMS, INC.; ALEDO HCO, LLC; ARCOLA HCO, LLC; CASEY HCO, LLC; CHARL ESTON HCO, LLC; COLLINSVILLE HCO, LLC; CUMBERLAND HCO, LLC; DECATUR HCO, LLC; EASTVIEW HCO, LLC; EFFINGHAM HCO, LLC; HAVANA HCO, LLC; KEWANEE HCO, LLC; LEBANON HCO, LLC; MCLEANSBORO HCO, LLC; NORTH AURORA HCO, LLC; PETERSEN HEALTH BUSINESS, LLC; PETERSEN HEALTH JUNCTION, LLC; PETERSEN HEALTH RESOURCES, LLC; PETERSEN HEALTH & WELLNESS, LLC; PIPER HCO, LLC; PLEASANT VIEW HCO, LLC; PRAIRIE CITY HCO, LLC; ROBINGS HCO, LLC; ROSICLARE HCO, LLC; SHELBYVILLE HCO, LLC; SULLIVAN HCO, LLC; SWANSEA HCO, LLC; TARKIO HCO, LLC; TUSCOLA HCO, LLC; WIN HCO, LLC; WANDALIA HCO, LLC; WATSEKA HCO, LLC; AND WESTSIDE HCO, LLC, DEFENDANTS			10th Judicial Circuit Court of					
	2024-LA-0000030	Undeterminable	III	324 Main St. Ste. 215	Peoria	IL	61602	Pending