Filed 05/21/2/ Docket #0449 Date Filed: 05/31/2024 Case 24-10443-TMH Doc 110

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 TUSCOLA HCO, LLC (CASE NO. 24-10527)

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].
- Date 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.
- **Materialman's/Mechanic's Liens**. 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."
- 17. 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 : Tuscola HCO, LLC United States Bankruptcy Court for the: District of Delaware Case number (if known): 24-10527 (TMH)	☐ Check if this is an amended filing
Official Form 206Sum	
Summary of Assets and Liabilities for Non-Individuals	12/15
Part 1: Summary of Assets	
Schedule A/B: Assets–Real and Personal Property (Official Form 206A/B)	
1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$1,175,182.34
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$1,175,182.34
Part 2: Summary of Liabilities	
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D	\$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 <i>Schedule E/F</i>	\$
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 <i>Schedule E/F</i>	+\$888,749.49
4. Total liabilities	

Lines 2 + 3a + 3b

4,897,390.27

Fill in this information to identify the case:
Debtor Name: In re : Tuscola HCO, LLC
United States Bankruptcy Court for the: District of Delaware
Case number (if known): 24-10527 (TMH)

Official Form 206A/B

Part 1: Cash and cash equivalents

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.

1.	. Does the debtor have any cash or cash equi	valents?			
	☐ No. Go to Part 2.				
	✓ Yes. Fill in the information below.				
	All cash or cash equivalents owned or co	ntrolled by the debto	r	Current valu	e of debtor's interest
2	2. Cash on hand				
	2.1 None			\$	
3	. Checking, savings, money market, or financ	ial brokerage accounts	s (Identify all)		
	Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number		
	3.1 PNC Bank	Commercial	2714		9,327.20
	3.2 PNC Bank	Government	3928	\$	0.00
	3.3 PNC Bank	Operating	3581	\$	0.00
4.	. Other cash equivalents (Identify all)				
	4.1 Non-Critical Repair Reserve			\$	32,050.26
	4.2 Property Insurance Escrow			\$	14,891.98
	4.3 Real Estate Tax Escrow			\$	8,117.93
5	Total of Part 1				
	Add lines 2 through 4 (including amounts on a	any additional sheets)	Convithe total to line 80	\$	64,387.37
	Add in 63 2 till odgir 4 (including afficults of a	arry additional sticets).	oopy the total to line ou.		

Debtor: Tuscola HCO, LLC Case 24-10443-TMH Doc 449 Filed 05/31/24 Page 16 of 56

Case number (if known): 24-10527

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 value	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	\$	73,629.40
8.2 Prepaid Other	\$	66.93
9. Total of Part 2.		
Add lines 7 through 8. Copy the total to line 81.	\$	73,696.33

Case 24-10443-TMH Doc 449 Filed 05/31/24 Page 17 of 56 Tuscola 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. $\ensuremath{\,\,^{\scalebox{}}}$ 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: 1,025,465.22 - \$ 1,025,465.22 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.

1,025,465.22

\$

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Debtor:	Tuscola HCO, LLC	Case number (if known):	24-10527
	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 unin including any interest in an LLC, partnership, or joint venture	corporated businesses,			
	Name of entity:	% of ownership:			
				\$	_
16.	Government bonds, corporate bonds, and other negotiable and rinstruments not included in Part 1 Describe:	non-negotiable			
				\$	
			_	_ ·	_
17.	Total of Part 4.				
	Add lines 14 through 16. Copy the total to line 83.			\$0.00	_

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 Debtor:
 Tuscola HCO, LLC
 Case number (if known):
 24-10527

 Name
 24-10527

Part	5: Inventory, excluding agriculture	re assets			
18.	Does the debtor own any inventory (excluding the second of the second o	ng agriculture assets	?		
	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.			\$0.00
24.	Is any of the property listed in Part 5 perisha ☐ No ☐ Yes	ble?		· ·	

_____ Valuation method_

Book value\$ _

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

☐ No

□ No

☐ Yes. Description_

☐ Yes

_ Current value \$ _

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Debtor: Tuscola HCO, LLC Case number (if known): 24-10527

	Name	
Part 6:	Farming and fishing-related assets (other than titled motor vehicles and land)	

21.	✓ No. Go to Part 7. ✓ Yes. Fill in the information below.	assets (other than titled motor	venicies and land)?	
	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28.	Crops—either planted or harvested	\$		\$
29.	Farm animals Examples: Livestock, poultry, farm-raised fish	\$	-	_ \$
30.	Farm machinery and equipment (Other than titled motor vehicles		-	_ \$
31.	Farm and fishing supplies, chemicals, and feed	. \$		\$
32.	Other farming and fishing-related property not already listed in	n Part 6	-	\$
33.	Total of Part 6. Add lines 28 through 32. Copy the total to line 85.			\$
34.	Is the debtor a member of an agricultural cooperative? No Yes. Is any of the debtor's property stored at the cooperative? No Yes			
35.	Has any of the property listed in Part 6 been purchased within	20 days before the bankruptcy	was filed?	
	□ No □ Yes. Description Book value \$	Valuation method	I Curr	ent value \$
	Is a depreciation schedule available for any of the property list ☐ No ☐ Yes			
37.	Has any of the property listed in Part 6 been appraised by a pro ☐ No	ofessional within the last year?	•	
	☐ Yes			

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Debtor:	Tuscola HCO, LLC	Case number (if known):	24-10527
	Name		

38.	Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?					
	□ No. Go to Part 8.					
	☑ Yes. Fill in the information below.					
	General description	Net book value of debtor' 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	\$ \$	Net Book Value	\$\$		
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,print 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.			9,479.42		
14.	Is a depreciation schedule available for any of the property	y listed in Part 7?				
	☑ No					
	□ Yes					
1 5.	Has any of the property listed in Part 7 been appraised by	a professional within the la	st vear?			

✓ No☐ Yes

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Debtor:	Tuscola HCO, LLC	Case number (if known):	24-10527
	Name		

Part	8: Machinery, equipment, and vehicles			
46.	Does the debtor own or lease any machinery, equipment,	or vehicles?		
	□ No. Go to Part 9.			
	☑ Yes. Fill in the information below.			
	General description Include year, make, model, and identification numbers (i.e.,	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
	VIN, HIN, or N-number)	(Where available)		
47.	Automobiles, vans, trucks, motorcycles, trailers, and titled	d farm vehicles		
	47.1 None	\$		\$
	floating homes, personal watercraft, and fishing vessels 48.1 None Aircraft and accessories 49.1 None Other machinery, fixtures, and equipment (excluding farm	\$ machinery and equipment)		\$\$
	50.1 See Schedule A/B 39	\$		\$
	Total of Part 8. Add lines 47 through 50. Copy the total to line 87. Is a depreciation schedule available for any of the propert	ty listed in Part 8?		\$0.00
	Yes			
53.	Has any of the property listed in Part 8 been appraised by □ No	a professional within the last	year?	

☐ Yes

Case 24-10443-TMH Doc 449 Filed 05/31/24 Page 23 of 56 Tuscola 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 property value 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: Tuscola HCO, LLC Case number (if known): 24-10527

Debtor:	Tuscola Floo, LLo
	Name

Intangibles and intellectual property

Part 10:

	 Does the debtor have any interests in intangibles or intellectua No. Go to Part 11. ✓ Yes. Fill in the information below. 	i property?		
•	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. I	Patents, copyrights, trademarks, and trade secrets			
	60.1 None	\$		\$
61. I	Internet domain names and websites			
	61.1 None	\$	-	\$
62. I	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	\$		\$
CE 4	Goodwill			
05. (65.1 None	\$		\$
se -	Total of Part 10.			
	Add lines 60 through 65. Copy the total to line 89.			\$0.00
07.				1407)0
	Do your lists or records include personally identifiable informat \square No	tion of customers (as defined in	11 U.S.C. §§ 101(41A) an	a 107)?
	✓ Yes			
68. I	s there an amortization or other similar schedule available for a	any of the property listed in Par	t 10?	
[☑ No			
[□ Yes			
	Has any of the property listed in Part 10 been appraised by a pr	ofessional within the last year?	•	
	☑ No			
[□ Yes			

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Debtor: Tuscola HCO, LLC Case number (if known): 24-10527

Name

Part 11:	other	accate

70.	Include all in	ebtor own any other assets that have nterests in executory contracts and une					form.				
		to Part 12. Il in the information below.									
	M 162. FII	ii iii the information below.									
										Current value of debtor's	
										interest	
71	Notes rece	aivable									
		(include name of obligor)	То	tal face amoun	t	doubtful or unco	ollectible accounts				
	-	Employee Advances / Loans	\$					=	→	\$ 2,154.0	00
								_			
	•	(include name of obligor)		tal face amoun	ı		ollectible accounts			•	
	/1.2	None None	\$			⊅		_ =	7	\$	—
72.	Tax refund	s and unused net operating losses ((NOL	.s)							
	Description	(for example, federal, state, local)			_						
	72.1	None				Tax year				. \$	
73.	Interests in	n insurance policies or annuities									
		None								\$	
										· =	
74.	Causes of has been to	action against third parties (whethe filed)	r or ı	not a lawsuit							
	74.1	See Global Notes								\$	
		Nature of claim									
		Amount requested	\$								
75.		tingent and unliquidated claims or care, including counterclaims of the dims									
	75.1	None					_			\$	
		Nature of claim					_				
		Amount requested	\$				_				
76.	Trusts, equ	uitable or future interests in property	′								
	76.1	None								\$	
77.		erty of any kind not already listed E	xamı	oles: Season t	ickets,						
	77.1	None					_			\$	
7 2	Total of Pa	art 11									
, 0.		11 through 77. Copy the total to line 90.								\$ 2,154	.00
		oug oop, the total to line so.								2,104	
79.	Has any of	the property listed in Part 11 been a	ppra	ised by a pro	fessional	within the last y	year?				
	☑ No										
	□ Yes										

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Debtor: Tuscola HCO, LLC

Name

Case number (if known):

24-10527

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.	\$ 64,387.37			
81.	Deposits and prepayments. Copy line 9, Part 2.	\$ 73,696.33			
82.	Accounts receivable. Copy line 12, Part 3.	\$ 1,025,465.22			
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. Copy line 43, Part 7.	\$ 9,479.42			
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.	\$ 2,154.00			
91.	Total. Add lines 80 through 90 for each column91a.	\$ 1,175,182.34	+ 91b.	\$0.00	
92.	Total of all property on Schedule A/B. Lines 91a + 91b = 92	 			,

States Bankruptcy Court for the: District of Delaware umber (if known): 24-10527 (TMH)			Check if this is an amended filing
cial Form 206D edule D: Creditors Who H	ave Claims Secured by P	roperty	12/15
complete and accurate as possible.			
any creditors have claims secured by debtor's pr No. Check this box and submit page 1 of this form to Yes. Fill in all of the information below.		as nothing else to report on th	nis form.
List Creditors Who Have Secured Claims			
n alphabetical order all creditors who have secured claim, list the creditor separately for each claim.		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral t supports this claim
	Describe debtor's property that is subject to a		\$ Undetermine
Ecapital Creditor's Name Creditor's mailing address	NonRE Property and all Accounts	\$\$	\$Undetermin
Notice Name	NonReal Estate and Financial		
20807 Biscayne Blvd Street			
Suite 203	Is the creditor an insider or related party?		
Aventura FL 33180	☑ No		
Aventura FL 33180 City State ZIP Code	Yes		
Country	Is anyone else liable on this claim?		
Country Creditor's email address, if known	□ No		
	✓ Yes. Fill out Schedule H: Codebtors(Official	Form 206H).	
Date debt was incurred			
Last 4 digits of account number	As of the petition filing date, the claim is: Check all that apply. Contingent		
Do multiple creditors have an interest in the	☐ Contingent ☐ Unliquidated		
same property?	☐ 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 : Tuscola HCO, LLC
United States Bankruptcy Court for the: District of Delaware
Case number (if known): 24-10527 (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.

Dart 1	List All Creditors with PRIORITY Unsecured Claims
ı aıtı.	LIST All Greditors with PRIORLET 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 credi	itor's name ar	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	Case	· · · · · · · · · · · · · · · · · · ·	
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	_		
	☐ Unliquidated		
Creditor's Notice name	<u> </u>		
	☐ Disputed		
535 West Jefferson Street Address	Basis for the claim:		
Address			
	Taxes		
	_		
Springfield IL 62761 City State ZIP Code			
City State ZIP Code			
Country	_		
Date or dates debt was incurred			
Various			
	_	lo the eleim publicat to effect?	
Last 4 digits of account number		Is the claim subject to offset? ☑ No	
Specify Code subsection of PRIORITY unsecure		□ Yes	
Priority creditor's name and mailing address	As of the petition filing date, the claim is: \$	25,000.00 \$	
IDPH/CMS	Check all that apply.	· · · · · · · · · · · · · · · · · · ·	25,000.
	•		25,000
IDPH/CMS Creditor Name	Check all that apply.		25,000.
IDPH/CMS	Check all that apply. ☐ Contingent	·	25,000.
IDPH/CMS Creditor Name	Check all that apply. Contingent Unliquidated		25,000.
IDPH/CMS Creditor Name Creditor's Notice name	Check all that apply. Contingent Unliquidated		25,000.
IDPH/CMS Creditor Name Creditor's Notice name 535 West Jefferson Street	Check all that apply. Contingent Unliquidated Disputed		25,000.
IDPH/CMS Creditor Name Creditor's Notice name 535 West Jefferson Street	Check all that apply. Contingent Unliquidated Disputed Basis for the claim:		25,000.
IDPH/CMS Creditor Name Creditor's Notice name 535 West Jefferson Street	Check all that apply. Contingent Unliquidated Disputed Basis for the claim:		25,000.
IDPH/CMS Creditor Name Creditor's Notice name 535 West Jefferson Street Address	Check all that apply. Contingent Unliquidated Disputed Basis for the claim:		25,000.
IDPH/CMS Creditor Name Creditor's Notice name 535 West Jefferson Street Address Springfield LL 62761 City State ZIP Code	Check all that apply. Contingent Unliquidated Disputed Basis for the claim:		25,000.
IDPH/CMS Creditor Name Creditor's Notice name 535 West Jefferson Street Address Springfield IL 62761 City State ZIP Code Country	Check all that apply. Contingent Unliquidated Disputed Basis for the claim:		25,000.
Creditor Name Creditor's Notice name 535 West Jefferson Street Address Springfield City IL State 62761 ZIP Code Country Date or dates debt was incurred	Check all that apply. Contingent Unliquidated Disputed Basis for the claim:		25,000.
Creditor Name Creditor's Notice name 535 West Jefferson Street Address Springfield IL 62761 City State ZIP Code Country Date or dates debt was incurred Various	Check all that apply. Contingent Unliquidated Disputed Basis for the claim:		25,000.
Creditor Name Creditor's Notice name 535 West Jefferson Street Address Springfield City IL State 62761 ZIP Code Country Date or dates debt was incurred	Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	Is the claim subject to offset? ☑ No	25,000.
IDPH/CMS Creditor Name Creditor's Notice name 535 West Jefferson Street Address Springfield IL 62761 City State ZIP Code Country Date or dates debt was incurred Various Last 4 digits of account	Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Taxes	Is the claim subject to offset?	25,000

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.

				Amount of claim	
		nd mailing address	As of the petition filing date, the claim is:	\$	301.00
Afton Hannal Creditor Name	<u>n</u>		Check all that apply.		
			☐ Contingent		
One ditende Netice			☐ Unliquidated		
Creditor's Notice	name		☐ Disputed		
Address on F	ile		Basis for the claim:		
Address			Trade Payable	_	
City	State	ZIP Code			
Country					
	es debt was incurre	ed	Is the claim subject to offset? ☑ No		
Various			<u></u>		
Last 4 digits	s of account		□ Yes		
Nonpriority Abbott EMS of Creditor Name		nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent	\$	4,500.65
			☐ Unliquidated		
Creditor's Notice	name		□ Disputed		
PO Box 8471	gg		Basis for the claim:		
Address			Trade Payable	_	
Dallas	TX	75284-7199			
City	State	ZIP Code			
Country	-				
Date or date	es debt was incurre	ed	Is the claim subject to offset?		
Various			✓ No		
Last 4 digits	s of account		□ Yes		
number					

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Name				•	
Nonpriority c Accurate Biome		nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	194.5
Creditor Name			□ Contingent		
			☐ Unliquidated		
Creditor's Notice na	ame		☐ Disputed		
500 Park Boule	ward		Basis for the claim:		
500 Park Boulevard Address			Trade Payable		
Suite 1260				_	
Itasca	IL	60143			
City	State	ZIP Code			
Country					
Date or dates	debt was incurr	ed	Is the claim subject to offset?		
\ /! - · · -			☑ No		
Various Last 4 digits on number	of account		☑ No □ Yes		
Last 4 digits on number Nonpriority c		nd mailing address		\$	4,916.0
Last 4 digits on number Nonpriority c All Shifts Health	reditor's name a	nd mailing address	☐ Yes As of the petition filing date, the claim is:	\$	4,916.0
Last 4 digits on number Nonpriority c All Shifts Health Creditor Name	reditor's name a	nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	4,916.0
Last 4 digits on number Nonpriority c All Shifts Health	reditor's name a	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	\$	4,916.0
Nonpriority c All Shifts Health Creditor Name Creditor's Notice no	ereditor's name a ncare Services Inc ame	nd mailing address	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$	4,916.0
Last 4 digits on number Nonpriority c All Shifts Health Creditor Name Creditor's Notice no	ereditor's name a ncare Services Inc ame	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	\$	4,916.0
Nonpriority c All Shifts Health Creditor Name Creditor's Notice no PO Box 952038 Address	ereditor's name a ncare Services Inc ame		□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$	4,916.
Nonpriority c All Shifts Health Creditor Name Creditor's Notice no	ereditor's name a ncare Services Inc ame	and mailing address 44193 ZIP Code	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$	4,916.0
Last 4 digits on number Nonpriority c All Shifts Health Creditor Name Creditor's Notice not possible of the	ereditor's name and ancare Services Inc	44193	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	4,916.0
Last 4 digits on number Nonpriority c All Shifts Health Creditor Name Creditor's Notice not possible of the control of the c	ereditor's name and ancare Services Inc	44193 ZIP Code	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$	4,916.

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Name					
Nonpriority confidence Allerton Equipme		nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	231.3
Creditor Name			☐ Contingent		
			☐ Unliquidated		
Creditor's Notice na	ame		□ Disputed		
PO Box 15			Basis for the claim:		
Address			Trade Payable	_	
Allerton	<u>IL</u>	61810			
City	State	ZIP Code			
Country					
Date or dates	debt was incurr	ed	Is the claim subject to offset?		
Various Last 4 digits of	of account		☑ No □ Yes		
Last 4 digits on number Nonpriority controls	reditor's name a	nd mailing address	☐ Yes As of the petition filing date, the claim is:	\$	2,748.
Last 4 digits on number	reditor's name a	nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	2,748.
Last 4 digits on number Nonpriority on American Health	reditor's name a	nd mailing address	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent	\$	2,748.
Last 4 digits on number Nonpriority on American Health	reditor's name a h Associates	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated	\$	2,748.9
Last 4 digits on number Nonpriority Control American Health Creditor Name	reditor's name a h Associates	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	\$	2,748.9
Nonpriority conference American Health Creditor Name Creditor's Notice no 671 Ohio Pike	reditor's name a h Associates	nd mailing address	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$	2,748.9
Last 4 digits on number Nonpriority of American Health Creditor Name Creditor's Notice note 671 Ohio Pike Address	reditor's name a h Associates	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	\$	2,748.\$
Nonpriority conference American Health Creditor Name Creditor's Notice no 671 Ohio Pike	reditor's name a h Associates	nd mailing address	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$	2,748.
Last 4 digits on number Nonpriority of American Health Creditor Name Creditor's Notice note 671 Ohio Pike Address	reditor's name a h Associates	nd mailing address 452452136	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$	2,748.
Last 4 digits on number Nonpriority of American Health Creditor Name Creditor's Notice note 671 Ohio Pike Address Suite K	reditor's name a h Associates		□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$	2,748.
Last 4 digits on number Nonpriority of American Health Creditor Name Creditor's Notice noted that the Address Suite K Cincinnati	reditor's name a h Associates ame	452452136	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$	2,748.
Last 4 digits on number Nonpriority content of the second	reditor's name a h Associates ame	452452136 ZIP Code	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable Is the claim subject to offset?	\$	2,748.9
Last 4 digits on number Nonpriority content of the second	reditor's name a h Associates ame OH State	452452136 ZIP Code	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	2,748.9

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Nonpriority	creditor's name a	nd mailing address	As of the petition filing date, the claim is:	\$	1,450.8
Biotech X- Ray		ina maning address	Check all that apply.	Ψ	1,450.0
Creditor Name			□ Contingent		
			☐ Unliquidated		
Creditor's Notice	name		□ Disputed		
1065 Executive Parkway Drive Address			Basis for the claim: Trade Payable		
Suite 220			Trade Payable	_	
St Louis	MO	631416367			
City	State	ZIP Code			
Country					
Date or date	s debt was incurr	ed	Is the claim subject to offset?		
			□ N-		
Various					
Last 4 digits	of account				
Last 4 digits number Nonpriority Bobs Super Se	creditor's name a	nd mailing address		\$	457.2
Last 4 digits number Nonpriority	creditor's name a	nd mailing address	☐ Yes As of the petition filing date, the claim is:	\$	457.2
Last 4 digits number Nonpriority Bobs Super Se Creditor Name	creditor's name a ervice Inc	nd mailing address	☐ Yes As of the petition filing date, the claim is: Check all that apply.	\$	457.2
Last 4 digits number Nonpriority Bobs Super Se	creditor's name a ervice Inc	nd mailing address	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent	\$	457.2
Last 4 digits number Nonpriority Bobs Super Se Creditor Name Creditor's Notice	creditor's name a ervice Inc	nd mailing address	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated	\$	457.2
Last 4 digits number Nonpriority Bobs Super Se Creditor Name Creditor's Notice	creditor'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	\$	457.2
Last 4 digits number Nonpriority Bobs Super Se Creditor Name Creditor's Notice	creditor'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:	\$	457.2
Last 4 digits number Nonpriority Bobs Super Se Creditor Name Creditor's Notice	creditor'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:	\$	457.2
Last 4 digits number Nonpriority Bobs Super Se Creditor Name Creditor's Notice 105 East South Address	creditor's name a ervice Inc name hline Road		□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$	457.2
Last 4 digits number Nonpriority Bobs Super Se Creditor Name Creditor's Notice 105 East South Address Tuscola	creditor's name a ervice Inc	61953	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$	457.2
Last 4 digits number Nonpriority of Bobs Super So Creditor Name Creditor's Notice 105 East South Address Tuscola City Country	creditor's name a ervice Inc	61953 ZIP Code	As of the petition filing date, the claim is: Check all that apply. Contingent Disputed Basis for the claim: Trade Payable Is the claim subject to offset?	\$	457.2
Last 4 digits number Nonpriority of Bobs Super So Creditor Name Creditor's Notice 105 East South Address Tuscola City Country	creditor's name a ervice Inc name hline Road IL State	61953 ZIP Code	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	457.

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otor: Tuscola HC	O, LLC		Case number (if known):	24-10527	
Name					
-		and mailing address	As of the petition filing date, the claim is:	\$	4,200.0
Carle Clinic As	sociation		Check all that apply.		
Cround Hamb			☐ Contingent		
			Unliquidated		
Creditor's Notice	name		☐ Disputed		
602 West Univ	602 West University Avenue		Basis for the claim:		
Address			Trade Payable	_	
Urbana	<u>IL</u>	61801			
City	State	ZIP Code			
Country					
	s debt was incurr	red	Is the claim subject to offset?		
Various Last 4 digits			☑ No □ Yes		
number Nonpriority Carle Foundati Creditor Name		and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	8,958.4
			☐ Contingent		
Creditor's Notice	namo		Unliquidated		
Creditor S Notice	name		☐ Disputed		
611 West Park	Street		Basis for the claim:		
Address			Trade Payable	_	
Urbana	IL Out	61801			
City	State	ZIP Code			
Country			le the plain publicat to effect?		
	s debt was incurr	red	Is the claim subject to offset? ☑ No		
Various			<u></u>		
Last 4 digits	or account		□ Yes		

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		and mailing address	As of the petition filing date, the claim is: \$	5,129.0
Carle Physician Creditor Name	Group		Check all that apply.	
orounor riamo			☐ Contingent	
One ditanta Nationa			☐ Unliquidated	
Creditor's Notice nar	пе		☐ Disputed	
PO Box 4006 Address			Basis for the claim:	
			Trade Payable	
Champaign	IL	61824-4006		
City	State	ZIP Code		
Country			Is the claim subject to offeet?	
	debt was incurr	red	Is the claim subject to offset? ☑ No	
various			E 110	
Various Last 4 digits of account				
Last 4 digits o	f account		☐ Yes	
number Nonpriority cre		and mailing address	As of the petition filing date, the claim is: \$	22.
number		and mailing address	As of the petition filing date, the claim is: \$ Check all that apply.	22.9
number Nonpriority cre Christie Clinic		and mailing address	As of the petition filing date, the claim is: \$Check all that apply.	22.8
number Nonpriority cre Christie Clinic	editor's name a	and mailing address	As of the petition filing date, the claim is: \$	22.9
Nonpriority cre Christie Clinic Creditor Name Creditor's Notice nar	editor's name a	and mailing address	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed	22.
number Nonpriority cre Christie Clinic Creditor Name	editor's name a	and mailing address	As of the petition filing date, the claim is: \$	22.
number Nonpriority cre Christie Clinic Creditor Name Creditor's Notice nar Address on File	editor's name a	and mailing address	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	22.5
number Nonpriority cre Christie Clinic Creditor Name Creditor's Notice nar Address on File	editor's name a	and mailing address	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	22.5
Nonpriority cre Christie Clinic Creditor Name Creditor's Notice nar Address on File Address	editor's name a		As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Basis for the claim: Trade Payable	22.5
Nonpriority cre Christie Clinic Creditor Name Creditor's Notice nar Address on File Address City Country	editor's name a	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?	22.
Nonpriority cre Christie Clinic Creditor Name Creditor's Notice nar Address on File Address City Country	editor's name a	ZIP Code	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Basis for the claim: Trade Payable	22.

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Nonpriority creditor's r	ame and mailir	ng address	As of the petition filing date, the claim is: \$	3,134.3		
Cityof Tuscola Creditor Name			Check all that apply.			
			☐ Contingent			
Creditor's Notice name			Unliquidated			
Creditor's Notice harne			☐ Disputed			
214 North Main Street			Basis for the claim:			
Address			Trade Payable			
Tuscola IL	6	1953				
City State		ZIP Code				
Country						
Date or dates debt was	incurred		Is the claim subject to offset? ☑ No			
Various			<u></u>			
Last 4 digits of accoun			□ Yes			
number						
Nonpriority creditor's r	ame and mailir	ng address	As of the petition filing date, the claim is: \$	409.3		
	ame and mailir	ng address	Check all that apply.	409.3		
Nonpriority creditor's r	ame and mailir	ng address		409.3		
Nonpriority creditor's r Claire Matheny Creditor Name	ame and mailir	ng address	Check all that apply.	409.3		
Nonpriority creditor's r	ame and mailir	ng address	Check all that apply. ☐ Contingent	409.3		
Nonpriority creditor's r Claire Matheny Creditor Name Creditor's Notice name Address on File	ame and mailir	ng address	Check all that apply. Contingent Unliquidated	409.3		
Nonpriority creditor's r Claire Matheny Creditor Name Creditor's Notice name	ame and mailir	ng address	Check all that apply. ☐ Contingent ☐ Unliquidated ☐ Disputed	409.3		
Nonpriority creditor's r Claire Matheny Creditor Name Creditor's Notice name Address on File	ame and mailin	ng address	Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	409.5		
Nonpriority creditor's r Claire Matheny Creditor Name Creditor's Notice name Address on File		ng address	Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	409.3		
Nonpriority creditor's r Claire Matheny Creditor Name Creditor's Notice name Address on File Address City State	z		Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	409.3		
Nonpriority creditor's r Claire Matheny Creditor Name Creditor's Notice name Address on File Address City State	z		Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable Is the claim subject to offset?	409.3		
Nonpriority creditor's r Claire Matheny Creditor Name Creditor's Notice name Address on File Address City State	incurred		Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	409.:		

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tor: Tusc	cola HCO,	LLC		Case number (if known):	. 2	24-10527	
Name	е				_		
5 Nonpri	iority cre	ditor's name a	nd mailing address	As of the petition filing date, the claim is:	\$		24,438.9
	llation New	v Energy		Check all that apply.			
Creditor I	Name			☐ Contingent			
				☐ Unliquidated			
Creditor's	s Notice nam	ie		□ Disputed			
Gae Div	vision LLC			Basis for the claim:			
Address				Trade Payable			
PO Box	¢ 5473				-		
Carol S	Stream	IL .	60197-5473				
City	, ii Guiii	State	ZIP Code				
Country							
Date o	r dates d	lebt was incurr	ed	Is the claim subject to offset?			
Various	3			☑ No			
numbe 6 Nonpri Datama	iority cre	editor's name a	nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$_		3,513.
Creditor I				□ Contingent			
	_			-			
	mner One s Notice nam	ne		Unliquidated			
				☐ Disputed			
PO Box				Basis for the claim:			
Address				Trade Payable	-		
St Louis	s	MO	63139-0180				
City		State	ZIP Code				
Country							
Date o	r dates d	lebt was incurr	red	Is the claim subject to offset?			
Various							
Last 4	digits of	account		□ Yes			
numbe	_	account		00			

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Nonpriority cr	editor's name a	and mailing address	As of the petition filing date, the claim is: \$	2,745.5
Direct Supply Inc	C		Check all that apply.	
Creditor Name			☐ Contingent	
			Unliquidated	
Creditor's Notice nar	me		☐ Disputed	
Box 88201			Basis for the claim:	
Address			Trade Payable	
Milwaukee	WI	53288		
City	State	ZIP Code		
Country			In the plains publicates affect?	
	debt was incurr	red	Is the claim subject to offset? ☑ No	
Various Last 4 digits o	of account		□ Yes	
number				
Nonpriority cr		and mailing address	As of the petition filing date, the claim is: \$ Check all that apply.	648.2
		and mailing address	Check all that apply.	648.
Nonpriority cre Flynn Sales & Se		and mailing address	Check all that apply. □ Contingent	648.:
Nonpriority cre Flynn Sales & Se	ervice Inc	and mailing address	Check all that apply. ☐ Contingent ☐ Unliquidated	648.2
Nonpriority cr. Flynn Sales & Se Creditor Name Creditor's Notice nat	me	and mailing address	Check all that apply. ☐ Contingent ☐ Unliquidated ☐ Disputed	648.2
Nonpriority cr Flynn Sales & Se Creditor Name	me	and mailing address	Check all that apply. ☐ Contingent ☐ Unliquidated	648.2
Nonpriority cr Flynn Sales & Se Creditor Name	me	and mailing address	Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	648.
Nonpriority cr Flynn Sales & Se Creditor Name	me	and mailing address	Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	648.2
Nonpriority cr. Flynn Sales & Se Creditor Name Creditor's Notice nat 1286 Franks Roa Address	me ad		Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	648.
Nonpriority cr. Flynn Sales & Se Creditor Name Creditor's Notice nat 1286 Franks Roa Address Jacksonville	me ad	62650	Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	648.
Nonpriority cr. Flynn Sales & Se Creditor Name Creditor's Notice nat 1286 Franks Roa Address Jacksonville City Country	me ad	62650 ZIP Code	Check all that apply. Contingent Unliquidated Basis for the claim: Trade Payable Is the claim subject to offset?	648.3
Nonpriority cr. Flynn Sales & Se Creditor Name Creditor's Notice nat 1286 Franks Roa Address Jacksonville City Country	me ad IL State debt was incurr	62650 ZIP Code	Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	648.:

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. Name all aulter and all ta					
Nonpriority creditor's name and mailing address Frontier Creditor Name		nd mailing address	As of the petition filing date, the claim is:	\$	188.0
			Check all that apply.		
Creditor Name			☐ Contingent		
			☐ Unliquidated		
Creditor's Notice name			☐ Disputed		
PO Box 740407			Basis for the claim:		
Address			Trade Payable	-	
Cincinnati	OH	452740407			
City	State	ZIP Code			
Country					
Date or dates debt	was incurre	ed	Is the claim subject to offset?		
Various			☑ No		
Last 4 digits of acc	ount		□ Yes		
number					
Nonpriority credito	r's name aı	nd mailing address	As of the petition filing date, the claim is:	\$	731.9
Gem Medical Supplies Creditor Name	LLC		Check all that apply.		
Creditor Name			Contingent		
			□ Contingent		
			☐ Unliquidated		
Creditor's Notice name			Unliquidated		
			Unliquidated Disputed		
Creditor's Notice name 730 Anthony Trail Address			☐ Unliquidated☐ Disputed☐ Basis for the claim:		
730 Anthony Trail			Unliquidated Disputed	-	
730 Anthony Trail Address			☐ Unliquidated☐ Disputed☐ Basis for the claim:	-	
730 Anthony Trail Address Northbrook I	IL	60062	☐ Unliquidated☐ Disputed☐ Basis for the claim:	-	
730 Anthony Trail Address Northbrook I	IL State	60062 ZIP Code	☐ Unliquidated☐ Disputed☐ Basis for the claim:	_	
730 Anthony Trail Address Northbrook I City Country	State	ZIP Code	☐ Unliquidated ☐ Disputed Basis for the claim: Trade Payable	_	
730 Anthony Trail Address Northbrook I City	State	ZIP Code	☐ Unliquidated ☐ Disputed Basis for the claim: Trade Payable Is the claim subject to offset?	-	
730 Anthony Trail Address Northbrook I City Country	State was incurre	ZIP Code	☐ Unliquidated ☐ Disputed Basis for the claim: Trade Payable	-	

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Nonpriority (creditor's name a	ind mailing address	As of the petition filing date, the claim is:	\$	3,086.8
Health Techno Creditor Name	logies Inc		Check all that apply.		
Creditor Name			☐ Contingent		
			☐ Unliquidated		
Creditor's Notice	name		☐ Disputed		
8446 Page Ave	enue		Basis for the claim:		
Address			Trade Payable	-	
St. Louis	MO	63130			
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		
number					
		and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	2,060.0
2 Nonpriority o		and mailing address		\$	2,060.0
2 Nonpriority of Illinois State Po		and mailing address	Check all that apply.	\$	2,060.0
2 Nonpriority of Illinois State Po	olice	and mailing address	Check all that apply. Contingent Unliquidated	\$	2,060.0
2 Nonpriority (Illinois State Po	name	and mailing address	Check all that apply. Contingent Unliquidated Disputed	\$	2,060.00
2 Nonpriority of Illinois State Po	name	and mailing address	Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	2,060.0
2 Nonpriority of Illinois State Por Creditor Name Creditor's Notice of Bureau of Inve	olice name estigation	and mailing address	Check all that apply. Contingent Unliquidated Disputed	\$	2,060.00
2 Nonpriority (Illinois State Po Creditor Name Creditor's Notice of Bureau of Inve	olice name estigation	and mailing address	Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	2,060.0
2 Nonpriority (Illinois State Po Creditor Name Creditor's Notice of Bureau of Inve	olice name estigation	and mailing address 604324072	Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	2,060.0
2 Nonpriority (Illinois State Po Creditor Name Creditor's Notice of Bureau of Inversed Address 206 North Chic	name estigation cago Street		Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	2,060.0
Nonpriority (Illinois State Po Creditor Name Creditor's Notice of Bureau of Invertigations Address 206 North Chico Joliet	name estigation cago Street	604324072	Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	2,060.0
Nonpriority (Illinois State Po Creditor Name Creditor's Notice of Address 206 North Chical Joliet City Country	name estigation cago Street	604324072 ZIP Code	Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable Is the claim subject to offset?	\$	2,060.0
Nonpriority (Illinois State Po Creditor Name Creditor's Notice of Address 206 North Chical Joliet City Country	name estigation cago Street L	604324072 ZIP Code	Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	2,060.0

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r: Tuscola HCO,	, LLC		Case number (if known).	:	24-10527
Name				_	
Nonpriority cr	editor's name a	nd mailing address	As of the petition filing date, the claim is:	\$	Undetermine
Law Office of Jef	ffrey Krumpe		Check all that apply.		
Creditor Name			☐ Contingent		
			✓ Unliquidated		
Creditor's Notice na	me		 ☑ Disputed		
110 SW Jefferes	on		Basis for the claim:		
Address			 Litigation		
Suite 410				-	
Peoria	IL	61602			
City	State	ZIP Code			
Country					
Date or dates	debt was incurr	ed	Is the claim subject to offset?		
2/6/2024			☑ No		
Last 4 digits o	f account		□ Yes		
	editor's name a	nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$_	260,799.6
Creditor Name	iting Specialists in	<u> </u>			
			☐ Contingent		
Creditor's Notice nar	me		Unliquidated		
Orealier o Hollee Hal			☐ Disputed		
Wells Fargo			Basis for the claim:		
Address			Trade Payable		
PO Box 850781					
Minneapolis	MN	55485-0781			
City	State	ZIP Code			
Country					
Date or dates	debt was incurr	red	Is the claim subject to offset?		
Various					

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-	reditor's name a	and mailing address	As of the petition filing date, the claim is:	\$ 142,998.
Martin Bros Creditor Name			Check all that apply.	
			☐ Contingent	
Creditor's Notice na	amo		Unliquidated	
Creditor 5 Notice ha	anie		☐ Disputed	
406 Viking Road Address			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 of	of account		□ Yes	
number	or account		□ Tes	
number	reditor's name a	and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$ 38,645.
number Nonpriority c	reditor's name a	and mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent	\$ 38,645.
number Nonpriority c	reditor's name a dical- Surgical	and mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated	\$ 38,645
Nonpriority commended Mc Kesson Med Creditor Name	reditor's name a dical- Surgical	and mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	\$ 38,645
Nonpriority commended Mc Kesson Medical Creditor Name Creditor's Notice name PO Box 630693	reditor's name a dical- Surgical	and mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$ 38,645
Nonpriority commended Mc Kesson Med Creditor Name	reditor's name a dical- Surgical	and mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	\$ 38,645.
Nonpriority Communication Nonpriority Communication Name Creditor Name Creditor's Notice note Notice Notice Notice Notice Note Notice No	reditor's name a dical- Surgical		As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$ 38,645
Nonpriority commended Mc Kesson Medical Creditor Name Creditor's Notice name PO Box 630693	reditor's name a dical- Surgical	and mailing address 452630693 ZIP Code	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$ 38,645.
Nonpriority communication Mc Kesson Medicared Treditor Name Creditor's Notice name PO Box 630693 Address Cincinnati	reditor's name a	452630693	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$ 38,645
Nonpriority communication Mc Kesson Medication Name Creditor Name Creditor's Notice name PO Box 630693 Address Cincinnati City Country	reditor's name a	452630693 ZIP Code	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$ 38,645
Nonpriority communication Mc Kesson Medication Name Creditor Name Creditor's Notice name PO Box 630693 Address Cincinnati City Country	reditor's name a dical- Surgical ame OH State	452630693 ZIP Code	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Basis for the claim: Trade Payable	\$ 38,645.

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MPAC Healthcare Creditor Name Creditor Name Creditor's Notice name C	Name				
Creditor's Notice name PO Box 75580 Address Chicago IL 60675-5580 City State ZiP Code State State IL 10 60675-5580 City State ZiP Code State Country Date or dates debt was incurred Nonpriority creditor's name and mailing address MPACE Creditor Notice name Dr. Zarman Address Trade Payable State Calim subject to offset? Check all that apply. Contingent Drit Cantana Dr. Zarman Address Trade Payable State Calim subject to offset? Creditor Notice name Dr. Zarman Address Trade Payable State Calim subject to offset? Creditor Notice name Dr. Zarman Address Trade Payable State Calim subject to offset?	-		and mailing address		\$ 3,500.0
Ceditor's Notice name PO Box 75580 Addivises Chicago IL 60675-5580 City 2iP Code State 2iP Code Is the claim subject to offset? Nonpriority creditor's name and mailing address MPACE Creditor's Notice name Dr. Zaman Addiress 1280 South Ridgeland eAvenue Suite E Palos Heights IL 60463 City State 2iP Code Date or dates debt was incurred Is the claim subject to offset? Check all that apply. Contingent Uniquidated Disputed Disputed Palos Heights IL 60463 City State 2iP Code Is the claim subject to offset?	Creditor Name			□ Contingent	
Disputed Basis for the claim: Trade Payable				☐ Unliquidated	
Additions Chicago IL 60675-5580 City State ZiP Code Country Date or dates debt was incurred Various Last 4 digits of account	Creditor's Notice na	me		 ☐ Disputed	
Chicago IL 60675-5580 City State ZIP Code State	PO Box 75580			·	
Country Date or dates debt was incurred Various Last 4 digits of account number Nonpriority creditor's name and mailing address MPACE Creditor Name Creditor Notice name Dr. Zaman Address 1280 South Ridgeland eAvenue Suite E Palos Heights IL State Country Date or dates debt was incurred Various Is the claim subject to offset?	Address			Trade Payable	
Country Date or dates debt was incurred Various Last 4 digits of account number Nonpriority creditor's name and mailing address MPACE Creditor Name Creditor's Notice name Dr. Zaman Address 1280 South Ridgeland eAvenue Suite E Palos Heights IL State 60463 City State ZIP Code Is the claim subject to offset? Unliquidated Disputed Basis for the claim: Trade Payable Palos Heights IL State ZIP Code Is the claim subject to offset?	Chicago		60675-5580		
Date or dates debt was incurred Is the claim subject to offset? Various ✓ No ✓ Yes Nonpriority creditor's name and mailing address As of the petition filling date, the claim is: \$ 7,500.00 MPACE Check all that apply. Creditor Name Contingent Creditor's Notice name Unliquidated Dr. Zaman Basis for the claim: Address Trade Payable 1280 South Ridgeland eAvenue Suite E Trade Payable Palos Heights IL 60463 City State ZIP Code State Claim subject to offset? Date or dates debt was incurred Various Is the claim subject to offset?					
Various	Country				
Last 4 digits of account number Nonpriority creditor's name and mailing address MPACE Creditor Name Creditor's Notice name Dr. Zaman Address 1280 South Ridgeland eAvenue Suite E Palos Heights City State ZIP Code LIL 60463 City State ZIP Code LIS the claim subject to offset? No Yes As of the petition filing date, the claim is: \$ 7,500.00 Check all that apply. Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable LIL 60463 City State ZIP Code LIS the claim subject to offset? Various	Date or dates	debt was incurr	red	Is the claim subject to offset?	
Nonpriority creditor's name and mailing address MPACE Creditor Name Creditor's Notice name Dr. Zaman Address Palos Heights City State ZIP Code Country Date or dates debt was incurred Various As of the petition filing date, the claim is: \$ 7,500.00 Check all that apply. Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable It 60463 ZIP Code Is the claim subject to offset? Various			cu		
Creditor's Notice name Dr. Zaman Address 1280 South Ridgeland eAvenue Suite E Palos Heights City Country Date or dates debt was incurred Various Unliquidated Disputed Basis for the claim: Trade Payable Italy 60463 ZIP Code Is the claim subject to offset? No	Last 4 digits o				
Dr. Zaman Address 1280 South Ridgeland eAvenue Suite E Palos Heights City Country Date or dates debt was incurred Various Disputed Basis for the claim: Trade Payable Italy 60463 ZIP Code Is the claim subject to offset? No	Last 4 digits of number Nonpriority cr MPACE	of account		As of the petition filing date, the claim is: Check all that apply.	\$ 7,500.0
Dr. Zaman Address 1280 South Ridgeland eAvenue Suite E Palos Heights IL 60463 City State ZIP Code Country Date or dates debt was incurred Various Basis for the claim: Trade Payable Trade Payable Is the claim subject to offset? ✓ No	Last 4 digits of number Nonpriority cr MPACE	of account		□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent	\$ 7,500.0
Address 1280 South Ridgeland eAvenue Suite E Palos Heights IL 60463 City State ZIP Code Country Date or dates debt was incurred Various Trade Payable It because Payable	Nonpriority cr MPACE Creditor Name	of account reditor's name a		As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated	\$ 7,500.0
1280 South Ridgeland eAvenue Suite E Palos Heights IL 60463 City State ZIP Code Country Date or dates debt was incurred Various Is the claim subject to offset? No	Nonpriority cr MPACE Creditor Name Creditor's Notice na	of account reditor's name a		As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	\$ 7,500.0
Country Date or dates debt was incurred Various State ZIP Code Is the claim subject to offset? No	Nonpriority cr MPACE Creditor Name Creditor's Notice na Dr. Zaman	of account reditor's name a		As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$ 7,500.0
City State ZIP Code Country Date or dates debt was incurred Various Is the claim subject to offset? No	Last 4 digits of number Nonpriority or MPACE Creditor Name Creditor's Notice na Dr. Zaman Address	of account reditor's name a	and mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$ 7,500.0
Date or dates debt was incurred Is the claim subject to offset? Various ✓ No	Last 4 digits of number Nonpriority or MPACE Creditor Name Creditor's Notice na Dr. Zaman Address 1280 South Ridge	of account reditor's name a	und mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$ 7,500.0
Various ☑ No	Last 4 digits of number Nonpriority or MPACE Creditor Name Creditor's Notice na Dr. Zaman Address 1280 South Ridge	of account reditor's name a	und mailing address uite E	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$ 7,500.0
valious	Last 4 digits of number Nonpriority or MPACE Creditor Name Creditor's Notice nate of the number of	of account reditor's name a	und mailing address uite E	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$ 7,500.0
	Last 4 digits of number Nonpriority or MPACE Creditor Name Creditor's Notice nather the Notice nathe	of account reditor's name a	uite E 60463 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?	\$ 7,500.0

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Name					
	reditor's name a	and mailing address	As of the petition filing date, the claim is:	\$	44,969.2
Omnicare Creditor Name			Check all that apply.		
Oroano, riamo			☐ Contingent		
			Unliquidated		
Creditor's Notice na	ame		☐ Disputed		
Department781	668		Basis for the claim:		
Address			Trade Payable		
PO Box 78000				-	
Detroit	MI	482781668			
City	State	ZIP Code			
Country					
Date or dates	debt was incurr	red	Is the claim subject to offset?		
Various			☑ No		
Last 4 digits on number	of account		□ Yes		
number		and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	18,167.
number Nonpriority c PEL/VIP		and mailing address	As of the petition filing date, the claim is:	\$	18,167.
number Nonpriority c PEL/VIP Creditor Name	reditor's name a	and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	18,167.
number Nonpriority c PEL/VIP	reditor's name a	and mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent	\$	18,167.
number Nonpriority c PEL/VIP Creditor Name Creditor's Notice no	reditor's name a	and mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated	\$	18,167.
Nonpriority c PEL/VIP Creditor Name Creditor's Notice no	reditor's name a	and mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	\$	18,167.
number Nonpriority c PEL/VIP Creditor Name Creditor's Notice no	ame at Highway		As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	18,167.
number Nonpriority c PEL/VIP Creditor Name Creditor's Notice name 9840 Southwes Address Oak Lawn	ame st Highway	60453	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	18,167.4
number Nonpriority c PEL/VIP Creditor Name Creditor's Notice no	ame at Highway		As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	18,167.
Nonpriority c PEL/VIP Creditor Name Creditor's Notice notice notice and the second se	ame st Highway	60453	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Basis for the claim: Trade Payable	\$	18,167.
number Nonpriority c PEL/VIP Creditor Name Creditor's Notice name 9840 Southwes Address Oak Lawn City Country	ame st Highway	60453 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?	\$	18,167.
number Nonpriority c PEL/VIP Creditor Name Creditor's Notice name 9840 Southwes Address Oak Lawn City Country	ame IL State State	60453 ZIP Code	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Basis for the claim: Trade Payable	\$	18,167.

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Name				
	reditor's name a ascular Consultants	nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$ 58.0
Creditor Name	isculai Consultants	•	□ Contingent	
			☐ Unliquidated	
Creditor's Notice na	ame			
			☐ DisputedBasis for the claim:	
PO Box 13427 Address			Trade Payable	
			Trade rayable	
Springfield	IL	62791-3427		
City	State	ZIP Code		
Country				
Date or dates	debt was incurr	ed	Is the claim subject to offset?	
Mariana			✓ No	
Various				
Last 4 digits	of account		□ Yes	
	of account			
Last 4 digits on number Nonpriority c		nd mailing address	☐ Yes As of the petition filing date, the claim is:	\$ 1,107.
Last 4 digits on number		nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$ 1,107.
Last 4 digits on number Nonpriority contraction of the pressure of the pressu		nd mailing address	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent	\$ 1,107.
Last 4 digits on number Nonpriority contraction of the pressure of the pressu	reditor's name a	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated	\$ 1,107.
Nonpriority c Presto- X Creditor's Notice na	reditor's name a	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	\$ 1,107.
Nonpriority c Presto- X Creditor Name	reditor's name a	nd mailing address	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$ 1,107.
Nonpriority control of Presto- X Creditor's Notice name PO Box 14095	reditor's name a	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	\$ 1,107.
Last 4 digits on number Nonpriority of Presto- X Creditor Name Creditor's Notice not possible and possible	reditor's name a		□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$ 1,107.
Nonpriority control of Presto- X Creditor's Notice name PO Box 14095	reditor's name a	nd mailing address 19612 ZIP Code	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$ 1,107.
Last 4 digits on number Nonpriority contents Presto- X Creditor Name Creditor's Notice notes PO Box 14095 Address Reading	reditor's name a	19612	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$ 1,107.
Last 4 digits on number Nonpriority contents Presto- X Creditor Name Creditor's Notice notes PO Box 14095 Address Reading City Country	reditor's name a	19612 ZIP Code	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$ 1,107.
Last 4 digits on number Nonpriority contents Presto- X Creditor Name Creditor's Notice notes PO Box 14095 Address Reading City Country	reditor's name a	19612 ZIP Code	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$ 1,107.

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Nonpriority co Providence Eng		and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$ 10.:
Creditor Name	Taving LLO		□ Contingent	
			☐ Unliquidated	
Creditor's Notice na	ame			
44 5	01		☐ DisputedBasis for the claim:	
11 East Orange Address	Street		Trade Payable	
Tarpon Springs	FL	34689		
City	State	ZIP Code		
Country				
Date or dates	debt was incurr	red	Is the claim subject to offset?	
Various			☑ No	
1 4 4 - 11 - 14	of account		□ Yes	
Last 4 digits on number	or account		□ 162	
number	reditor's name a	and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$ 1,292.
number Nonpriority control RecoverCare LL	reditor's name a	and mailing address	As of the petition filing date, the claim is:	\$ 1,292.
number Nonpriority control RecoverCare LLC Creditor Name dba Joerns LLC	reditor's name a .C	and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$ 1,292.
number Nonpriority control RecoverCare LL Creditor Name	reditor's name a .C	and mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent	\$ 1,292.
number Nonpriority conditions and the second conditions are second second conditio	reditor's name a .C	and mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated	\$ 1,292.
number Nonpriority control RecoverCare LLC Creditor Name dba Joerns LLC Creditor's Notice na	reditor's name a .C	and mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	\$ 1,292.
Nonpriority control RecoverCare LLC Creditor Name dba Joerns LLC Creditor's Notice name PO Box 936446 Address	reditor's name a		As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$ 1,292.
number Nonpriority conditions and the second conditions are second second conditio	reditor's name a .C	and mailing address 31193-6446 ZIP Code	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	1,292.
Nonpriority of RecoverCare LL Creditor Name dba Joerns LLC Creditor's Notice na PO Box 936446 Address Atlanta	reditor's name a	31193-6446	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$ 1,292.
Nonpriority control RecoverCare LLC Creditor Name dba Joerns LLC Creditor's Notice name PO Box 936446 Address Atlanta City Country	reditor's name a	31193-6446 ZIP Code	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$ 1,292.
Nonpriority control RecoverCare LLC Creditor Name dba Joerns LLC Creditor's Notice name PO Box 936446 Address Atlanta City Country	reditor's name a _C	31193-6446 ZIP Code	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Basis for the claim: Trade Payable	\$ 1,292.

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Nonpriority credi	itor's name a	nd mailing address	As of the petition filing date, the claim is:	\$	86,034.3
RehabCare			Check all that apply.		
Creditor Name			☐ Contingent		
			☐ Unliquidated		
Creditor's Notice name			☐ Disputed Basis for the claim:		
PO Box 71985					
Address			Trade Payable		
				-	
Chicago	IL	60694-1985			
City	State	ZIP Code			
Country					
Date or dates del	bt was incurr	ed	Is the claim subject to offset?		
Various			☑ No		
Last 4 digits of a	ccount		□ Yes		
number					
Hallinel					
Nonpriority credi		nd mailing address	As of the petition filing date, the claim is:	\$	25.0
Nonpriority credi Sarah Bush Lincoln			As of the petition filing date, the claim is: Check all that apply.	\$	25.0
Nonpriority credi				\$	25.0
Sarah Bush Lincoln Creditor Name			Check all that apply.	\$	25.0
6 Nonpriority credi Sarah Bush Lincoln			Check all that apply. □ Contingent	\$	25.0
Sarah Bush Lincoln Creditor Name Creditor's Notice name	Home Medical		Check all that apply. ☐ Contingent ☐ Unliquidated	\$	25.0
Sarah Bush Lincoln Creditor Name	Home Medical		Check all that apply. Contingent Unliquidated Disputed	\$	25.0
Sarah Bush Lincoln Creditor Name Creditor's Notice name 300 Coles Center Pa	Home Medical		Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	25.0
Sarah Bush Lincoln Creditor Name Creditor's Notice name 300 Coles Center Pa	Home Medical		Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	25.0
Sarah Bush Lincoln Creditor Name Creditor's Notice name 300 Coles Center Pa Address	Home Medical	Equipment	Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	25.1
S Nonpriority credi Sarah Bush Lincoln Creditor Name Creditor's Notice name 300 Coles Center Pa Address Mattoon	Home Medical arkway	Equipment 61938	Check all that apply. Contingent Unliquidated Disputed Basis for the claim:		25.0
Sarah Bush Lincoln Creditor Name Creditor's Notice name 300 Coles Center Pa Address Mattoon City	arkway IL State	Equipment 61938 ZIP Code	Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	25.0
Sarah Bush Lincoln Creditor Name Creditor's Notice name 300 Coles Center Pa Address Mattoon City Country	arkway IL State	Equipment 61938 ZIP Code	Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	25.

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Name					
Nonpriority of	creditor's name a	nd mailing address	As of the petition filing date, the claim is:	\$ 208	3,164.2
Select Rehabili	itation LLC		Check all that apply.		
Creditor Name			☐ Contingent		
Creditor's Notice name			☐ Unliquidated		
			□ Disputed		
PO Box 71985			Basis for the claim:		
Address			Trade Payable		
Chicago	IL	606941985			
City	State	ZIP Code			
Country					
Date or dates	s debt was incurr	ed	Is the claim subject to offset?		
Various Last 4 digits of account			✓ No		
Last 4 digits	of account		☐ Yes		
number					
number	creditor's name a	nd mailing address	☐ Yes As of the petition filing date, the claim is: Check all that apply.	\$	456.2
number Nonpriority	creditor's name a	nd mailing address	As of the petition filing date, the claim is:	\$	456.2
number Nonpriority of Shadow Fax P	creditor's name a	nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	456.2
number Nonpriority of Shadow Fax P	creditor's name a rojects	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated	\$	456.2
Nonpriority of Shadow Fax P Creditor Name	creditor's name a rojects	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated	\$	456.2
number Nonpriority of Shadow Fax Pi Creditor Name	creditor's name a rojects	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	456.2
Nonpriority of Shadow Fax P Creditor Name Creditor's Notice of PO Box 347	creditor's name a rojects	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	\$	456.2
Nonpriority of Shadow Fax P Creditor Name Creditor's Notice of PO Box 347 Address	creditor's name a rojects name		As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	456.2
Nonpriority of Shadow Fax P Creditor Name Creditor's Notice of PO Box 347	creditor's name a rojects	nd mailing address 61951 ZIP Code	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	456
Nonpriority of Shadow Fax P Creditor Name Creditor's Notice of PO Box 347 Address Sullivan City	creditor's name a rojects	61951	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	456
Nonpriority of Shadow Fax Pi Creditor's Notice of PO Box 347 Address Sullivan City Country	creditor's name a rojects name IL State	61951 ZIP Code	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	456
Nonpriority of Shadow Fax Pi Creditor's Notice of PO Box 347 Address Sullivan City Country	creditor's name a rojects	61951 ZIP Code	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	456

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		and mailing address	As of the petition filing date, the claim is:	\$	249.0
Shadow Fax Proje	ects#2		Check all that apply.		
			☐ Contingent		
Creditor's Notice nam	10		Unliquidated		
Orealtor 3 Notice Harri	16		☐ Disputed		
Medical Waste Ad	ccount		Basis for the claim:		
PO Box 5473			Trade Payable	_	
Sullivan		64054			
City	State	61951 ZIP Code			
Country					
Date or dates d	lebt was incurr	red	Is the claim subject to offset?		
Various			☑ No		
Last 4 digits of	account		□ Yes		
numher					
Nonpriority cre Shane Gould Creditor Name	editor's name a	and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	215.0
Nonpriority cre	editor's name a	and mailing address	Check all that apply. □ Contingent	\$	215.0
Nonpriority cre		and mailing address	Check all that apply. ☐ Contingent ☐ Unliquidated	\$	215.0
Nonpriority cre Shane Gould Creditor Name Creditor's Notice name		and mailing address	Check all that apply. Contingent Unliquidated Disputed	\$	215.0
Nonpriority cre Shane Gould Creditor Name Creditor's Notice nam Address on File		and mailing address	Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	215.(
Nonpriority cre Shane Gould Creditor Name Creditor's Notice name		and mailing address	Check all that apply. Contingent Unliquidated Disputed	\$	215.0
Nonpriority cre Shane Gould Creditor Name Creditor's Notice nam Address on File		and mailing address	Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	215.0
Nonpriority cre Shane Gould Creditor Name Creditor's Notice nam Address on File		zIP Code	Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	215.0
Nonpriority cre Shane Gould Creditor Name Creditor's Notice nam Address on File Address	ne		Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	215.0
Nonpriority cre Shane Gould Creditor Name Creditor's Notice name Address on File Address City Country Date or dates d	State	ZIP Code	Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable Is the claim subject to offset?	\$	215.0
Nonpriority cre Shane Gould Creditor Name Creditor's Notice nam Address on File Address City Country	State	ZIP Code	Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	215.1

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The Home Depot Pro Creditor Name Creditor Name Creditor's Notice name Cred	Name					
Creditor's Notice name Croditor's Notice name Croditor's Notice name Croditor's Notice name Chicago LL 60683-0126 City State ZIP Code Country Basis for the claim: Trade Payable Country Basis for the claim subject to offset? Various Last 4 digits of account number Nonpriority creditor's name and malling address Tri State Fire Protection Inc Creditor Notice name Creditor's Notice name PO Box 70 Address Newburgh Ne Address Tri State Fire Protection Creditor State Cr	-		nd mailing address		\$	Undetermine
Creditor's Notice name		ot Pro				
Disputed 13924 Collection Center Drive Basis for the claim: Trade Payable				·		
Disputed Basis for the claim: Trade Payable Chicago IL 60693-0126 City State ZIP Code State S	Creditor's Notice na	ame		Unliquidated Unliquidated		
Address Trade Payable Chicago	13924 Collection Center Drive			·		
Chicago IL 60693-0126 City State ZIP Code State						
Country Date or dates debt was incurred Various Last 4 digits of account number Nonpriority creditor's name and mailing address Tri State Fire Protection Inc Creditor Name PO Box 70 Address Newburgh IN A 47629-0070 City State IN A 47629-0070 City State IN A 47629-0070 Country Date or dates debt was incurred Various Is the claim subject to offset?				Trade Payable	-	
Country Date or dates debt was incurred Various Last 4 digits of account number Nonpriority creditor's name and mailing address Tri State Fire Protection Inc Creditor Name PO Box 70 Address Newburgh IN State Newburgh IN State Ar629-0070 Clty Date or dates debt was incurred Various Is the claim subject to offset? Is the claim subject to offset? Unliquidated Disputed Basis for the claim: Trade Payable Is the claim subject to offset? No	Chicago	IL.	60693-0126			
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 As of the petition filling date, the claim is: \$ 490. Check all that apply. Creditor Name Contingent Creditor's Notice name Unliquidated PO Box 70 Basis for the claim: Address Trade Payable Newburgh IN 47629-0070 City State ZIP Code Is the claim subject to offset? Quantity Date or dates debt was incurred Various Is the claim subject to offset?						
Various Last 4 digits of account number Nonpriority creditor's name and mailing address Tri State Fire Protection Inc Creditor's Notice name PO Box 70 Address Newburgh IN 47629-0070 City State IN 2IP Code Country Date or dates debt was incurred Various No No No No No No No No No N	Country					
Last 4 digits of account number Nonpriority creditor's name and mailing address Tri State Fire Protection Inc Creditor Name Creditor's Notice name PO Box 70 Address Newburgh IN 47629-0070 City State ZIP Code List the claim subject to offset? No State Is the claim subject to offset?	Date or dates	debt was incurr	red	Is the claim subject to offset?		
Nonpriority creditor's name and mailing address Tri State Fire Protection Inc Creditor Name Creditor's Notice name PO Box 70 Address Newburgh IN 47629-0070 City State IN 47629-0070 Country Date or dates debt was incurred Various As of the petition filling date, the claim is: \$ 490.0 Check all that apply. Contingent Disputed Basis for the claim: Trade Payable IN 47629-0070 Is the claim subject to offset? No	Various			☑ No		
Nonpriority creditor's name and mailing address Tri State Fire Protection Inc Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable Newburgh IN 47629-0070 ZIP Code Country Date or dates debt was incurred Various No						
Creditor's Notice name PO Box 70 Address Newburgh IN 47629-0070 City State ZIP Code Contingent Unliquidated Disputed Disp	_	of account		⊔ Yes		
Creditor's Notice name PO Box 70 Address Trade Payable Newburgh IN 47629-0070 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	number Nonpriority c Tri State Fire Pr	reditor's name a	nd mailing address	As of the petition filing date, the claim is:	\$	490.
PO Box 70 Address Newburgh IN 47629-0070 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	number Nonpriority c Tri State Fire Pr	reditor's name a	nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	490.
Newburgh IN 47629-0070 City State ZIP Code Country Date or dates debt was incurred Various Trade Payable Is the claim subject to offset? ✓ No	number Nonpriority c Tri State Fire Pr Creditor Name	reditor's name a	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent	\$	490.
Newburgh IN 47629-0070 City State ZIP Code Country Date or dates debt was incurred Various Is the claim subject to offset? ✓ No	number Nonpriority c Tri State Fire Pr Creditor Name	reditor's name a	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated	\$	490.1
City State ZIP Code Country Date or dates debt was incurred Various Is the claim subject to offset?	Nonpriority c Tri State Fire Pri Creditor Name Creditor's Notice na PO Box 70	reditor's name a	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	\$	490.
City State ZIP Code Country Date or dates debt was incurred Various Is the claim subject to offset?	Nonpriority c Tri State Fire Pri Creditor Name Creditor's Notice na PO Box 70	reditor's name a	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	490.
Country Date or dates debt was incurred Various Is the claim subject to offset? No	Nonpriority c Tri State Fire Pr Creditor Name Creditor's Notice na PO Box 70 Address	reditor's name a rotection Inc		As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	490.
Date or dates debt was incurred Is the claim subject to offset? Various ✓ No	Nonpriority c Tri State Fire Pr Creditor Name Creditor's Notice na PO Box 70 Address Newburgh	reditor's name a rotection Inc	47629-0070	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	490.
Various ☑ No	Nonpriority c Tri State Fire Pr Creditor Name Creditor's Notice na PO Box 70 Address Newburgh	reditor's name a rotection Inc	47629-0070	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	490.0
valious	Nonpriority c Tri State Fire Pr Creditor Name Creditor's Notice na PO Box 70 Address Newburgh City	reditor's name a rotection Inc	47629-0070	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	490.
	Nonpriority c Tri State Fire Pr Creditor Name Creditor's Notice na PO Box 70 Address Newburgh City Country	reditor's name a rotection Inc ame IN State	47629-0070 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?	\$	490.

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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 mailing	j 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	State	ZIP Code		
Country				

Total Amounts of the Priority and Nonpriority Unsecured Claims. 5. Add the amounts of priority and nonpriority unsecured claims. Total of claim amounts 5a. Total claims from Part 1 5b. Total claims from Part 2 5b. + \$ 888,749.49

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

963,749.49

Fill in this information to identify the case:
Debtor Name: In re : Tuscola HCO, LLC
United States Bankruptcy Court for the: District of Delaware
Case number (if known): 24-10527 (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?
 - $\ensuremath{\square}$ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
 - □ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B*: Assets Real and Personal Property (Official Form 206A/B).

2.	List all contracts and unexpired lease		State the name and mailing address for all other parties wit whom the debtor has an executory contract or unexpired lease			
	State what the contract or lease is for and the nature of the debtor's interest	Name				
	0. 110 20210. 0 1110.000	Notice Nan	ne			
	State the term remaining	Address				
	List the contract number of					
	any government contract					
		City	State	ZIP Code		
		Country				

Fill in this information to identify the case:	1	1	
Debtor Name: In re : Tuscola HCO, LLC			
United States Bankruptcy Court for the: District of Delaware			☐ Check if this
Case number (if known): 24-10527 (TMH)			amended filin

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

Case 24-10443-TMH Doc 449 Filed 05/31/24 Page 56 of 56

Fill in this information to identify the case:
Debtor Name: In re : Tuscola HCO, LLC
United States Bankruptcy Court for the: District of Delaware
Case number (if known): 24-10527 (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

		dent, another officer, or an authorized agering as a representative of the debtor in thi	nt of the corporation; a member or an authorized agent of the partnership; or another s case.					
I ha	I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:							
	Schedule	e A/B: Assets–Real and Personal Property	(Official Form 206A/B)					
V	Schedule	D: Creditors Who Have Claims Secured	by Property (Official Form 206D)					
	Schedule	E/F: Creditors Who Have Unsecured Cla	ims (Official Form 206E/F)					
V	Schedule	G: Executory Contracts and Unexpired L	eases (Official Form 206G)					
$\overline{\mathbf{A}}$	Schedule	H: Codebtors (Official Form 206H)						
$\overline{\mathbf{A}}$	Summary	of Assets and Liabilities for Non-Individua	als (Official Form 206Sum)					
	Amended	1 Schedule						
	Chapter	11 or Chapter 9 Cases: List of Creditors W	ho Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)					
	Other do	cument that requires a declaration						
l do	clare unde	r penalty of perjury that the foregoing is tru	ue and correct					
i de	ciare unde	r penalty of perjury that the foregoing is the	to and correct.					
Exe	cuted on	05/31/2024	* / s / David R. Campbell					
		MM / DD / YYYY	Signature of individual signing on behalf of debtor					
			David R. Campbell					
			Printed name					
			Authorized Signatory					
	Position 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 TUSCOLA HCO, LLC (CASE NO. 24-10527)

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 : Tuscola HCO, LLC
United States Bankruptcy Court for the: District Of Delaware
Case number (if known): 24-10527 (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	\$	638,833.64
For prior year:	From	1/1/2023 MM / DD / YYYY	to	12/31/2023 MM / DD / YYYY	_ _ □	Operating a business Other	\$	3,533,437.73
For the year before that:	From	1/1/2022 MM / DD / YYYY	to	12/31/2022 MM / DD / YYYY	_ ☑ 	Operating a business Other	\$	2,604,932.00

Case 24-10443-TMH Doc 449-1 Filed 05/31/24 Page 3 of 27

Debtor: Tuscola HCO, LLC Case number (if known): 24-10527

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 reven source (before deduce exclusions)	ue from each
From the beginning of the fiscal year to filing date:	From	1/1/2024 MM / DD / YYYY	to	Filing date	Interest	\$	0.00
For prior year:	From	1/1/2023 MM / DD / YYYY	to	12/31/2023 MM / DD / YYYY	Interest	\$	440.76
For the year before that:	From	1/1/2022 MM / DD / YYYY	to	12/31/2022 MM / DD / YYYY	Interest	_ \$	2,505.82

	uscola HCO, LLC	MH Doc 449		Page 4 of 27 mber (if known): 24-10527
Na	ame			
2:	List Certain Transfers Made Before	Filing for Bankruptc	у	
Cert	tain payments or transfers to creditors	s within 90 days befo	ore filing this case	
filing		all property transferre	ed to that creditor is less than \$	employee compensation, within 90 days befor 7,575. (This amount may be adjusted on 4/0
□ N	None			
	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer Check all that apply
3.1	1 See SOFA 3 Attachment		\$	☐ Secured debt
	Creditor's Name			☐ Unsecured loan repayments
				☐ Suppliers or vendors
	Street			☐ Services
				☐ Other
				
	City State ZIP C	code		
	Country			
	guaranteed or cosigned by an insider ur \$7,575. (This amount may be adjusted of adjustment.) Do not include any paymen	pense reimbursement nless the aggregate v on 4/01/25 and every nts listed in line 3. Ins a partnership debtor a	is, made within 1 year before fill alue of all property transferred 3 years after that with respect iders include officers, directors, nd their relatives; affiliates of the	ing this case on debts owed to an insider or to or for the benefit of the insider is less than
4.1	List payments or transfers, including exp guaranteed or cosigned by an insider ur \$7,575. (This amount may be adjusted adjustment.) Do not include any paymer and their relatives; general partners of a any managing agent of the debtor. 11 U None Insider's Name and Address	pense reimbursement nless the aggregate vo on 4/01/25 and every nts listed in line 3. Ins a partnership debtor a .S.C. § 101(31).	ts, made within 1 year before fil alue of all property transferred of 3 years after that with respect of iders include officers, directors, and their relatives; affiliates of the Total amount or value	ing this case on debts owed to an insider or to or for the benefit of the insider is less than to cases filed on or after the date of , and anyone in control of a corporate debtor ne debtor and insiders of such affiliates; and
4.1	List payments or transfers, including exp guaranteed or cosigned by an insider ur \$7,575. (This amount may be adjusted adjustment.) Do not include any paymer and their relatives; general partners of a any managing agent of the debtor. 11 U	pense reimbursement nless the aggregate vo on 4/01/25 and every nts listed in line 3. Ins a partnership debtor a .S.C. § 101(31).	is, made within 1 year before fill alue of all property transferred 3 years after that with respect iders include officers, directors, nd their relatives; affiliates of the	ing this case on debts owed to an insider or to or for the benefit of the insider is less than to cases filed on or after the date of , and anyone in control of a corporate debtor ne debtor and insiders of such affiliates; and
4.1	List payments or transfers, including exp guaranteed or cosigned by an insider ur \$7,575. (This amount may be adjusted adjustment.) Do not include any paymer and their relatives; general partners of a any managing agent of the debtor. 11 U None Insider's Name and Address See SOFA 4 Attachment Insider's Name	pense reimbursement nless the aggregate von 4/01/25 and every nts listed in line 3. Ins a partnership debtor a .S.C. § 101(31). Dates	ts, made within 1 year before fil alue of all property transferred of 3 years after that with respect of iders include officers, directors, and their relatives; affiliates of the Total amount or value	ing this case on debts owed to an insider or to or for the benefit of the insider is less than to cases filed on or after the date of , and anyone in control of a corporate debtor ne debtor and insiders of such affiliates; and
4.1	List payments or transfers, including exp guaranteed or cosigned by an insider ur \$7,575. (This amount may be adjusted adjustment.) Do not include any paymer and their relatives; general partners of a any managing agent of the debtor. 11 U None Insider's Name and Address See SOFA 4 Attachment Insider's Name	pense reimbursement nless the aggregate von 4/01/25 and every nts listed in line 3. Ins a partnership debtor a .S.C. § 101(31). Dates	ts, made within 1 year before fil alue of all property transferred of 3 years after that with respect of iders include officers, directors, and their relatives; affiliates of the Total amount or value	ing this case on debts owed to an insider or to or for the benefit of the insider is less than to cases filed on or after the date of , and anyone in control of a corporate debtor ne debtor and insiders of such affiliates; and
4.1	List payments or transfers, including exp guaranteed or cosigned by an insider ur \$7,575. (This amount may be adjusted adjustment.) Do not include any paymer and their relatives; general partners of a any managing agent of the debtor. 11 U None Insider's Name and Address See SOFA 4 Attachment Insider's Name Street City State ZIP Code	pense reimbursement nless the aggregate von 4/01/25 and every nts listed in line 3. Ins a partnership debtor a .S.C. § 101(31). Dates	ts, made within 1 year before fil alue of all property transferred of 3 years after that with respect of iders include officers, directors, and their relatives; affiliates of the Total amount or value	ing this case on debts owed to an insider or to or for the benefit of the insider is less than to cases filed on or after the date of , and anyone in control of a corporate debtor ne debtor and insiders of such affiliates; and

Debtor:	Case 24-10443-	-TMH Doc 449-1 Filed 05/3	•	7 0527	
	Name				_
5. F	Repossessions, foreclosures, and retur	ns			
L	List all property of the debtor that was obta sold at a foreclosure sale, transferred by a	ined by a creditor within 1 year before filing t deed in lieu of foreclosure, or returned to the	his case, including property is seller. Do not include prope	repossessed by a rty listed in line 6.	creditor,
<u> </u>	☑ None				
c	Creditor's Name and Address	Description of the Property	Date	Value of property	
	5.1			\$	
	Creditor's Name				
	Street				
	City State ZIP C	ode			
	Country				
6. \$	Setoffs				
(List any creditor, including a bank or financ of the debtor without permission or refused debt.	cial institution, that within 90 days before filind to make a payment at the debtor's direction	g this case set off or otherwis from an account of the debt	se took anything fr or because the de	om an account btor owed a
[□ None				
	Creditor's Name and Address	Description of the action creditor tool	Date action was taken	Amount	
	6.1 Bed Tax Creditor's Name	Offset with Medicaid		\$	267,069.28
	Street				

Last 4 digits of account number: XXXX-

City

Country

State

ZIP Code

ebtor:		143-TMH Doc 449-1	Filed 05/31/24 Page 6 of 27 Case number (if known): 24-10527				
	Name						
art 3	Legal Actions or Assignment	s					
· .	_egal actions, administrative proc	eedings, court actions, executio	ns, attachments, or governmental audits				
L	ist the legal actions, proceedings, in	vestigations, arbitrations, mediatio	ns, and audits by federal or state agencies in whi	ch the d	debtor was		
	nvolved in any capacity—within 1 ye □ None	ar before filing this case.					
L							
	Case title	Nature of case	Court or agency's name and address		Status of case		
	7.1 See SOFA 7 Attachment				Pending		
			Name		On appeal		
					Concluded		
			Street	_ 🖁			
	Case number		Street	_			
	Case number		Street	_ 🗆			
	Case number		City State ZIP Code	_			
	Case number		City State ZIP Code	_			
	Case number			_			

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.

☑N	one
----	-----

Custodian's	name and addr	ess	Description of the Property	Value		
1			\$			
Custodian's name	odian's name		Court name and address			
			Case title			
Street				 Name		
			Case number	Street		
City	State	ZIP Code	Case number			
Country			Date of order or assignment	City	State	ZIP Code
			24.0 C. 0.40. C. 400.g			
				Country		

Case 24-10443-TMH Doc 449-1 Filed 05/31/24 Page 7 of 27

Debtor: Tuscola HCO, LLC Case number (if known): 24-10527

Name

Part 4: Cei	rtain Gifts	and Charita	able Contributions
-------------	-------------	-------------	--------------------

9. 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 relat	ionship to de	ebtor			

Page 8 of 27 Case 24-10443-TMH Doc 449-1 Filed 05/31/24 Debtor: Tuscola 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:* Assets – Real and Personal

10/2023

Property).

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

Undetermined

Case 24-10443-TMH Doc 449-1 Filed 05/31/24 Page 9 of 27

Debtor: Tuscola HCO, LLC

Case number (if known): 24-10527

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 w	vho received t	the transfer?	If not money, describe any	property transferred	Dates	Total amount or value	
1.1							\$	
	Address							
	Street							
	City	State	ZIP Code	-				
	Country			-				
	Email or website a	ddress						
				-				
	Who made the pay	ment, if not d	ebtor?					
	Who made the pay	ment, if not d	lebtor?	_				

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 449-1 Filed 05/31/24 Page 10 of 27

Debtor: Tuscola HCO, LLC Case number (if known): 24-10527

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

ZIP Code

City

Country

State

Case 24-10443-TMH Doc 449-1 Filed 05/31/24 Page 12 of 27

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

Name

Part 8:	Health	Care	Bankruptcies	S
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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 Nam	Nature of the business operation, including type of service the debtor provides Skilled Nursing Facility			If debtor provides meals and housing, number of patients in debtor's care		
5.1 Tuscola Hea	Ith Care Cent	er	Skilled Nursing Facility	1,343		
1203 Egyptia	·		Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.	How are records kept?		
Street	ali IIali			Check all that apply:		
			_	☐ Electronically		
Tuscola	IL	61953		☑ Paper		
	State	ZIP Code	_			

Case 24-10443-TMH Doc 449-1 Filed 05/31/24 Page 13 of 27 Tuscola HCO, LLC Debtor: 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□ Yes

Case 24-10443-TMH Doc 449-1 Filed 05/31/24 Page 14 of 27

Debtor: Tuscola HCO, LLC Case number (if known): 24-10527

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 institution	on name and addr	ess	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 institu	ution name and ac	ddress	Names of anyone with access to it	Description of the contents	Does debtor still have it?
19.1						□ No
	Name					
						□ Yes
	Street					
				Address		
	City	State	ZIP Code			
	Country					

Case 24-10443-TMH Doc 449-1 Filed 05/31/24 Page 15 of 27 Debtor: Tuscola 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

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Debtor: Tuscola HCO, LLC Case number (if known): 24-10527

Name

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

21.	Proper	y 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 Note	es		_		
	Street			-		
	City	State	ZIP Code	-		

ebtor:	Tusc	Case 24-10443	В-ТМН	Doc 449-1		24 Page 17 Case number (if known):	of 27 24-10527	
	Name							
Part 1	2:	Details About Environmental In	formation					
For th	e purp	pose of Part 12, the following defir	nitions apply	y:				
		onmental law means any statute o dless of the medium affected (air, l				contamination, or ha	zardous mate	rial,
		neans any location, facility, or proprly owned, operated, or utilized.	erty, includ	ing disposal sites, t	hat the debtor now	owns, operates, or u	tilizes or that t	he debtor
		rdous material means anything that imilarly harmful substance.	t an enviro	nmental law defines	s as hazardous or to	xic, or describes as	a pollutant, co	ontaminant,
Repo	rt all ı	notices, releases, and proceeding	ngs known	, regardless of wh	en they occurred.			
5	☑ No	e debtor been a party in any jud	licial or ad	ministrative proce	eding under any e	nvironmentai law?	Include settle	ments and orders
		Case title	Court or a	gency name and add	dress	Nature of the case		Status of case
	22.1		Name					□ Pending□ On appeal□ Concluded
		Case Number						
			City	State	ZIP Code			
			Country					
		ny governmental unit otherwise vironmental law?	notified th	ne debtor that the	debtor may be liab	le or potentially lia	ble under or i	in violation of
	☑ No							
	□ Ye	es. Provide details below.						
		Site name and address		Governmental uni address	t name and	Environmental la	aw, if known	Date of notice
	23.1	Name		Name				
		INAITIE		Ivanie				
		Street		Street		_		

ZIP Code

State

ZIP Code

City

Country

City

Country

State

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Debtor: Tuscola HCO, LLC Case number (if known): 24-10527

Name

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

✓ No

 \square Yes. Provide details below.

	Site name and address			Governme	ntal unit name	e and address	Environmental law, if known	Date of notice
.1	Name			Name				_
	Street			Street				
	City	State	ZIP Code	City	State	ZIP Code		
	Country			Country				

Case 24-10443-TMH Doc 449-1 Filed 05/31/24 Page 19 of 27 Tuscola 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 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 statement within 2 years before filing this case. □ None 26b.

26b.

Name and Add	dress	Dates	Dates of service					
Petersen Healt	hcare Management, N	Mark Petersen	From	12/22/2011	То	Present		
830 West Traile Street	creek Dr.							
Peoria	IL	61614						
City	State	ZIP Code						
Country								

Case 24-10443-TMH Doc 449-1 Filed 05/31/24 Page 20 of 27 Tuscola 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 449-1 Filed 05/31/24 Page 21 of 27 Tuscola 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

Debto	r: Tus	cola HCO, L	Case 24-	10443-Т	ГМН	Doc 44	19-1 File	ed 05		4 Page e number <i>(if know</i>	22 of 27 _{(n):} 24-10527	,
	Name	Э										
27.	Invent	ories										
	Have a	any invento	ories of the deb	tor's propert	ty been to	aken within	2 years before	e filing t	this case	?		
	☑ No)										
	□ Ye	s. Give the	e details about t	the two most	t recent i	nventories.						
		Name of t	the person who	supervised	the takir	ng of the inv	ventory	Date of			mount and ba of each inver	sis (cost, market, or ntory
										\$		
		Name and records	d address of the	e person wh	o has po	ssession of	f inventory					
	27.1	Name						-				
		Street						=				
												
								_				
		City	State			ZIP Code						
		Country						-				
		Country										
28.	List th	e debtor's e in contro	s officers, dire ol of the debto	ctors, man	aging me	embers, ge filing of th	eneral partne is case.	rs, men	nbers in	control, con	trolling share	eholders, or other
		Name			Address					sition and Nat	ure of any	% of interest, if any
	28.1	Mark B. P	etersen		830 West	Trailcreek	Dr. , Peoria, IL	61614		mber		1%
	28.2	SABL, LLC	C		830 West	Trailcreek	Dr. , Peoria, IL	61614	Ma	nager		99%
29.	Within	n 1 year b	efore the filing e debtor, or sh	of this cas	se, did th	ne debtor h	nave officers,	directo	ors, man	aging memb	ers, general	partners, members
			e debtor, or si	arenoiders	III COIIII	or or the d	eptor who he	longe	i iioiu iii	ese position	5 f	
	☑ No											
	⊔ Ye	es. Identify	below.									
		Name		Addres	ss				sition and interest	d Nature of	Period durin interest was	g which position or held

From _____ To ____

29.1

Debtor:	Tusco	Case 24-10443-TI Dia HCO, LLC	MH DOC	2 449-1 Filed	U5/31/24 Page 2 Case number (if known)	23 of 27 : 24-10527
	Name					
30.	Payme	ents, distributions, or withdrawals c	redited or giv	ven to insiders		
		1 year before filing this case, did the ces, loans,credits on loans, stock reden			in any form, including salar	y, other compensation, draws,
	☑ Yes	s. 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				
		Country Relationship to debtor				
		·				
31	Within	Relationship to debtor	s the debtor h	peen a member of anne	v consolidated group for	tay nurnasas?
		·	s the debtor b	oeen a member of any	y consolidated group for	tax purposes?
	Within ☑ No	Relationship to debtor	s the debtor b	peen a member of any	y consolidated group for	tax purposes?
	☑ No	Relationship to debtor	s the debtor b	peen a member of any	y consolidated group for	tax purposes?
	☑ No □ Yes	Relationship to debtor 6 years before filing this case, has	s the debtor b	_	y consolidated group for	
	☑ No □ Yes	Relationship to debtor 6 years before filing this case, has s. Identify below.	s the debtor b	_		
	☑ No □ Yes I 31.1 _	Relationship to debtor 6 years before filing this case, has s. Identify below. Name of the parent corporation		Employer	r Identification number of t	he parent corporation
	☑ No □ Yes I 31.1 _	Relationship to debtor 6 years before filing this case, has s. Identify below.		Employer	r Identification number of t	he parent corporation
	☑ No □ Yes I 31.1 _	Relationship to debtor 6 years before filing this case, has 8. Identify below. Name of the parent corporation n 6 years before filing this case, has		Employer	r Identification number of t	he parent corporation
	☑ No □ Yes I 31.1 Within ☑ No	Relationship to debtor 6 years before filing this case, has 8. Identify below. Name of the parent corporation n 6 years before filing this case, has		Employer	r Identification number of t	he parent corporation
	☑ No □ Yes I 31.1 Within ☑ No	Relationship to debtor 1 6 years before filing this case, has 1. Identify below. Name of the parent corporation 1 6 years before filing this case, has		Employer EIN: as an employer been	r Identification number of t	he parent corporation ting to a pension fund?

Part 14: Case 24-10443-TMH Doc 449-1 Filed 05/31/24 Page 24 of 27

Yes

WAF	RNING Ba	inkruptcy fraud is a serio	ous crime. Making a false s	statement, concealing property, or	obtaining money or property by fraud in
conn	ection with	a bankruptcy case can	result in fines up to \$500,00	00 or imprisonment for up to 20 ye	ears, or both.
18 U	.S.C.§§ 152	2, 1341, 1519, and 3571			
I hav	e examined	I the information in this	Statement of Financial Affa	irs and any attachments and have	e a reasonable belief that the information is true and correct.
I dec	lare under p	penalty of perjury that th	e foregoing is true and cor	rect.	
Exec	cuted on	05/31/2024 MM / DD / YYYY			
×	/s/David	l R. Campbell		Printed name	David R. Campbell
	Signature	of individual signing on l	behalf of the debtor		
	Position or	relationship to debtor	Authorized Signatory		
Are	additional	I pages to Statemen	t of Financial Affairs fo	or Non-Individuals Filing for I	Bankruptcy (Official Form 207) attached?
	No				

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In re: Tuscola HCO, LLC Case No. 24-10527

Attachment 3

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

Creditor's name	Address 1	Address 2	City	State	Zip	Date	Total amount or value	Reason for payment or transfer (e.g. Secured debt, Unsecured loan repayments, Suppliers or vendors, Services, or Other)
AllShifts Healthcare Services Inc	PO Box 952038		Cleveland	ОН	44193	12/29/2023	\$3,888.50	Vendor
AllShifts Healthcare Services Inc	PO Box 952038		Cleveland	ОН	44193	1/18/2024	\$5,021.96	Vendor
AllShifts Healthcare Services Inc	PO Box 952038		Cleveland	ОН	44193	1/26/2024	\$1,508.50	Vendor
AllShifts Healthcare Services Inc	PO Box 952038		Cleveland	ОН	44193	2/19/2024	\$1,050.00	Vendor
AllShifts Healthcare Services Inc	PO Box 952038		Cleveland	ОН	44193	3/15/2024	\$11,684.25	Vendor
City of Tuscola	214 North Main Street		Tuscola	IL	61953	1/16/2024	\$2,932.81	Vendor
City of Tuscola	214 North Main Street		Tuscola	IL	61953	2/26/2024	\$3,134.35	Vendor
City of Tuscola	214 North Main Street		Tuscola	IL	61953	3/13/2024	\$3,182.28	Vendor
Lawrence Recruiting Specialists Inc	Wells Fargo	PO Box 850781	Minneapolis	MN	55485-0781	1/17/2024	\$20,959.00	Vendor
Lawrence Recruiting Specialists Inc	Wells Fargo	PO Box 850781	Minneapolis	MN	55485-0781	1/26/2024	\$14,763.82	! Vendor
Lawrence Recruiting Specialists Inc	Wells Fargo	PO Box 850781	Minneapolis	MN	55485-0781	2/12/2024	\$3,536.00	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	1/8/2024	\$26,195.48	3 Vendor

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In re: Tuscola HCO, LLC Case No. 24-10527

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 information related to Intercompany Payments/Transfers								
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	4/13/2023	\$19,971.60	V00300Petersen Health Care Management	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	5/11/2023	\$14,076.72	V00300Petersen Health Care Management	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	6/8/2023	\$1,207.20	V00300Petersen Health Care Management	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	7/13/2023	\$2,244.00	V00300Petersen Health Care Management	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	8/10/2023	\$9,458.29	V00300Petersen Health Care Management	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	9/15/2023	\$12,952.80	V00300Petersen Health Care Management	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	10/12/2023	\$12,301.92	V00300Petersen Health Care Management	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	11/9/2023	\$17,030.04	V00300Petersen Health Care Management	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	1/11/2024	\$8,439.36	V00300Petersen Health Care Management	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	1/11/2024	\$14,166.72	V00300Petersen Health Care Management	Related Entity

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In re: Tuscola HCO, LLC Case No. 24-10527

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 VI, LLC; PETERSEN HEALTH OPERATIONS III, LLC; PETERSEN HEALTH OPERATIONS, LLC; PETERSEN HEALTH QUALITY, LLC; PETERSEN MANAGEMENT COMPANY, LLC; SJL 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 JUNCTION, LLC; PLEASANT VIEW HCO, LLC; PRAIRIE CITY HCO, LLC; ROBINGS HCO, LLC; ROSICLARE HCO, LLC; ROYAL HCO, LLC; SHAN GRI LA HCO, LLC;								
SHELBYVILLE HCO, LLC; SULLIVAN HCO, LLC; SWANSEA HCO, LLC; TARKIO HCO, LLC; TUSCOLA HCO, LLC; TWIN HCO; VANDALIA 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