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IN THE UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

In re:

SC HEALTHCARE HOLDING, LLC, et al.,

Debtors. 1

Chapter 11

Case No. 24-10443 (TMH)

(Jointly Administered)

SCHEDULES OF ASSETS AND LIABILITIES FOR VANDALIA HCO, LLC (CASE NO. 24-10538)

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 <u>Schedules of Assets and Liabilities</u> (the "<u>Schedules</u>") and <u>Statements of Financial Affairs</u> (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 "<u>Petition Date</u>"), 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 "<u>Bankruptcy Code</u>") with the United States Bankruptcy Court for the District of Delaware (the "<u>Court</u>"). 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.
- **10.** <u>Materialman's/Mechanic's Liens</u>. The assets listed in the Schedules and Statements are presented without consideration of any materialman's or mechanic's liens.
- 11. <u>Litigation</u>. Certain litigation actions (collectively, the "<u>Litigation Actions</u>") reflected as claims against a particular Debtor may relate to other Debtors. The Debtors have made reasonable efforts to accurately record the Litigation Actions in the Schedules and Statements of the Debtor(s) that is the party to the Litigation Action. The inclusion of any Litigation Action in the Schedules and Statements does not constitute an admission by the Debtors of liability, the validity of any Litigation Action, or the amount of any potential claim that may result from any claims with respect to any Litigation Action, or the amount and treatment of any potential claim resulting from any Litigation Action currently pending or that may arise in the future.

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

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

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

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

SPECIFIC ADDITIONAL DISCLOSURES WITH RESPECT TO SCHEDULES

Schedule A/B

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

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

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

<u>Item 39 & 40</u>: The Debtors are unable to parse between office furniture, fixtures, and other equipment ("<u>FF&E</u>") because all FF&E is booked in the aggregate. As a result, the Debtors have scheduled all FF&E in the aggregate at Item 39.

<u>Item 62</u>: The Debtors are scheduling certain licenses required to operate their business. These licenses are not traded on an open market and as a result the Debtors have scheduled their value as "undetermined." Notwithstanding that fact, the licenses are extremely valuable to the Debtors as they would be unable to operate their business without them.

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

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

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

Schedule D

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

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

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

Schedule E/F

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

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

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

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

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

Schedule G

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

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

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

Schedule H

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

SPECIFIC ADDITIONAL DISCLOSURES WITH RESPECT TO STATEMENTS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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Fill in this information to identify the case:		
Debtor Name: In re : Vandalia HCO, LLC		
United States Bankruptcy Court for the: District of Delaware	П	Check if this is an
Case number (if known): 24-10538 (TMH)		amended filing
Official Form 206Sum		
Summary of Assets and Liabilities for No	n-Individuals	12/15
Part 1: Summary of Assets		
Schedule A/B: Assets-Real and Personal Property (Official Form 206A/B)		
1a. Real property:		
Copy line 88 from Schedule A/B	\$_	0.00
1b. Total personal property:		
Copy line 91A from Schedule A/B	\$	2,005,376.14
1c. Total of all property:		
Copy line 92 from Schedule A/B	\$_	2,005,376.14
Part 2: Summary of Liabilities		
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form	206D)	
Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of	f Schedule D	3,950,070.25
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)		
3a. Total claim amounts of priority unsecured claims:		
Copy the total claims from Part 1 from line 5a of Schedule E/F	\$	0.00
3b. Total amount of claims of nonpriority amount of unsecured claims:		
Copy the total of the amount of claims from Part 2 from line 5b of Schedule	÷ E/F	734,639.58
4. Total liabilities		

Lines 2 + 3a + 3b

4,684,709.83

Il in this information to identify the case:									
ebtor Name: In re : Vandalia HCO, LLC									
nited States Bankruptcy Court for the: District of Delaware	l	1	(Che	Check if	Check if thi	Check if this	Check if this is	Check if this is
Case number (if known): 24-10538 (TMH)	_	•		_					amended filing

Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equiva	lents			
1. Does the debtor have any cash or	cash equivalents?			
☐ No. Go to Part 2.				
$\ oxed{ extstyle }$ Yes. Fill in the information below	' .			
All cash or cash equivalents ow	ned or controlled by the debto	r	Current valu	ue of debtor's interest
2. Cash on hand				
2.1 None			 \$	
3. Checking, savings, money market	, or financial brokerage accounts	(Identify all)		
Name of institution (bank or brokerage	firm) Type of account	Last 4 digits of account number		
3.1 PNC Bank	Commercial	2845	\$	13,179.93
3.2 PNC Bank	Government	4031	\$	0.00
3.3 PNC Bank	Operating	3717	\$	0.00
4. Other cash equivalents (Identify a	II)			
4.1 Non-Critical Repair Rese	rve		\$	20,564.37
4.2 Property Insurance Escre	w		\$	12,735.02
5. Total of Part 1				
Add lines 2 through 4 (including am	nounts on any additional sheets).	Copy the total to line 80.	\$	46,479.32

Case 24-10443-TMH Doc 467 Filed 05/31/24 Page 16 of 57 Vandalia HCO, LLC 24-10538 Case number (if known): Debtor: Name **Deposits and prepayments** 6. Does the debtor have any deposits or prepayments? ☐ No. Go to Part 3. 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

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

Description, including name of holder of prepayment

8.1 Prepaid Insurance

\$ 107,471.57

107,471.57

Page 17 of 57 Case 24-10443-TMH Doc 467 Filed 05/31/24 Vandalia HCO, LLC Case number (if known): Debtor: Name Accounts receivable Part 3: 10. Does the debtor have any accounts receivable? $\ \square$ No. Go to Part 4. $\ensuremath{\,\,^{\square}}$ Yes. Fill in the information below. Current value of debtor's 11. Accounts receivable Description face amount doubtful or uncollectible accounts Accounts 11a. 90 days old or less: 1,834,395.38 - \$ 1,834,395.38 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. 1,834,395.38 \$

Case 24-10443-TMH Doc 467 Filed 05/31/24 Page 18 of 57

Vandalia HCO, LLC Case number (if known): 24-10538 Debtor: Name Part 4: **Investments** 13. Does the debtor own any investments? ☑ No. Go to Part 5. ☐ Yes. Fill in the information below. Valuation method used Current value of debtor's interest for current value 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 unincorporated businesses, including any interest in an LLC, partnership, or joint venture Name of entity: % of ownership:

6. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

_____ \$ ____

17. Total of Part 4.

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

\$_____0.00

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Debtor:	Vandalia HCO, LLC	Case number (if known):	24-10538	

Debtor:	variualia noo, elo	Case number (if known):	24-10538
	Name		

18.	Does the debtor own any inventory (excludi	ng agriculture assets))?		
	☑ No. Go to Part 6.				
	☐ Yes. Fill in the information below.				
	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
			\$		\$
			-	-	
20.	Work in progress				
			\$		\$
21.	Finished goods, including goods held for re		Φ.		Φ
			\$		\$
22.	Other inventory or supplies				
	• ••		\$		\$
23.	Total of Part 5.				
	Add lines 19 through 22. Copy the total to line	84.			\$
				L	
24.	Is any of the property listed in Part 5 perisha	able?			
	□ No				
	Yes				
25.	Has any of the property listed in Part 5 been	purchased within 20	days before the bankruptcy wa	s filed?	
	□ No	-	. ,		
	☐ Yes. Description Book val	ue\$	Valuation method	Current value	\$
26.	Has any of the property listed in Part 5 been	appraised by a profe	ssional within the last year?		
	□ No	• •	·		
	☐ Yes				

Part 5:

Inventory, excluding agriculture assets

Case 24-10443-TMH Doc 467 Filed 05/31/24 Page 20 of 57

 Debtor:
 Vandalia HCO, LLC
 Case number (if known):
 24-10538

 Name
 24-10538

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

27.	Does the debtor own or lease any farming and fishing-related a	ssets (other than titled motor	vehicles and land)?	
	☑ No. Go to Part 7.			
	☐ Yes. Fill in the information below.			
	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28.	Crops—either planted or harvested			
		\$. \$
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	Part 6		\$
33.	Total of Part 6. Add lines 28 through 32. Copy the total to line 85.			\$0.00
34.	Is the debtor a member of an agricultural cooperative? □ No			
	☐ Yes. Is any of the debtor's property stored at the cooperative?☐ No☐ Yes			
25	Has any of the property listed in Part 6 been purchased within 2	20 days before the hankruntcy	was filed?	
3 5.	□ No	to days before the bank uptcy	was mea:	
	☐ Yes. Description Book value \$	Valuation method	Curr	ent value \$
36.	Is a depreciation schedule available for any of the property lists □ No	ed in Part 6?		
	□ Yes			
37.	Has any of the property listed in Part 6 been appraised by a prof	fessional within the last vear?		
	□ No			
	☐ Yes			

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Debtor:	Vandalia HCO, LLC	Case number (if known):	24-10538
	Name		
Part 7:	Office furniture, fixtures, and equipment; and collectibles		

□ No. Go to Part 8.			
INO. GO TO Part 6.			
Yes. Fill in the information below.			
General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
Office furniture			
39.1 Total FFE from Balance Sheet	\$16,221.12	Net Book Value	\$ \$ 16,221.12
Office fixtures			
40.1 See Schedule A/B 39	\$		\$
Office equipment, including all computer equipment and communication systems equipment and software			
41.1 See Schedule A/B 39	\$		\$
Collectibles Examples: Antiques and figurines; paintings,prints books, pictures, or other art objects; china and crystal; stamp, card collections; other collections, memorabilia, or collectibles	s, or other artwork; coin, or baseball		
42.1 None	\$		\$\$
Total of Part 7.			
Add lines 39 through 42. Copy the total to line 86.			\$ 16,221.12
s a depreciation schedule available for any of the property	listed in Part 7?		
☑ No			
Yes			
	Diffice furniture 39.1 Total FFE from Balance Sheet Diffice fixtures 40.1 See Schedule A/B 39 Diffice equipment, including all computer equipment and communication systems equipment and software 41.1 See Schedule A/B 39 Collectibles Examples: Antiques and figurines; paintings, prints cooks, pictures, or other art objects; china and crystal; stamp, card collections; other collections, memorabilia, or collectibles 42.1 None Total of Part 7. Indeed lines 39 through 42. Copy the total to line 86. See a depreciation schedule available for any of the property	Seneral description Office furniture 39.1 Total FFE from Balance Sheet \$ 16,221.12 Office fixtures 40.1 See Schedule A/B 39 \$ Office equipment, including all computer equipment and communication systems equipment and software 41.1 See Schedule A/B 39 \$ Collectibles Examples: Antiques and figurines; paintings, prints, or other artwork; ooks, pictures, or other art objects; china and crystal; stamp, coin, or baseball ard collections; other collections, memorabilia, or collectibles 42.1 None \$ Total of Part 7. Add lines 39 through 42. Copy the total to line 86.	Seneral description Net book value of debtor's interest (Where available) Office furniture 39.1 Total FFE from Balance Sheet \$ 16,221.12 Net Book Value Office fixtures 40.1 See Schedule A/B 39 \$ Office equipment, including all computer equipment and communication systems equipment and software 41.1 See Schedule A/B 39 \$ Collectibles Examples: Antiques and figurines; paintings, prints, or other artwork; ooks, pictures, or other art objects; china and crystal; stamp, coin, or baseball ard collections; other collections, memorabilia, or collectibles 42.1 None \$ Total FFE from Balance Sheet \$ 16,221.12 Net Book Value Valuation method used for current value Valuation method used for current value

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

V	No
	Yes

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Vandalia HCO, LLC Case number (if known): Debtor: 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. Net book value of debtor's **General description** Valuation method used Current value of debtor's interest interest Include year, make, model, and identification numbers (i.e., for current value VIN, HIN, or N-number) (Where available) 47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles

floating homes, personal watercraft, and fish		
48.1 <u>None</u>	\$	\$
49. Aircraft and accessories		
49.1 None	\$	\$
50. Other machinery, fixtures, and equipment	(excluding farm machinery and equipment)	
50.1 See Schedule A/B 39	\$	\$

51. Total of Part 8. Add lines 47 through 50. Copy the total to line 87. 52. Is a depreciation schedule available for any of the property listed in Part 8?

\$ 0.00)

□ No ☐ Yes

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

□ No ☐ Yes

Case 24-10443-TMH Doc 467 Filed 05/31/24 Page 23 of 57 Vandalia HCO, LLC Case number (if known): 24-10538 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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Vandalia HCO, LLC Debtor:

Name

Intangibles and intellectual property

Part 10:

24-10538 Case number (if known):

59.	Does the debtor have any interests in intangibles or intellectual	pro	perty?			
	□ No. Go to Part 11.					
	✓ Yes. Fill in the information below.					
	General description	int	t book value of debtor's erest 'here available)	Valuation method used for current value		rrent value of debtor's erest
60.	Patents, copyrights, trademarks, and trade secrets					
	60.1 None	\$_			\$	
61.	Internet domain names and websites					
	61.1 None	\$_			\$_	
62.	Licenses, franchises, and royalties State of Illinois Department of Public Health License, 62.1 Permit, Certification, Registration	\$ _	Undetermined		\$	Undetermined
63.	Customer lists, mailing lists, or other compilations					
	63.1 Customer / patient list	\$_	0.00		\$	Undetermined
64.	Other intangibles, or intellectual property 64.1 None	\$_			\$	
65.	Goodwill					
	65.1 None	\$_			\$	
66.	Total of Part 10. Add lines 60 through 65. Copy the total to line 89.				\$	0.00
67.	Do your lists or records include personally identifiable informat ☐ No ☐ Yes	ion (of customers (as defined in		d 10	07)?
68.	Is there an amortization or other similar schedule available for a ☑ No □ Yes	iny c	of the property listed in Par	t 10?		
69.	Has any of the property listed in Part 10 been appraised by a pre ✓ No	ofes	sional within the last year?			

□ Yes

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 Debtor:
 Vandalia HCO, LLC
 Case number (if known):
 24-10538

 Name
 24-10538

Part 11:	ΔII	other	assets
		Other	assets

70.	Does the de Include all in	ebtor own any other assets that have terests in executory contracts and une	e not yet been repor expired leases not pre	rted on t eviously	this form? reported on this	form.				
	□ No. Go	to Part 12.								
	✓ Yes. Fill	I in the information below.								
									Current va	alue of debtor's
1.	Notes rece	vivable								
	Description ((include name of obligor)	Total face amount		doubtful or unce	ollectible accounts				
	71.1	Employee Advances / Loans	\$	808.75	\$	Undetermined	_ =	→	\$	808.75
	Description ((include name of obligor)	Total face amount		doubtful or unco	ollectible accounts				
	71.2	None	\$		\$		_ =	→	\$	
	Tax refunds	s and unused net operating losses	(NOLs)							
		(for example, federal, state, local)	(11020)							
	•	None		_	Tax year				\$	
		None							· ·	
3.	Interests in	n insurance policies or annuities								
	73.1	None							\$	
1.	Causes of a has been f	action against third parties (whethe filed)	er or not a lawsuit							
	74.1	See Global Notes							\$	
		Nature of claim								
		Amount requested	\$							
5.		ingent and unliquidated claims or c re, including counterclaims of the d ms								
	75.1	None				_			\$	
		Nature of claim				_				
		Amount requested	\$			_				
	Truete ogu	litable or future interests in propert								
•	· •	None	,						\$	
	Other prope country club	erty of any kind not already listed E membership	Examples: Season tick	ets,						
	77.1	None				_			\$	
8.	Total of Pa	urt 11.								
	Add lines 7	1 through 77. Copy the total to line 90							\$	808.7
								L		
١.	Has any of t	the property listed in Part 11 been a	appraised by a profes	ssional	within the last	year?				
	☑ No									
	□ Yes									

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Debtor: Vandalia HCO, LLC

Name

Case number (if known):

24-10538

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.	\$ 46,479.32														
81.	Deposits and prepayments. Copy line 9, Part 2.	\$ 107,471.57														
82.	Accounts receivable. Copy line 12, Part 3.	\$ 1,834,395.38														
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.	\$ 16,221.12														
	Copy line 43, Part 7.															
87.	Machinery, equipment, and vehicles. Copy line 51, Part 8.	\$ 0.00														
88.	Real property. Copy line 56, Part 9	 		\$ 0.00												
89.	Intangibles and intellectual property. Copy line 66, Part 10.	\$ 0.00														
90.	All other assets. Copy line 78, Part 11.	\$ 808.75														
91.	Total. Add lines 80 through 90 for each column91a.	\$ 2,005,376.14	+ 91b.	\$ 0.00		_										
92.	Total of all property on Schedule A/B. Lines 91a + 91b = 92	 			\$ 2,	C	005	005,	005,3	005,37	005,376	005,376	005,376.	005,376.	005,376.1	005,376.1

Debtor N United S	this information to identify the case: Iame: In re: Vandalia HCO, LLC Itates Bankruptcy Court for the: District of Delaware Imber (if known): 24-10538 (TMH)				Check if this is an amended filing
	cial Form 206D				·
	edule D: Creditors Who I	lave Claims Sec	ured by Prope	erty	12/15
I. Do a i □ N ☑ Y	ny creditors have claims secured by debtor's lo. Check this box and submit page 1 of this form res. Fill in all of the information below.	to the court with debtor's other se	chedules. Debtor has nothin	g else to report on t	his form.
	List Creditors Who Have Secured Claim alphabetical order all creditors who have sec d claim, list the creditor separately for each claim	ured claims. If a creditor has mo	A D	Column A mount of claim o not deduct the alue of collateral.	Column B Value of collateral that supports this claim
2.	1 Creditor's name	Describe debtor's property	that is subject to a lien		
	Bank of Farmington Creditor's Name	Vehicle	\$	16,429.47	7 \$ Undetermined
	Creditor's mailing address	Describe the lien			
	Notice Name	Lien on Vehicle Collateral			
	16 N Main St				
	Street	_			
	PO Box 320	Is the creditor an insider or	related party?		
		☑ No			
	Farmington IL 61531	☐ Yes			
	City State ZIP Code				
	Country	Is anyone else liable on this	s claim?		
	Creditor's email address, if known	✓ No	, olaiii.		
	oroanor o oman adarood, ii kilomi		: Codebtors(Official Form 20	IEU)	
	Date debt was incurred	— Tes. Fill out <i>schedule H</i> .	Codebiors(Official Form 20	on).	
	Date debt was incurred 5/26/2020				
	Last 4 digits of account number 101101	As of the petition filing date Check all that apply. Contingent	, the claim is:		
	Do multiple creditors have an interest in the same property?	☐ Unliquidated☐ Disputed☐			
	☑ No				
	Yes. Have you already specified the relative priority?				
	 No. Specify each creditor, including the creditor, and its relative priority. 	s			
	Yes. The relative priority of creditors specified on lines	3			

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Column A

\$

3,950,070.25

Amount of claim
Do not deduct the

Column B

Value of collateral that

Debtor: Vandalia HCO, LLC Case number (it known): 24-10538

Copy this page only if more space is needed. Continue numbering the lines sequentially from

Name

Part 1: Additional Page

the previous page.

							supp	orts this claim
itor's na	me		Desc	cribe debtor's property that is subject to a lie	n			
ital			Man	DE Dramarty and all Assessmen	\$	3 933 640 78	\$	Undetermined
			_ <u>INON</u>	RE Property and all Accounts	- Ψ	0,000,040.70	- Ψ	Ondetermine
	nilina address							
1101 3 1110	iiiiig adarcoo	•	Doc	eribe the lien				
Name					-			
7 Biscayr	ne Blvd		11011	inted Estate and I mandial	-			
			_					
203			ls th	ne creditor an insider or related party?				
			- ✓	No				
tura	FL	33180	-					
	State	ZIP Code						
v			ls a	nyone else liable on this claim?				
•	nail address. i	f known						
			_		m 206F	⊣).		
debt wa	s incurred		-					
	of account		Che	ck all that apply.				
		an interest in the		Unliquidated				
No				2.054.03				
		specified the						
□ Yes	The relative p	priority of creditors is	-					
	ital or's Name itor's ma Name 7 Biscayr 203 tura vy itor's err debt wa 4 digits ber nultiple ce propert No Yes. Ha relative No. S credi	or's Name itor's mailing address Name 7 Biscayne Blvd 203 tura FL State y itor's email address, i debt was incurred 4 digits of account ber nultiple creditors have a property? No Yes. Have you already relative priority? No. Specify each c creditor, and its relative priority.	ital or's Name itor's mailing address Name 7 Biscayne Blvd 203 tura FL 33180 State ZIP Code Ty itor's email address, if known debt was incurred 4 digits of account ber nultiple creditors have an interest in the exproperty? No Yes. Have you already specified the relative priority? No. Specify each creditor, including this creditor, and its relative priority.	ital Nor Shame itor's mailing address Name 7 Biscayne Blvd 203 Is the State	NonRE Property and all Accounts	ital NonRE Property and all Accounts \$ Secribe debtor's property that is subject to a lien	itor's name NonRE Property and all Accounts \$ 3,933,640.78	itor's name Describe debtor's property that is subject to a lien NonRE Property and all Accounts \$ 3,933,640.78 \$

Page, if any.

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 : Vandalia HCO, LLC				
United States Bankruptcy Court for the: District of Delaware			F	7 - Oharabitabia ia an
Case number (if known): 24-10538 (TMH)			L	☐ Check if this is an amended filing
Official Form 206E/F		•		
Schedule E/F: Creditors Who Ha	ve Unse	cured Claims		12/15
Be as complete and accurate as possible. Use Part 1 for unsecured claims. List the other party to any executory on Schedule A/B: Assets - Real and Personal Property (Official Form 206G). Number the entries in Parts 1 and the Additional Page of that Part included in this form.	contracts or ur Official Form 20	nexpired leases that could 06A/B) and on Schedule (d result in a claim. Also l G: Executory Contracts a	list executory contracts and Unexpired Leases
Part 1: List All Creditors with PRIORITY Unsecured Cla				
1. Do any creditors have priority unsecured claims? (See 11	U.S.C. § 507).			
✓ No. Go to Part 2.☐ Yes. Go to Line 2.				
List in alphabetical order all creditors who have unsecured 3 creditors with priority unsecured claims, fill out and attach the control of the control	e Additional Page o	of Part 1.	Total claim	Priority amount
2.1 Priority creditor's name and mailing address	Check all that a	on filing date, the claim is: apply.	*	\$
Creditor Name	− ☐ Contingent			
	☐ Unliquidate	d		
Creditor's Notice name	□ Disputed			
Address	Basis for the	claim:		
	_		-	
City State ZIP Code				
Country	_			
Date or dates debt was incurred				
Last 4 digits of account number	_		Is the claim subject to □ No	o offset?
Specify Code subsection of PRIORITY unsecure	ed		□ Yes	

claim: 11 U.S.C. § 507(a) ()

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	
Nonpriority o	reditor's name a	nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	547.18
Creditor Name			☐ Contingent		
			☐ Unliquidated		
Creditor's Notice n	name				
			☐ Disputed Basis for the claim:		
PO Box 5080 Address			Trade Payable		
				_	
Carol Stream	IL	601975080			
City	State	ZIP Code			
Country			lo the plaim publicates offerto		
	s debt was incurr	ed	Is the claim subject to offset? ☑ No		
Various Last 4 digits	of account				
number Nonpriority of	reditor's name a	nd mailing address	As of the petition filing date, the claim is:	\$	5,111.42
Ameren Illinois Creditor Name			Check all that apply.		
Creditor Name			☐ Contingent		
			☐ Unliquidated		
Creditor's Notice n	name		☐ Disputed		
PO Box 88034			Basis for the claim:		
Address			Trade Payable	_	
Chicago		606904034			
Chicago	IL	ZIP Code			
City	Jidle	ZIF Code			
Country					
Date or dates	s debt was incurr	red	Is the claim subject to offset?		
Various			☑ No		
Last 4 digits	of account		□ Yes		
number					

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		nd mailing address	As of the petition filing date, the claim is:	\$	762.3
American Health Ass Creditor Name	ociates		Check all that apply.		
			☐ Contingent		
Creditor's Notice name			Unliquidated		
Creditor's Notice Harrie			☐ Disputed		
671 Ohio Pike			Basis for the claim:		
Address Suite K			Trade Payable	_	
Cincinnati	ОН	452452136			
City	State	ZIP Code			
Country					
Date or dates deb	t was incurr	ed	Is the claim subject to offset? ☑ No		
Various Last 4 digits of ac					
Nonpriority credit Biotech X- Ray Inc Creditor Name	or's name a	and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	2,298.
Oreallor Name					
			□ Contingent		
			☐ Contingent ☐ Unliquidated		
Creditor's Notice name			· ·		
Creditor's Notice name 1065 Executive Park	way Drive		☐ Unliquidated		
	way Drive		Unliquidated Disputed		
1065 Executive Park	way Drive		☐ Unliquidated☐ Disputed☐ Basis for the claim:	_	
1065 Executive Park	way Drive	631416367	☐ Unliquidated☐ Disputed☐ Basis for the claim:	_	
1065 Executive Park Address Suite 220		631416367 ZIP Code	☐ Unliquidated☐ Disputed☐ Basis for the claim:	_	
1065 Executive Park Address Suite 220 St Louis	MO		☐ Unliquidated ☐ Disputed ☐ Basis for the claim: ☐ Trade Payable	_	
1065 Executive Park Address Suite 220 St Louis City	MO State	ZIP Code	☐ Unliquidated☐ Disputed☐ Basis for the claim:	_	

number

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		and mailing address	As of the petition filing date, the claim is:	\$	14.5
Central IL Kidney Creditor Name	y and Dialysis Ass	sociation	Check all that apply.		
			☐ Contingent		
Creditor's Notice nar	ma		Unliquidated		
Creditor's Notice har	ille		☐ Disputed		
3401 Conifer Driv	ve		Basis for the claim:		
Address			Trade Payable	-	
Springfield	<u>IL</u>	62711			
City	State	ZIP Code			
Country					
Date or dates	debt was incurr	red	Is the claim subject to offset?		
			. No.		
Various			☑ No		
			✓ No □ Yes		
Various					
Various Last 4 digits o number	f account editor's name a	and mailing address		\$	9,145.
Various Last 4 digits o number Nonpriority cre	f account editor's name a		☐ Yes As of the petition filing date, the claim is:	\$	9,145.
Various Last 4 digits o number Nonpriority cre Constellation Ne	f account editor's name a		□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent	\$	9,145.
Various Last 4 digits o number Nonpriority cre Constellation Ne	f account editor's name a w Energy		□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated	\$	9,145.
Various Last 4 digits o number Nonpriority cre Constellation Ne Creditor Name	f account editor's name a w Energy		□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated	\$	9,145.7
Various Last 4 digits o number Nonpriority cre Constellation Ne Creditor Name	f account editor's name a w Energy		□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$	9,145.
Various Last 4 digits o number Nonpriority cre Constellation Ne Creditor Name Creditor's Notice nar Gas Division LLC	f account editor's name a w Energy		□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed	\$	9,145.
Various Last 4 digits o number Nonpriority cr. Constellation Necessity Creditor Name Creditor's Notice name Gas Division LLC Address	f account editor's name a w Energy		□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$	9,145.
Various Last 4 digits o number Nonpriority cr. Constellation Necessity Creditor Name Creditor's Notice name Gas Division LLC Address	editor's name a w Energy		□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$	9,145.:
Various Last 4 digits of number Nonpriority creconstellation Neter Constellation Neter Creditor Name Creditor's Notice name Gas Division LLC Address PO Box 5473	editor's name a w Energy	and mailing address	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$	9,145.
Various Last 4 digits o number Nonpriority cr. Constellation Necessity Creditor Name Creditor's Notice nare Gas Division LLC Address PO Box 5473 Carol Stream	editor's name a w Energy	and mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	9,145.
Various Last 4 digits on number Nonpriority cre Constellation Neter Creditor Name Creditor's Notice name Gas Division LLC Address PO Box 5473 Carol Stream City Country	editor's name a w Energy	and mailing address 60197-5473 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?	\$	9,145.
Various Last 4 digits on number Nonpriority cre Constellation Neter Creditor Name Creditor's Notice name Gas Division LLC Address PO Box 5473 Carol Stream City Country	editor's name a w Energy me L State debt was incurr	and mailing address 60197-5473 ZIP Code	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	9,145.7

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Name			A of the notition filling date the claim is.	¢	429.0
Nonpriority creditor's name and mailing address D&M Electrical			As of the petition filing date, the claim is: Check all that apply.	\$	429.0
Creditor Name Creditor's Notice name 1223 US Rt 45 Address			□ Contingent		
			☐ Unliquidated ☐ Disputed Basis for the claim: Trade Payable		
				_	
Neoga	IL	62447			
City	State	ZIP Code			
Country			<u></u>		
Date or dates debt was incurred			Is the claim subject to offset?		
Various					
various			☑ No		
Last 4 digits	of account				
Last 4 digits number Nonpriority		nd mailing address	☐ Yes As of the petition filing date, the claim is:	\$	3,531.
Last 4 digits number		nd mailing address	☐ Yes As of the petition filing date, the claim is: Check all that apply.	\$	3,531.
Last 4 digits number Nonpriority of Datamax Creditor Name	creditor's name a	nd mailing address	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent	\$	3,531.
Last 4 digits number Nonpriority	creditor's name a	nd mailing address	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated	\$	3,531.
Last 4 digits number Nonpriority of Datamax Creditor Name dba Sumner O Creditor's Notice of	creditor's name a	nd mailing address	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent	\$	3,531.9
Last 4 digits number Nonpriority of Datamax Creditor Name dba Sumner O	creditor's name a	nd mailing address	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed	\$	3,531.
Last 4 digits number Nonpriority of Datamax Creditor Name dba Sumner O Creditor's Notice of	creditor'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:	\$	3,531.
Last 4 digits number Nonpriority of Datamax Creditor Name dba Sumner O Creditor's Notice of	creditor's name a	and mailing address	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$	3,531.
Last 4 digits number Nonpriority of Datamax Creditor Name dba Sumner Of Creditor's Notice of PO Box 5180 Address	creditor's name a		□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$	3,531.
Last 4 digits number Nonpriority of Datamax Creditor Name dba Sumner O Creditor's Notice of PO Box 5180 Address	one name	63139-0180	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$	3,531.
Last 4 digits number Nonpriority of Datamax Creditor Name dba Sumner O Creditor's Notice of PO Box 5180 Address St Louis City Country	one name	63139-0180 ZIP Code	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$	3,531.
Last 4 digits number Nonpriority of Datamax Creditor Name dba Sumner O Creditor's Notice of PO Box 5180 Address St Louis City Country	one name MO State	63139-0180 ZIP Code	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	3,531.

number

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Name						
Nonpriority creditor's name and mailing address			As of the petition filing date, the claim is: Check all that apply.	\$	1,900.3	
Direct Supply Inc Creditor Name Creditor's Notice name			☐ Contingent			
			☐ Unliquidated			
D., 00004			☐ Disputed Basis for the claim:			
Box 88201 Address			Trade Payable			
				_		
Milwaukee	WI	53288				
City	State	ZIP Code				
Country						
Date or dates debt was incurred			Is the claim subject to offset?			
Various			☑ No			
Last 4 digits of account						
Last 4 digits on number	of account		□ Yes			
number	reditor's name a	nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	4,500.0	
number Nonpriority cr Dr. Robert Parks	reditor's name a	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent	\$	4,500.0	
number Nonpriority cr Dr. Robert Parks Creditor Name	r editor's name a s	nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	4,500.0	
number Nonpriority cr Dr. Robert Parks	r editor's name a s	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	\$	4,500.0	
number Nonpriority cr Dr. Robert Parks Creditor Name Creditor's Notice na Address on File	reditor's name a s	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	4,500.0	
number Nonpriority cr Dr. Robert Parks Creditor Name Creditor's Notice na	reditor's name a s	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed	\$	4,500.0	
number Nonpriority cr Dr. Robert Parks Creditor Name Creditor's Notice na Address on File	reditor's name a s	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	4,500.0	
number Nonpriority cr Dr. Robert Parks Creditor Name Creditor's Notice na Address on File	reditor's name a s	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	4,500.0	
number Nonpriority cr Dr. Robert Parks Creditor Name Creditor's Notice na Address on File 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:	\$	4,500.0	
number Nonpriority cr Dr. Robert Parks Creditor Name Creditor's Notice na Address on File Address City Country	reditor's name a	ZIP Code	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	4,500.0	
number Nonpriority cr Dr. Robert Parks Creditor Name Creditor's Notice na Address on File Address City Country	reditor's name a	ZIP Code	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	4,500.0	

number

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tor: Vandalia H0	CO, LLC		Case number (it known): 24-10538		
Name					
Nonpriority creditor's name and mailing address			As of the petition filing date, the claim is:	\$	200.0
Fayette County Health Department			Check all that apply.		
Creditor Name Creditor's Notice name 416 West Edwards Street Address			☐ Contingent		
			☐ Unliquidated		
			☐ Disputed Basis for the claim: Trade Payable		
				-	
Vandalia	IL	62471			
City	State	ZIP Code			
Country			Le the electron authors to a ffeet 0		
	s debt was incuri	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:	\$	671.6
Flynn Sales & Creditor Name	Service Inc		Check all that apply.		
			☐ Contingent		
			☐ Unliquidated		
Creditor's Notice name			☐ Disputed		
1286 Franks Road			Basis for the claim:		
Address			Trade Payable	_	
Jacksonville	<u>IL</u>	62650			
City	State	ZIP Code			
Country			Leading and the office of the		
Date or dates debt was incurred			Is the claim subject to offset?		
Various			☑ No		
Last 4 digits of account			□ Yes		
number					

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Nonpriority cr	editor's name a	and mailing address	As of the petition filing date, the claim is:	\$	461.9
Franklin Hospita Creditor Name	.l		Check all that apply.		
Creditor Name			☐ Contingent		
			Unliquidated		
Creditor's Notice na	ıme		☐ Disputed		
201 Bailey Lane	ı		Basis for the claim:		
Address			Trade Payable	_	
Parter					
Benton	IL	62812			
City	State	ZIP Code			
Country			In the plains publicates offers 2		
	debt was incurr	ed	Is the claim subject to offset? ☑ No		
Various Last 4 digits of					
Nonpriority cr Gem Medical Su Creditor Name		and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	361.
			☐ Contingent		
			☐ Unliquidated		
Creditor's Notice na	.me		☐ Disputed		
			•		
730 Anthony Tra	ail		Basis for the claim:		
730 Anthony Tra	ail		·	_	
	ail		Basis for the claim:	_	
	ail	60062	Basis for the claim:	_	
Address		60062 ZIP Code	Basis for the claim:	_	
Address Northbrook	<u>IL</u>		Basis for the claim: Trade Payable	_	
Northbrook City Country	<u>IL</u>	ZIP Code	Basis for the claim: Trade Payable Is the claim subject to offset?	_	
Northbrook City Country	IL State debt was incurr	ZIP Code	Basis for the claim: Trade Payable	_	

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onpriority creditor's name and mailing address eric Primary Care editor Name Particle Primary Care editor's Notice name Particle Primary Care editor's Notice name Particle Primary Care Particle Primary Care Particle Primary Care Editor Name Particle Primary Care Editor Name 1	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	4,500.0
editor's Notice name If East2nd Street dress Eckemeyer IL 62219 State IP Code Duntry ate or dates debt was incurred arious ast 4 digits of account sumber Conpriority creditor's name and mailing address ealth Technologies Inc	☐ Contingent ☐ Unliquidated ☐ Disputed Basis for the claim:	-	
editor's Notice name If East2nd Street dress Eckemeyer IL 62219 Ty State 7219 Ty ZIP Code Dountry ate or dates debt was incurred arious ast 4 digits of account umber Conpriority creditor's name and mailing address ealth Technologies Inc	☐ Unliquidated ☐ Disputed Basis for the claim:	-	
Packemeyer IL 62219 State Juntry ate or dates debt was incurred arious ast 4 digits of account compriority creditor's name and mailing address eath Technologies Inc	☐ Disputed Basis for the claim:	-	
Packemeyer IL 62219 State Juntry ate or dates debt was incurred arious ast 4 digits of account compriority creditor's name and mailing address eath Technologies Inc	Basis for the claim:	-	
eckemeyer IL 62219 State Ill State Ill Ill State Ill Ill Ill Ill Ill Ill Ill Ill Ill Il	Basis for the claim:	-	
eckemeyer IL 62219 State Ill State Ill Ill State Ill Ill Ill Ill Ill Ill Ill Ill Ill Il	Trade Payable	-	
State ZIP Code Dountry ate or dates debt was incurred arious ast 4 digits of account umber conpriority creditor's name and mailing address ealth Technologies Inc			
State ZIP Code Dountry ate or dates debt was incurred arious ast 4 digits of account umber conpriority creditor's name and mailing address ealth Technologies Inc	_		
puntry ate or dates debt was incurred arious ast 4 digits of account amber conpriority creditor's name and mailing address ealth Technologies Inc			
ate or dates debt was incurred arious ast 4 digits of account umber conpriority creditor's name and mailing address ealth Technologies Inc			
arious ast 4 digits of account umber conpriority creditor's name and mailing address ealth Technologies Inc	In the claim publicat to offeet?		
ast 4 digits of account umber conpriority creditor's name and mailing address ealth Technologies Inc	Is the claim subject to offset? ☑ No		
umber conpriority creditor's name and mailing address calth Technologies Inc	Yes		
onpriority creditor's name and mailing address ealth Technologies Inc			
ealth Technologies Inc			
	As of the petition filing date, the claim is: Check all that apply.	\$	2,144.7
	_		
	☐ Contingent		
editor's Notice name	Unliquidated		
	☐ Disputed		
46 Page Avenue dress	Basis for the claim:		
JIESS	Trade Payable	-	
. Louis MO 63130	_		
y State ZIP Code	_		
puntry	_		
ate or dates debt was incurred	Is the claim subject to offset?		
arious	☑ No		
ast 4 digits of account			

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Name					
	creditor's name a	and mailing address	As of the petition filing date, the claim is:	\$	428.0
	Repair & Tire Service	e	Check all that apply.		
Creditor Name			☐ Contingent		
			Unliquidated		
Creditor's Notice r	name		☐ Disputed		
705 East North	ı Avenue		Basis for the claim:		
Address			Trade Payable	_	
Eloro		62020			
Flora City	State	62839 ZIP Code			
City		211 0000			
Country	- dabt in a		Is the claim subject to offset?		
Various	s debt was incurr	ea	✓ No		
Last 4 digits	of account		 □ Yes		
Nonpriority of Illinois State Po		and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	870.
			☐ Contingent		
Creditor's Notice r	name		☐ Contingent ☐ Unliquidated		
Creditor's Notice r	name		Unliquidated Disputed		
Bureau of Inves			☐ Unliquidated☐ Disputed☐ Basis for the claim:		
	stigation		Unliquidated Disputed	_	
Bureau of Inves	eago Street		☐ Unliquidated☐ Disputed☐ Basis for the claim:	_	
Bureau of Invest Address 206 North Chic	stigation cago Street	604324072	☐ Unliquidated☐ Disputed☐ Basis for the claim:	_	
Bureau of Investigation Address 206 North Chic	eago Street	604324072 ZIP Code	☐ Unliquidated☐ Disputed☐ Basis for the claim:	_	
Bureau of Invest Address 206 North Chic	stigation cago Street		☐ Unliquidated ☐ Disputed Basis for the claim: Trade Payable	_	
Bureau of Invest Address 206 North Chic Joliet City Country	stigation cago Street	ZIP Code	☐ Unliquidated☐ Disputed☐ Basis for the claim:	_	

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Name				
9 Nonpriority credito			As of the petition filing date, the claim is:	\$ 485.0
Jansens Heating and Creditor Name	Air Conditionir	ng	Check all that apply.	
Creditor Name			☐ Contingent	
			☐ Unliquidated	
Creditor's Notice name			□ Disputed	
11984 East US Highw	av 40		Basis for the claim:	
Address			Trade Payable	
Effingham	IL	62401		
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				
0 Nonpriority credito	or's name an	d mailing address	As of the petition filing date, the claim is:	\$ 1,136.3
Kidds Plumbing & Hea	ating		Check all that apply.	
Creditor Name			☐ Contingent	
			Unliquidated	
Creditor's Notice name			☐ Disputed	
701 West St Louis Ave	enue		Basis for the claim:	
Address			Trade Payable	
			i	
Vandalia	IL	62471		
	State	ZIP Code		
City				
City				
	was incurre	ed	Is the claim subject to offset?	
Country		d	Is the claim subject to offset? ✓ No ———————————————————————————————————	

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Name				
	creditor's name a	and mailing address	As of the petition filing date, the claim is:	\$ Undetermine
Law Office of J	Jeffrey Krumpe		Check all that apply.	
Creditor Name			☐ Contingent	
			☑ Unliquidated	
Creditor's Notice	name		✓ Disputed	
110 SW Jeffer	eson		Basis for the claim:	
Address			Litigation	
Suite 410				
Peoria	IL	61602		
City	State	ZIP Code		
Country				
Date or date	s debt was incurr	red	Is the claim subject to offset?	
0/0/0004				
2/6/2024				
Last 4 digits	of account			
Last 4 digits number	creditor's name a	and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$ 4,642.9
Last 4 digits number Nonpriority of Liberty Utilities	creditor's name a	and mailing address	☐ Yes As of the petition filing date, the claim is:	\$ 4,642.9
Last 4 digits number Nonpriority of Liberty Utilities Creditor Name	creditor's name a	and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$ 4,642.9
Last 4 digits number Nonpriority of Liberty Utilities	creditor's name a	and mailing address	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed	\$ 4,642.9
Last 4 digits number Nonpriority of Liberty Utilities Creditor Name Creditor's Notice of	creditor's name a	and mailing address	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$ 4,642.\$
Last 4 digits number Nonpriority of Liberty Utilities Creditor Name	creditor's name a	and mailing address	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed	\$ 4,642.9
Last 4 digits number Nonpriority of Liberty Utilities Creditor Name Creditor's Notice of PO Box 75660 Address	creditor's name a		□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$ 4,642.9
Last 4 digits number Nonpriority of Liberty Utilities Creditor Name Creditor's Notice of	creditor's name a	and mailing address 60675 ZIP Code	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$ 4,642.9
Last 4 digits number Nonpriority of Liberty Utilities Creditor Name Creditor's Notice of PO Box 75660 Address Chicago	name	60675	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$ 4,642.9
Last 4 digits number Nonpriority of Liberty Utilities Creditor Name Creditor's Notice of PO Box 75660 Address Chicago City Country	name	60675 ZIP Code	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed Basis for the claim:	\$ 4,642.
Last 4 digits number Nonpriority of Liberty Utilities Creditor Name Creditor's Notice of PO Box 75660 Address Chicago City Country	name IL State	60675 ZIP Code	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Basis for the claim: Trade Payable	\$ 4,642.

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Martin Bros Creditor Name Creditor's Notice name Creditor's Notice name 406 Viking Road Address Cedar Falls City Country Date or dates debt was incurred Various Last 4 digits of account No Creditor's Notice name Unliquidated Disputed Basis for the claim: Trade Payable Is the claim subject to offset? Vies No Yes					
Martin Bros Creditor Name Creditor's Notice name Cleditor's Notice name Country Country Date or dates debt was incurred Various Nonpriority creditor's name and mailling address Mc Kesson Medical- Surgical Creditor's Notice name Creditor's Notice name Po Box 630693 Robits Surgical Creditor's Notice name Clininati OH 452630693 City State ZIP Code Country Country B the claim subject to offset? Unliquidated Contingent Unliquidated Disputed Basis for the claim: Trade Payable Cincilinati OH 452630693 City State ZIP Code Country Date or dates debt was incurred J sthe claim subject to offset? State Calm subject to offset?	Nonpriority c	reditor's name a	and mailing address	As of the petition filing date, the claim is:	\$ 148,171.8
Creditor's Notice name 406 Viking Road Address Cedar Falls City State Country Date or dates debt was incurred Various Nonpriority creditor's name and mailing address Mc Kesson Medical-Surgical Creditor Notice name PO Box 630693 Address Ciny State ZiP Code Contingent Creditor Notice name Creditor Notice name Creditor Surgical Creditor Notice name Creditor Surgical Creditor Notice name Creditor Surgical Creditor Surgical Creditor Notice name Creditor Surgical Creditor Surgical Creditor Notice name Creditor Surgical Creditor Surgical Creditor Surgical Creditor Surgical Creditor Notice name Disputed Disput	Martin Bros				 <u> </u>
Disputed	Creditor Name			☐ Contingent	
Addivess Basis for the claim: Trade Payable Cedar Falls IA 50613 City State ZIP Code Date or dates debt was incurred Various Forestion filing date, the claim is: \$ 32,355. Check all that apply. Creditor Notice name PO Box 630693 Addivess Cincinnati OH 452630693 City State ZIP Code Country Date or dates debt was incurred Cincinnati OH 452630693 City State ZIP Code Country Date or dates debt was incurred Is the claim subject to offset? Is the claim subject to offset? In the claim is: \$ 32,355. Check all that apply. Contingent Unliquidated Disputed Disputed Disputed Disputed Siste Claim subject to offset? El Sthe claim subject to offset? Is the claim subject to offset?				☐ Unliquidated	
Address Trade Payable Cedar Falls IA 50613 City State ZIP Code Country Date or dates debt was incurred Is the claim subject to offset? Various Yes No Last 4 digits of account Yes Nonpriority creditor's name and mailing address As of the petition filling date, the claim is: \$ 32,355. Check all that apply. Creditor Name Unliquidated Creditor Notice name Disputed Basis for the claim: Trade Payable Cincinnati OH 452630693 City State ZIP Code Listhe claim subject to offset? Country Date or dates debt was incurred Is the claim subject to offset? Is the claim subject to offset?	Creditor's Notice na	ame		□ Disputed	
Cedar Falls IA 50613 City State ZIP Code State	406 Viking Roa	d		Basis for the claim:	
Country Date or dates debt was incurred Various Last 4 digits of account number Nonpriority creditor's name and mailing address Mc Kesson Medical- Surgical Creditor Name Creditor's Notice name PO Box 630693 Address Cincinnati OH 452630693 City State Country Date or dates debt was incurred Various Is the claim subject to offset? No Check all that apply. Check all that apply. Check all that apply. Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable Cincinnati OH 452630693 City State Zip Code Is the claim subject to offset? 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 Mc Kesson Medical- Surgical Creditor Name Creditor's Notice name PO Box 630693 Address City State Cincinnati OH 452630693 City State Country Date or dates debt was incurred Various Is the claim subject to offset? No Check all that apply. Check all that apply. Check all that apply. Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable Cincinnati OH 452630693 City State Is the claim subject to offset? Is the claim subject to offset? No	Cedar Falls		50613		
Date or dates debt was incurred Is the claim subject to offset? Various ✓ No Last 4 digits of account Yes number Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: \$ 32,355. Check all that apply. Contingent Creditor's Notice name Unliquidated PO Box 630693 Basis for the claim: Address Trade Payable Cincinnati OH 452630693 City State ZIP Code Is the claim subject to offset? Various No					
Various	Country				
Last 4 digits of account number Nonpriority creditor's name and mailing address Mc Kasson Medical- Surgical Creditor Name Creditor's Notice name PO Box 630693 Address Cincinnati City State ZIP Code Disputed Basis for the claim: Trade Payable Country Date or dates debt was incurred Various PYes As of the petition filing date, the claim is: Check all that apply. Check all that apply. Check all that apply. Check all that apply. Check all that apply.		debt was incurr	·ed	•	
Nonpriority creditor's name and mailing address Mc Kesson Medical- Surgical Creditor Name Creditor's Notice name PO Box 630693 Address Cincinnati OH 452630693 City State ZIP Code Country Date or dates debt was incurred Various As of the petition filing date, the claim is: \$ 32,355. Check all that apply. Disputed Basis for the claim: Trade Payable Is the claim subject to offset? No		of account			
Cincinnati City Country Date or dates debt was incurred Creditor's Notice name Unliquidated Disputed Basis for the claim: Trade Payable Is the claim subject to offset? No	Mc Kesson Med		nd mailing address	Check all that apply.	\$ 32,355
Cincinnati OH 452630693 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				□ Contingent	
PO Box 630693 Address Trade Payable Cincinnati City OH State ZIP Code Country Date or dates debt was incurred Various Basis for the claim: Trade Payable Is the claim subject to offset? ✓ No				_	
Address Cincinnati OH	Creditor's Notice na	ame		Unliquidated	
Cincinnati OH 452630693 City State ZIP Code Country Date or dates debt was incurred Various Is the claim subject to offset? ✓ No	Creditor's Notice na	ame		□ Disputed	
Country Date or dates debt was incurred Various State ZIP Code Is the claim subject to offset? No	PO Box 630693			□ Disputed Basis for the claim:	
City State ZIP Code Country Date or dates debt was incurred	PO Box 630693			□ Disputed Basis for the claim:	
Date or dates debt was incurred Is the claim subject to offset? Various ✓ No	PO Box 630693 Address	3	452630693	□ Disputed Basis for the claim:	
Various ☑ No	PO Box 630693 Address	ОН		□ Disputed Basis for the claim:	
valious	PO Box 630693 Address Cincinnati City	ОН		□ Disputed Basis for the claim: Trade Payable	
	PO Box 630693 Address Cincinnati City Country	OH State	ZIP Code	□ Disputed Basis for the claim: Trade Payable Is the claim subject to offset?	

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Monpriority creditor's name and mailing address Medallion Services LLC Creditor Name Creditor's Notice name 27 Chamblee Lane Address St. Louis City MO State ZIP Code Country Date or dates debt was incurred Various Last 4 digits of account number As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable Is the claim subject to offset? No Yes	Case number (if known): 24-10538			D, LLC	or: Vandalia HCC
Medallion Services LLC Creditor Name Contingent Unliquidated Disputed Basis for the claim: Trade Payable	ing date, the claim is: \$ 1,03	As of the petition filir	d mailing address	editor's name an	
Creditor's Notice name 27 Chamblee Lane Address St. Louis MO 63141 City State ZIP Code State digits of account number Nonpriority creditor's name and mailing address Michelle Blain Creditor's Notice name Address on File Address City State ZIP Code State ZIP Code State S					Medallion Service
Creditor's Notice name 27 Chamblee Lane Address St. Louis MO 63141 City State ZIP Code State S		□ Contingent			Creditor Name
Disputed Dasis for the claim: Trade Payable		☐ Unliquidated			
Address Trade Payable St. Louis		☐ Disputed		me	Creditor's Notice na
St. Louis MO 63141 City State ZIP Code State	ı:	Basis for the claim:		ine	27 Chamblee La
Country Date or dates debt was incurred Various Last 4 digits of account number Nonpriority creditor's name and mailing address Michelle Blain Creditor Name Creditor's Notice name Address on File Address City State City State As the claim subject to offset? No Holded Holde		Trade Payable			Address
Country Date or dates debt was incurred Various Last 4 digits of account number Nonpriority creditor's name and mailing address Michelle Blain Creditor Name Creditor Name Creditor's Notice name Address on File Address City State ZIP Code Is the claim subject to offset? No Contingent Unliquidated Disputed Basis for the claim: Trade Payable Country Date or dates debt was incurred Is the claim subject to offset?			631//1	MO	St Louis
Date or dates debt was incurred Various Last 4 digits of account number Nonpriority creditor's name and mailing address Michelle Blain Creditor Name Creditor's Notice name Address on File Address City State ZIP Code Is the claim subject to offset? No No State claim subject to offset? No No State claim subject to offset? No Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable Is the claim subject to offset?					
Various					Country
Last 4 digits of account number Nonpriority creditor's name and mailing address Michelle Blain Creditor Name Creditor's Notice name Creditor's Notice name Address on File Address City State ZIP Code List the claim subject to offset? State Country Date or dates debt was incurred Yes Yes Yes Yes Yes As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	et to offset?		d	debt was incurre	Date or dates
Nonpriority creditor's name and mailing address Michelle Blain Creditor Name Creditor's Notice name Creditor's Notice name Address on File Address City State ZIP Code Listhe claim subject to offset? Listhe claim subject to offset?					
Creditor's Notice name Address on File Address City State ZIP Code Unliquidated Disputed	ing date, the claim is: \$41	Check all that apply.	d mailing address	editor's name an	Michelle Blain
City State ZIP Code Disputed Basis for the claim: Trade Payable City State ZIP Code Is the claim subject to offset?					
Address on File Address City State ZIP Code Disputed Basis for the claim: Trade Payable Country Date or dates debt was incurred Is the claim subject to offset?		Unliquidated		me	Creditor's Notice na
Address Trade Payable City State ZIP Code Country Date or dates debt was incurred Is the claim subject to offset?		•			
City State ZIP Code Country Date or dates debt was incurred Is the claim subject to offset?	:				
Country Date or dates debt was incurred Is the claim subject to offset?		Trade Payable			Address
Country Date or dates debt was incurred Is the claim subject to offset?					
Date or dates debt was incurred Is the claim subject to offset?			ZIP Code	State	City
[7] N-					Country
Various ⊻ No	t to offset?		d	debt was incurre	Date or dates
Last 4 digits of account					

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		nd mailing address	As of the petition filing date, the claim is: \$	31.6
Mid America Psy Creditor Name	chiatric Consultan	ıts	Check all that apply.	
			☐ Contingent	
Creditor's Notice na	me		Unliquidated	
Orealier o Helice Ha			☐ Disputed	
522 North Ballas	Road		Basis for the claim:	
Address Suite 334			Trade Payable	
Creve Coeur	MO	63141		
City	State	ZIP Code		
Country			Is the claim subject to offset?	
	debt was incurr	ed	✓ No	
Various			2 110	
Last 4 digits of	of account		☐ Yes	
number		nd mailing address		4 200 (
number	editor's name a	nd mailing address	☐ Yes As of the petition filing date, the claim is: \$ Check all that apply.	4,200.
number Nonpriority cr	editor's name a	nd mailing address	As of the petition filing date, the claim is: \$	4,200.0
number Nonpriority cr MPAC Healthca	editor's name a	nd mailing address	As of the petition filing date, the claim is: \$ Check all that apply.	4,200.0
number Nonpriority cr MPAC Healthca	reditor's name a	nd mailing address	As of the petition filing date, the claim is: \$ Check all that apply. □ Contingent □ Unliquidated	4,200.0
number Nonpriority cr MPAC Healthca Creditor Name 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	4,200.0
number Nonpriority cr MPAC Healthca Creditor Name	reditor's name a	nd mailing address	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed	4,200.0
Nonpriority cr MPAC Healthca Creditor Name Creditor's Notice na PO Box 75580 Address	editor's name a		As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	4,200.
Nonpriority cr MPAC Healthca Creditor Name Creditor's Notice na PO Box 75580	reditor's name a	and mailing address 60675-5580 ZIP Code	As of the petition filing date, the claim is: \$ Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	4,200.
Nonpriority cr MPAC Healthca Creditor Name Creditor's Notice na PO Box 75580 Address Chicago	reditor's name a	60675-5580	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	4,200.
Nonpriority cr MPAC Healthca Creditor Name Creditor's Notice na PO Box 75580 Address Chicago City Country	reditor's name a	60675-5580 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?	4,200.
Nonpriority cr MPAC Healthca Creditor Name Creditor's Notice na PO Box 75580 Address Chicago City Country	reditor's name a re me IL State debt was incurr	60675-5580 ZIP Code	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	4,200.1

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Name					
-	reditor's name a	nd mailing address	As of the petition filing date, the claim is:	\$	33,839.1
Omnicare Creditor Name			Check all that apply.		
			☐ Contingent		
Cuaditaria Nation no			☐ Unliquidated		
Creditor's Notice na	irrie		☐ Disputed		
Department7816	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	ed	Is the claim subject to offset?		
Various			✓ No		
various					
Last 4 digits on number	of account		□ Yes		
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.	\$	175.0
Last 4 digits on number Nonpriority or Orthopedic Cent	reditor's name a	nd mailing address	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent	\$	175.0
Last 4 digits on number Nonpriority or Orthopedic Cent	reditor's name a ter of Illinois	nd mailing address	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated	\$	175.0
Nonpriority or Orthopedic Cent	reditor's name a ter of Illinois	nd mailing address	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed	\$	175.0
Nonpriority or Orthopedic Cent Creditor's Notice na	reditor's name a ter of Illinois	nd mailing address	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	175.0
Nonpriority or Orthopedic Cent Creditor's Notice na	reditor's name a ter of Illinois	nd mailing address	□ Yes As of the petition filing date, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed	\$	175.0
Last 4 digits on number Nonpriority or Orthopedic Cent Creditor Name Creditor's Notice nate PO Box 9469 Address	reditor's name a ter of Illinois		As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	175.0
Last 4 digits on number Nonpriority or Orthopedic Cent Creditor Name Creditor's Notice nate PO Box 9469 Address Springfield	reditor's name a ter of Illinois	62791-9469	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	175.0
Last 4 digits on number Nonpriority or Orthopedic Cent Creditor Name Creditor's Notice nate PO Box 9469 Address	reditor's name a ter of Illinois		As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	175.C
Last 4 digits on number Nonpriority or Orthopedic Cent Creditor Name Creditor's Notice nate PO Box 9469 Address Springfield	reditor's name a ter of Illinois	62791-9469	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	175.0
Last 4 digits on number Nonpriority or Orthopedic Cent Creditor Name Creditor's Notice nate PO Box 9469 Address Springfield City Country	reditor's name a ter of Illinois	62791-9469 ZIP Code	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	175.0
Last 4 digits on number Nonpriority or Orthopedic Cent Creditor Name Creditor's Notice name PO Box 9469 Address Springfield City Country	reditor's name a ter of Illinois ame IL State	62791-9469 ZIP Code	As of the petition filing date, the claim is: Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	175.0

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Name	·		Case number (if known):		
	creditor's name a	and mailing address	As of the petition filing date, the claim is:	\$	26,047.7
PEL/VIP Creditor Name			Check all that apply.		
Creditor Name			☐ Contingent		
			☐ Unliquidated		
Creditor's Notice	name		□ Disputed		
9840 Southwe	est Highway		Basis for the claim:		
Address			Trade Payable	_	
Oak Lawn	IL	60453			
City	State	ZIP Code			
Country					
Date or date	es debt was incurr	·ed	Is the claim subject to offset?		
Various Last 4 digits			☑ No		
	creditor's name a	and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	8,064.8
			☐ Contingent		
Creditor's Notice	nama		Unliquidated		
Creditor's Notice	name		□ Disputed		
			·		
PO Box 67480)2		Basis for the claim:		
PO Box 67480 Address)2		•	_	
Address		49267 4902	Basis for the claim:	-	
	MI State	48267-4802 ZIP Code	Basis for the claim:	-	
Address	MI		Basis for the claim:	_	
Detroit City Country	MI	ZIP Code	Basis for the claim:	-	
Detroit City Country	MI State	ZIP Code	Basis for the claim: Trade Payable	_	

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		nd mailing address	As of the petition filing date, the claim is:	\$	313.0
Prairie Cardiova Creditor Name	scular Consultants	;	Check all that apply.		
Oreator Name			☐ Contingent		
			Unliquidated		
Creditor's Notice na	ime		☐ Disputed		
PO Box 13427			Basis for the claim:		
Address			Trade Payable	_	
Springfield		62704 2427			
Springfield City	IL	62791-3427 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					
Nonpriority cr	reditor's name a scular Consultants	nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	2,001.
Nonpriority cr Prairie Cardiova			Check all that apply. □ Contingent	\$	2,001.
Nonpriority cr Prairie Cardiova	scular Consultants		Check all that apply. ☐ Contingent ☐ Unliquidated	\$	2,001.
Nonpriority cr Prairie Cardiova Creditor Name	scular Consultants		Check all that apply. Contingent Unliquidated Disputed	\$	2,001.
Prairie Cardiova Creditor Name Creditor's Notice na PO Box 13427	scular Consultants		Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	2,001.
Nonpriority cr Prairie Cardiova Creditor Name Creditor's Notice na	scular Consultants		Check all that apply. Contingent Unliquidated Disputed	\$	2,001.
Nonpriority cr Prairie Cardiova Creditor Name Creditor's Notice na PO Box 13427 Address	scular Consultants		Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	2,001.
Prairie Cardiova Creditor Name Creditor's Notice na PO Box 13427	scular Consultants		Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	2,001.
Nonpriority cr Prairie Cardiova Creditor Name Creditor's Notice na PO Box 13427 Address Springfield	scular Consultants	62791-3427	Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	2,001.
Nonpriority cr Prairie Cardiova Creditor Name Creditor's Notice na PO Box 13427 Address Springfield City Country	scular Consultants	62791-3427 ZIP Code	Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	2,001.
Nonpriority cr Prairie Cardiova Creditor Name Creditor's Notice na PO Box 13427 Address Springfield City Country	scular Consultants ime IL State	62791-3427 ZIP Code	Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	2,001.

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Nonpriority (creditor's name a	nd mailing address	As of the petition filing date, the claim is:	\$	1,584.0
Presto- X			Check all that apply.	<u> </u>	1,001.0
Creditor Name			□ Contingent		
			☐ Unliquidated		
Creditor's Notice	name		· □ Disputed		
PO Box 14095			Basis for the claim:		
Address	<u></u>		Trade Payable		
				-	
Reading	PA	19612			
City	State	ZIP Code			
•					
Country					
Date or date	s debt was incurr	ed	Is the claim subject to offset?		
Various			☑ No		
Last 4 digits	of account		☐ Yes		
number Nonpriority	creditor's name a	nd mailing address	As of the petition filing date, the claim is:	\$	7,812.1
Nonpriority of RecoverCare I		nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	7,812.1
Nonpriority (nd mailing address		\$	7,812.1
RecoverCare L Creditor Name	C	nd mailing address	Check all that apply.	\$	7,812.1
RecoverCare L Creditor Name	C	nd mailing address	Check all that apply. □ Contingent	\$	7,812.1
RecoverCare L Creditor Name	C name	nd mailing address	Check all that apply. ☐ Contingent ☐ Unliquidated	\$	7,812.1
RecoverCare L Creditor Name dba Joerns LL- Creditor's Notice	C name	nd mailing address	Check all that apply. Contingent Unliquidated Disputed	\$	7,812.1
RecoverCare L Creditor Name dba Joerns LL- Creditor's Notice of the control of t	C name	nd mailing address	Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	7,812.1
RecoverCare L Creditor Name dba Joerns LL- Creditor's Notice of the control of t	C name	nd mailing address	Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	7,812.1
RecoverCare L Creditor Name dba Joerns LL- Creditor's Notice of the control of t	C name	and mailing address	Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	7,812.1
RecoverCare La Creditor Name dba Joerns LL Creditor's Notice PO Box 93644 Address	C name		Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	7,812.1
RecoverCare La Creditor Name dba Joerns LL Creditor's Notice to PO Box 93644 Address	C name	31193-6446	Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	7,812.1
RecoverCare La Creditor Name dba Joerns LL Creditor's Notice to PO Box 93644 Address Atlanta City Country	C name	31193-6446 ZIP Code	Check all that apply. Contingent Unliquidated Basis for the claim: Trade Payable Is the claim subject to offset?	\$	7,812.1
RecoverCare La Creditor Name dba Joerns LL Creditor's Notice to PO Box 93644 Address Atlanta City Country	C name 66 GA State s debt was incurr	31193-6446 ZIP Code	Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	7,812.1

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RehabCare Creditor Name Creditor's Notice name Creditor's Notice name PO Box 71985 Address Chicago LL 60694-1985 Cliy State ZIP Code Country Date or dates debt was incurred Various Last 4 digits of account number Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable State Is the claim subject to offset? Ves					
Circidior Name Circidior Notice name Circidior's Notice name Nonpriority creditor's name and mailing address Select Rehabilitation LLC Circidior Name Circidior Name Circidior Name Circidior's Notice name Circidio	Nonpriority (creditor's name a	nd mailing address	As of the petition filing date, the claim is:	\$ 232,828.0
Contingent Creditor's Notice name PO Box 71985 Address Chicago IL 60694-1985 City State ZiP Code Country Date or dates debt was incurred Various Nonpriority creditor's name and mailing address Select Rehabilitation LLC Creditor's Notice name PO Box 71985 Address Chicago IL 60694-1985 Select Rehabilitation LLC Creditor's Notice name Creditor's Notice name Creditor's Notice name Chicago IL 60694-1985 Basis for the claim subject to offset? As of the petition filing date, the claim is: \$ 185,393. Check all that apply. Creditor's Notice name Disputed Basis for the claim: Trade Payable Chicago IL 60694-1985 City State ZiP Code Is the claim subject to offset? Is the claim subject to offset? Is the claim subject to offset?					
Disputed Disputed Basis for the claim: Trade Payable				☐ Contingent	
Disputed Basis for the claim: Trade Payable				Unliquidated	
Address Trade Payable Chicago				☐ Disputed	
Chicago IL 60694-1985 City State ZIP Code State	PO Box 71985	;		Basis for the claim:	
Country Date or dates debt was incurred Various Last 4 digits of account number Nonpriority creditor's name and mailing address Select Rehabilitation LLC Creditor Name PO Box 71985 Address Chicago IL State 606941985 City State ZIP Code Is the claim subject to offset? Is the claim subject to offset? Unliquidated Disputed Basis for the claim: Trade Payable State Date or dates debt was incurred Various Is the claim subject to offset? No	Address			Trade Payable	
Country Date or dates debt was incurred Various Last 4 digits of account number Nonpriority creditor's name and mailing address Select Rehabilitation LLC Creditor Name PO Box 71985 Address Chicago IL 606941985 Clty State ZIP Code Is the claim subject to offset? Vas No Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable Chicago IL 606941985 Clty State ZIP Code Is the claim subject to offset?	Chicago	II .	60694-1985		
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 filing date, the claim is: \$ 185,393. Select Rehabilitation LLC Check all that apply. Creditor's Notice name Contingent PO Box 71985 Basis for the claim: Address Trade Payable Chicago IL 606941985 City State ZIP Code Is the claim subject to offset? Various Is the claim subject to offset?					
Various Last 4 digits of account number Nonpriority creditor's name and mailing address Select Rehabilitation LLC Creditor Name Creditor's Notice name PO Box 71985 Address Chicago IL State Cluy State Cluy Code Is the claim subject to offset? 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 Select Rehabilitation LLC Creditor Name Creditor's Notice name PO Box 71985 Address Chicago IL Good State ZIP Code Last 4 digits of account Possible Petition filing date, the claim is: \$ 185,393. As of the petition filing date, the claim is: \$ 185,393. Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable Country Date or dates debt was incurred Various Is the claim subject to offset?	Date or date	s debt was incurr	red	•	
Nonpriority creditor's name and mailing address Select Rehabilitation LLC Creditor Name Creditor's Notice name PO Box 71985 Address Chicago IL 606941985 City State ZIP Code Basis for the claim: Trade Payable Is the claim subject to offset? No					
Creditor's Notice name PO Box 71985 Address Address Chicago City Country Date or dates debt was incurred Various Unliquidated Disputed Basis for the claim: Trade Payable Is the claim subject to offset? No	Nonpriority creditor's name and mailing address Select Rehabilitation LLC				
Creditor's Notice name PO Box 71985 Address Chicago City Country Date or dates debt was incurred Various Disputed Basis for the claim: Trade Payable Italy 606941985 ZIP Code Is the claim subject to offset? No	Select Rehabil		and mailing address		\$ 185,393.
PO Box 71985 Address Chicago IL State State Claim Country Date or dates debt was incurred Various Disputed Basis for the claim: Trade Payable It state Claim subject to offset? No	Select Rehabil		nd mailing address	Check all that apply.	\$ 185,393.
Trade Payable Chicago IL 606941985 City State ZIP Code Country Date or dates debt was incurred Various Is the claim subject to offset? ✓ No	Select Rehabil Creditor Name	litation LLC	nd mailing address	Check all that apply. □ Contingent	\$ 185,393.
Chicago IL 606941985 City State ZIP Code Country Date or dates debt was incurred Various Is the claim subject to offset? ✓ No	Select Rehabil Creditor Name	litation LLC	nd mailing address	Check all that apply. □ Contingent □ Unliquidated	\$ 185,393.
Country Date or dates debt was incurred Various State ZIP Code Is the claim subject to offset? No	Select Rehabil Creditor Name Creditor's Notice of PO Box 71985	name	and mailing address	Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$ 185,393.
Country Date or dates debt was incurred Various State ZIP Code Is the claim subject to offset? No	Select Rehabil Creditor Name Creditor's Notice of PO Box 71985	name	nd mailing address	Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$ 185,393.
Date or dates debt was incurred Is the claim subject to offset? Various ✓ No	Select Rehabil Creditor Name Creditor's Notice of PO Box 71985 Address	name		Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$ 185,393.
Various ☑ No	Select Rehabil Creditor Name Creditor's Notice of PO Box 71985 Address Chicago	name	606941985	Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$ 185,393.
validus	Select Rehabil Creditor Name Creditor's Notice of PO Box 71985 Address Chicago City	name	606941985	Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$ 185,393.
	Select Rehabil Creditor Name Creditor's Notice of PO Box 71985 Address Chicago City Country	name LL State	606941985 ZIP Code	Check all that apply. Contingent Unliquidated Basis for the claim: Trade Payable Is the claim subject to offset?	\$ 185,393.

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Nonpriority cred	litor's name a	nd mailing address	As of the petition filing date, the claim is:	\$	874.0
Shadow Fax Project	cts		Check all that apply.		
Creditor Name			☐ Contingent		
			☐ Unliquidated		
Creditor's Notice name	1		 ☐ Disputed		
PO Box 347			Basis for the claim:		
Address			Trade Payable		
				-	
Sullivan	IL	61951			
City	State	ZIP Code			
Country					
Date or dates de	ebt was incurr	ed	Is the claim subject to offset?		
Various			☑ No		
Last 4 digits of a	account		□ Yes		
number					
	litaria nama a	nd mailing address	As of the metition filling date the element	Φ.	0.40.6
		nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	249.0
Nonpriority cred		nd mailing address		\$	249.0
Nonpriority cred Shadow Fax Projec		nd mailing address	Check all that apply.	\$	249.0
Nonpriority cred Shadow Fax Projec	cts#2	nd mailing address	Check all that apply. Contingent Unliquidated	\$	249.0
Shadow Fax Project Creditor Name Creditor's Notice name	cts#2	nd mailing address	Check all that apply. Contingent Unliquidated Disputed	\$	249.0
Shadow Fax Project Creditor Name	cts#2	nd mailing address	Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	249.0
Shadow Fax Project Creditor Name Creditor's Notice name Medical Waste Acc	cts#2	nd mailing address	Check all that apply. Contingent Unliquidated Disputed	\$	249.0
Shadow Fax Project Creditor Name Creditor's Notice name Medical Waste Accordadress PO Box 5473	count		Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	249.0
Shadow Fax Project Creditor Name Creditor's Notice name Medical Waste Accordadress	count	61951	Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	249.0
Shadow Fax Project Creditor Name Creditor's Notice name Medical Waste Acc Address PO Box 5473	count		Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	249.0
Nonpriority cred Shadow Fax Project Creditor Name Creditor's Notice name Medical Waste Acc Address PO Box 5473 Sullivan	count	61951	Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	249.0
Shadow Fax Project Creditor Name Creditor's Notice name Medical Waste Acc Address PO Box 5473 Sullivan City	count EL State	61951 ZIP Code	Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable Is the claim subject to offset?	\$	249.0
Nonpriority cred Shadow Fax Project Creditor Name Creditor's Notice name Medical Waste Acc Address PO Box 5473 Sullivan City Country	count IL State	61951 ZIP Code	Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	249.0

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Name					
Nonpriority cr	editor's name a	ind mailing address	As of the petition filing date, the claim is:	\$	1,816.3
Sparklight			Check all that apply.		
Creditor Name			☐ Contingent		
			☐ Unliquidated		
Creditor's Notice name			□ Disputed		
PO Box 9001009	9		Basis for the claim:		
Address			Trade Payable	_	
Louisville	KY	402901009			
City	State	ZIP Code			
Country			<u></u>		
Date or dates	debt was incurr	red	Is the claim subject to offset?		
Various Last 4 digits o			☑ No		
number Nonpriority creditor's name and mailing address St Johns Hospital					
Nonpriority cr		and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	616.0
Nonpriority cre St Johns Hospita		and mailing address		\$	616.0
Nonpriority cre St Johns Hospita Creditor Name	al	and mailing address	Check all that apply.	\$	616.0
Nonpriority cre St Johns Hospita	al	and mailing address	Check all that apply. □ Contingent	\$	616.0
St Johns Hospita Creditor Name Creditor's Notice nar PO Box 25545	al	and mailing address	Check all that apply. ☐ Contingent ☐ Unliquidated	\$	616.0
Nonpriority cre St Johns Hospita Creditor Name Creditor's Notice nar	al	and mailing address	Check all that apply. Contingent Unliquidated Disputed	\$	616.
Nonpriority creditor Name Creditor's Notice name PO Box 25545 Address	me		Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	616.
St Johns Hospita Creditor Name Creditor's Notice nar PO Box 25545	al	and mailing address 84125 ZIP Code	Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	616.0
Nonpriority crest Johns Hospital Creditor Name Creditor's Notice name PO Box 25545 Address Salt Lake City	me UT	84125	Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	616.0
Nonpriority crest Johns Hospital Creditor Name Creditor's Notice name PO Box 25545 Address Salt Lake City City Country	me UT	84125 ZIP Code	Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable Is the claim subject to offset?	\$	616.
Nonpriority crest Johns Hospital Creditor Name Creditor's Notice name PO Box 25545 Address Salt Lake City City Country	ut UT State	84125 ZIP Code	Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	616.

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Name					
Nonpriority c	reditor's name a	nd mailing address	As of the petition filing date, the claim is:	\$	751.8
The Home Depo	ot Pro		Check all that apply.		
			☐ Contingent		
			☐ Unliquidated		
Creditor's Notice na	ame		☐ Disputed		
13924 Collection	n Center Drive		Basis for the claim:		
Address			Trade Payable	_	
Chicago	II.	60602.0426			
Chicago	IL	60693-0126			
City	State	ZIP Code			
Country					
	debt was incurr	red	Is the claim subject to offset?		
Various Last 4 digits of			☑ No □ Yes		
number					
		nd mailing address	As of the petition filing date, the claim is: Check all that apply.	\$	1,918.
Nonpriority c		nd mailing address		\$	1,918.
Nonpriority control Tri State Fire Prince Creditor Name	rotection Inc	nd mailing address	Check all that apply.	\$	1,918.
Nonpriority c	rotection Inc	nd mailing address	Check all that apply. □ Contingent	\$	1,918.
Nonpriority control of the Priority State Fire Priority Creditor Name Creditor's Notice not PO Box 70	rotection Inc	nd mailing address	Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	1,918.
Nonpriority control of the Priority Creditor Name Creditor's Notice na	rotection Inc	nd mailing address	Check all that apply. Contingent Unliquidated Disputed	\$	1,918.
Nonpriority control State Fire Proceeditor Name Creditor's Notice name PO Box 70 Address	ame		Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	1,918.
Nonpriority control of the Priority State Fire Priority Creditor Name Creditor's Notice not PO Box 70	rotection Inc	and mailing address 47629-0070 ZIP Code	Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	1,918.
Nonpriority ci Tri State Fire Pr Creditor Name Creditor's Notice na PO Box 70 Address Newburgh	ame	47629-0070	Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	1,918.
Nonpriority ci Tri State Fire Pr Creditor Name Creditor's Notice na PO Box 70 Address Newburgh City Country	ame	47629-0070 ZIP Code	Check all that apply. Contingent Unliquidated Disputed Basis for the claim:	\$	1,918.
Nonpriority ci Tri State Fire Pr Creditor Name Creditor's Notice na PO Box 70 Address Newburgh City Country	ame IN State	47629-0070 ZIP Code	Check all that apply. Contingent Unliquidated Disputed Basis for the claim: Trade Payable	\$	1,918.

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.

			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			<u> </u>	
			<u> </u>	
City	State	ZIP Code		
Country				

Total Amounts of the Priority and Nonpriority Unsecured Claims. Total of claim amounts 5a. Total claims from Part 1 5b. Total claims from Part 2 5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.

Fill in this information to identify the case:
Debtor Name: In re : Vandalia HCO, LLC
United States Bankruptcy Court for the: District of Delaware
Case number (if known): 24-10538 (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 with 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:
Debtor Name: In re : Vandalia HCO, LLC
United States Bankruptcy Court for the: District of Delaware
Case number (if known): 24-10538 (TMH)

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

- 1. Does the debtor have any codebtors?
 - ☑ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
 - ☐ Yes
- In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

	Column 1: Codebtor				Column 2: Creditor	
	Name	Mailing address			Name	Check all schedules that apply:
2.1						□D
		Street				
						□ E/F
						□G
		City	State	ZIP Code		
		Country	-			

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Fill in this information to identify the case:
Debtor Name: In re : Vandalia HCO, LLC
United States Bankruptcy Court for the: District of Delaware

Official Form 202

Case number (if known): 24-10538 (TMH)

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

	am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another ndividual serving as a representative of the debtor in this 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:							
V	Schedule	chedule 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 Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)							
	Other do	Other document 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					
		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 VANDALIA HCO, LLC (CASE NO. 24-10538)

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 : Vandalia HCO, LLC
United States Bankruptcy Court for the: District Of Delaware
Case number (if known): 24-10538 (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	ss							
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	oss 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	\$	499,256.40
For prior year:	From	1/1/2023 MM / DD / YYYY	to	12/31/2023 MM / DD / YYYY	_ ☑	Operating a business Other	\$	3,048,506.13
For the year before that:	From	1/1/2022 MM / DD / YYYY	to	12/31/2022 MM / DD / YYYY	_ _ _ _	Operating a business Other	\$	2,655,072.29

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Debtor: Vandalia HCO, LLC Case number (if known): 24-10538

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 dedu exclusions)	nue 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	\$	1,087.79
For the year before that:	From	1/1/2022 MM / DD / YYYY	to	12/31/2022 MM / DD / YYYY	Interest	\$	2,952.52

	andalia HCO, LLC						
Nan	me						
2:	List Certain T	ransfers Made	Before Filing	for Bankruptcy	1		
Certa	ain payments o	r transfers to	creditors within	n 90 davs befo	ore filing this case		
					_	r omplovoo co	ompensation, within 90 days befo
filing	this case unless	s the aggregate	value of all pro	perty transferre	d to that creditor is less than he date of adjustment.)	\$7,575 . (This	s amount may be adjusted on 4/
□ N	lone						
	Creditor's nam	e and address		Dates	Total amount or value		ns for payment or transfer all that apply
3.1	See SOFA 3 Att	tachment			\$		Secured debt
	Creditor's Name						Unsecured loan repayments
							Suppliers or vendors
	Street			_			Services
						_	Other
				_			
	City	State	ZIP Code	_			
	•			•	ar before filing this case th		•
	Payments or of List payments o guaranteed or c \$7,575. (This ar adjustment.) Do and their relative	r transfers, incloosigned by an incount may be an include anyes; general part	uding expense insider unless the djusted on 4/01 y payments liste thers of a partners of a partners.	reimbursements ne aggregate va 1/25 and every i ed in line 3. Insi ership debtor ar	s, made within 1 year before alue of all property transferred 3 years after that with respec ders include officers, director	filing this cased to or for the set to cases file so, and anyone	e on debts owed to an insider or benefit of the insider is less thar d on or after the date of
	Payments or of List payments o guaranteed or c \$7,575. (This ar adjustment.) Do	r transfers, incloosigned by an incount may be an include anyes; general part	uding expense insider unless the djusted on 4/01 y payments liste thers of a partners of a partners.	reimbursements ne aggregate va 1/25 and every i ed in line 3. Insi ership debtor ar	s, made within 1 year before alue of all property transferred 3 years after that with respec ders include officers, director	filing this cased to or for the set to cases file so, and anyone	e on debts owed to an insider or benefit of the insider is less than d on or after the date of e in control of a corporate debtor
	Payments or of List payments of guaranteed or of \$7,575. (This are adjustment.) Do and their relative any managing a	r transfers, inclosigned by an imount may be an include anyes; general partagent of the deb	uding expense insider unless the adjusted on 4/01 y payments listed there of a partney of a part	reimbursements ne aggregate va 1/25 and every i ed in line 3. Insi ership debtor ar	s, made within 1 year before alue of all property transferred 3 years after that with respec ders include officers, director	filing this case d to or for the t to cases file rs, and anyone the debtor an	e on debts owed to an insider or benefit of the insider is less than d on or after the date of e in control of a corporate debtor
4.1	Payments or of List payments or of guaranteed or c \$7,575. (This ar adjustment.) Do and their relative any managing a None Insider's Name a Please reference information relate Payments/Transf	r transfers, inclusing and had a to late to the control of the debut and Address and Address and Intercompa	uding expense insider unless the adjusted on 4/01 y payments listed the solution of a partners of a partners tor. 11 U.S.C. §	reimbursements ne aggregate va 1/25 and every 3 ed in line 3. Insi ership debtor ar § 101(31).	s, made within 1 year before alue of all property transferre 3 years after that with respectors include officers, director and their relatives; affiliates of	filing this case d to or for the t to cases file rs, and anyone the debtor an	e on debts owed to an insider or benefit of the insider is less than d on or after the date of e in control of a corporate debtor d insiders of such affiliates; and
4.1	Payments or or construction of the constructio	r transfers, inclusing and had a to late to the control of the debut and Address and Address and Intercompa	uding expense insider unless the adjusted on 4/01 y payments listed the solution of a partners of a partners tor. 11 U.S.C. §	reimbursements ne aggregate va 1/25 and every 3 ed in line 3. Insi ership debtor ar § 101(31).	s, made within 1 year before alue of all property transferred 3 years after that with respectors include officers, director at their relatives; affiliates of	filing this case d to or for the t to cases file rs, and anyone the debtor an	e on debts owed to an insider or benefit of the insider is less than d on or after the date of e in control of a corporate debtor d insiders of such affiliates; and
4.1	Payments or of List payments or of guaranteed or c \$7,575. (This are adjustment.) Do and their relative any managing a None Insider's Name a Please reference information relate Payments/Transf Insider's Name	r transfers, inclusing and had a to late to the control of the debut and Address and Address and Intercompa	uding expense insider unless the adjusted on 4/01 y payments listed the solution of a partners of a partners tor. 11 U.S.C. §	reimbursements ne aggregate va 1/25 and every 3 ed in line 3. Insi ership debtor ar § 101(31).	s, made within 1 year before alue of all property transferred 3 years after that with respectors include officers, director at their relatives; affiliates of	filing this case d to or for the t to cases file rs, and anyone the debtor an	e on debts owed to an insider or benefit of the insider is less than d on or after the date of e in control of a corporate debtor d insiders of such affiliates; and
4.1	Payments or of List payments or of guaranteed or c \$7,575. (This ar adjustment.) Do and their relative any managing a None Insider's Name a Please reference information relate Payments/Transf	r transfers, inclusing and had a to late to the control of the debut and Address and Address and Intercompa	uding expense insider unless the adjusted on 4/01 y payments listed the solution of a partners of a partners tor. 11 U.S.C. §	reimbursements ne aggregate va 1/25 and every 3 ed in line 3. Insi ership debtor ar § 101(31).	s, made within 1 year before alue of all property transferred 3 years after that with respectors include officers, director at their relatives; affiliates of	filing this case d to or for the t to cases file rs, and anyone the debtor an	e on debts owed to an insider or benefit of the insider is less than d on or after the date of e in control of a corporate debtor d insiders of such affiliates; and
4.1	Payments or of List payments or of guaranteed or c \$7,575. (This are adjustment.) Do and their relative any managing a None Insider's Name a Please reference information relate Payments/Transf Insider's Name	r transfers, inclusing and had a to late to the control of the debut and Address and Address and Intercompa	uding expense insider unless the adjusted on 4/01 y payments listed the solution of a partners of a partners tor. 11 U.S.C. §	reimbursements ne aggregate va 1/25 and every 3 ed in line 3. Insi ership debtor ar § 101(31).	s, made within 1 year before alue of all property transferred 3 years after that with respectors include officers, director at their relatives; affiliates of	filing this case d to or for the t to cases file rs, and anyone the debtor an	e on debts owed to an insider or benefit of the insider is less than d on or after the date of e in control of a corporate debtor d insiders of such affiliates; and
4.1	Payments or of List payments or of guaranteed or c \$7,575. (This ar adjustment.) Do and their relative any managing a None Insider's Name Please reference information relate Payments/Transf Insider's Name	r transfers, inclusionsigned by an imount may be at not include anyes; general partigent of the deband Address Global Notes foed to Intercompaters	uding expense insider unless the djusted on 4/01 by payments listed there of a partner of a part	reimbursements ne aggregate va 1/25 and every 3 ed in line 3. Insi ership debtor ar § 101(31).	s, made within 1 year before alue of all property transferred 3 years after that with respectors include officers, director at their relatives; affiliates of	filing this case d to or for the t to cases file rs, and anyone the debtor an	e on debts owed to an insider or benefit of the insider is less than d on or after the date of e in control of a corporate debtor d insiders of such affiliates; and
4.1	Payments or of List payments or of guaranteed or c \$7,575. (This are adjustment.) Do and their relative any managing a None Insider's Name a Please reference information relate Payments/Transf Insider's Name	r transfers, inclusing and had a to late to the control of the debut and Address and Address and Intercompa	uding expense insider unless the adjusted on 4/01 y payments listed the solution of a partners of a partners tor. 11 U.S.C. §	reimbursements ne aggregate va 1/25 and every 3 ed in line 3. Insi ership debtor ar § 101(31).	s, made within 1 year before alue of all property transferred 3 years after that with respectors include officers, director at their relatives; affiliates of	filing this case d to or for the t to cases file rs, and anyone the debtor an	e on debts owed to an insider or benefit of the insider is less than d on or after the date of e in control of a corporate debtor d insiders of such affiliates; and
4.1	Payments or of List payments or of guaranteed or c \$7,575. (This ar adjustment.) Do and their relative any managing a None Insider's Name Please reference information relate Payments/Transf Insider's Name	r transfers, inclusionsigned by an imount may be at not include anyes; general partigent of the deband Address Global Notes foed to Intercompaters	uding expense insider unless the djusted on 4/01 by payments listed there of a partner of a part	reimbursements ne aggregate va 1/25 and every 3 ed in line 3. Insi ership debtor ar § 101(31).	s, made within 1 year before alue of all property transferred 3 years after that with respectors include officers, director at their relatives; affiliates of	filing this case d to or for the t to cases file rs, and anyone the debtor an	e on debts owed to an insider or benefit of the insider is less than d on or after the date of e in control of a corporate debtor d insiders of such affiliates; and
4.1 _	Payments or or construction of the constructio	r transfers, inclusing and by an impount may be an include anyes; general partigent of the deband Address and Address and Intercompaters	uding expense insider unless the djusted on 4/01 by payments listed there of a partner of a part	reimbursements ne aggregate va 1/25 and every 3 ed in line 3. Insi ership debtor ar § 101(31).	s, made within 1 year before alue of all property transferred 3 years after that with respectors include officers, director at their relatives; affiliates of	filing this case d to or for the t to cases file rs, and anyone the debtor an	e on debts owed to an insider or benefit of the insider is less than d on or after the date of e in control of a corporate debtor d insiders of such affiliates; and

Case 24-10443-TMH Doc 467-1 Filed 05/31/24 Page 5 of 27 Vandalia HCO, LLC Debtor: Case number (if known): Name 4.2 Petersen Health Care Management, LLC* Insider's Name 830 West Trailcreek Dr. Street Peoria IL 61614 City State ZIP Code Country Relationship to Debtor 4.3 Petersen Health Care Management, LLC* 10/12/2023 720.00 V00300--Petersen Health Care Management Insider's Name 830 West Trailcreek Dr. Street Peoria IL 61614 ZIP Code City State Country Relationship to Debtor Related Entity Please reference Global Notes for additional information related to Intercompany 4.4 Payments/Transfers 11/9/2023 1,104.00 V00300--Petersen Health Care Management Insider's Name Street ZIP Code City State Country

Relationship to Debtor

Related Entity

Debtor:	Vandalia HCO, I		H Doc 467-1 Filed 05/3	•	27 10538	
	Name					
5. F	Repossessions	, foreclosures, and returns				
L	ist all property o	of the debtor that was obtained by sure sale, transferred by a deed i	y a creditor within 1 year before filing thin lieu of foreclosure, or returned to the s	s case, including property seller. Do not include prope	repossessed by a erty listed in line 6	ı creditor,
	☑ None					
C	Creditor's Name	and Address	Description of the Property	Date	Value of property	1
	5.1				\$	
	Creditor's Nam	ne				
	Street		_			
			_			
	City	State ZIP Code	_			
	Country		_			
6. :	Setoffs					
(List any creditor, of the debtor wit debt.	, including a bank or financial ins hout permission or refused to ma	titution, that within 90 days before filing lke a payment at the debtor's direction f	this case set off or otherwi rom an account of the deb	se took anything tor because the d	from an account ebtor owed a
[□ None					
	Creditor's	Name and Address	Description of the action creditor took	Date action was taken	Amount	
	6.1 Bed Tax Creditor's Nar		Offset with Medicaid		\$	173,867.71
	Oreditor S IVal	no.				
	Street	_				

Last 4 digits of account number: XXXX-

City

Country

State

ZIP Code

Debtor:	Case 24-1044 Vandalia HCO, LLC	3-TMH Doc 467	7-1 Filed 05/31/24 Page 7 of 2	2 7 10538	
Jebioi.	Name		Case number (ii known): 24-	0336	
Part 3:					
art S.	Legal Actions of Assignments				
7. L	egal actions, administrative procee	dings, court actions, exe	cutions, attachments, or governmental audits		
	ist the legal actions, proceedings, invenvolved in any capacity—within 1 year		diations, and audits by federal or state agencies i	n which the o	lebtor was
	☐ None				
	Case title	Nature of case	Court or agency's name and address	Sta	tus of case
	7.1 See SOFA 7 Attachment				Pending
			Name		On appeal
					Concluded
			Street		
	Case number				
			City State ZIP C	ode	
			Country		
			Country		

8. Assignments and receivership

City

Country

State

ZIP Code

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 address	Description of the Property	Value
8.1		:	\$
	Custodian's name		Court name and address
		Case title	
	Street		Name
		Case number	Street

Date of order or assignment

Country

City

State

ZIP Code

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Debtor: Vandalia HCO, LLC Case number (if known): 24-10538

Name

Part 4: Certa	ain Gifts and	Charitable	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 addres	ss	Description of the gifts or contributions	Dates given	Value
9.1						\$
	Creditor's Name					
	Street			-		
	City	State	ZIP Code	_		
	Country			_		
	Recipient's relation	onship to del	otor			

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Debtor: Vandalia HCO, LLC
Name

Case number (if known): 24-10538

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filling 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 Property). None 10/2023 Undetermined

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

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Debtor: Vandalia HCO, LLC Case number (if known): 24-10538

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

١	Who was paid or v	who received	the transfer?	If not money, describe any property transferred	Dates	Total amount or value
1						\$
	Address					
-;	Street			-		
-	City	State	ZIP Code	-		
-	Country			-		
1	Email or website a	address				

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			
		-		

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Debtor: Vandalia HCO, LLC Case number (if known): 24-10538

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

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

Name

Part 8:	Health Care	Bankruptcies
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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.

ilitation & Hea	alth Care	Skilled Nursing Facility	1,052	
1500 W. St. Louis Ave.		Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.	How are records kept?	
Street		PCC Electronic	Check all that apply: ☑ Electronically	
IL	62471	_	☑ Paper	
State	ZIP Code			
	IL	IL 62471	facility address). İf electronic, identify any service provider. PCC Electronic IL 62471	

Case 24-10443-TMH Doc 467-1 Filed 05/31/24 Page 14 of 27 Debtor: Vandalia HCO, LLC Case number (if known): Name Personally Identifiable Information Part 9: 16. Does the debtor collect and retain personally identifiable information of customers? □ No. Medical and Billing Information Does the debtor have a privacy policy about that information? □ No Yes 17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit? □ No. Go to Part 10. ☑ Yes. Does the debtor serve as plan administrator? ☑ No. Go to Part 10. ☐ Yes. Fill in below: Employer identification number of the plan Name of plan 17.1 EIN: Has the plan been terminated?

□ No

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Debtor: Vandalia HCO, LLC Case number (if known): 24-10538

Name

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

18. Closed financial accounts

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

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

☑ None

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

Case 24-10443-TMH Doc 467-1 Filed 05/31/24 Page 16 of 27 Vandalia HCO, LLC Debtor: 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: Vandalia HCO, LLC Case number (if known): 24-10538

Name

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

21. Property 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 addre	ess	Location of the property	Description of the property	Value
21.1	See Global Note	es				\$
	Street			-		
	City	State	ZIP Code	-		

ebtor:	Vand	Case 24-10443 dalia HCO, LLC	-TMH Doc 46	67-1 Filed 05/31	./24 Page 18 Case number (if known):	of 27	
	Name	·			,		
art 1	2.	Details About Environmental In	formation				
		pose of Part 12, the following defin					
		onmental law means any statute or dless of the medium affected (air, l			, contamination, or ha	zardous mate	rial,
		neans any location, facility, or proprly owned, operated, or utilized.	erty, including disposa	I sites, that the debtor now	v owns, operates, or u	tilizes or that t	he debtor
		dous material means anything tha milarly harmful substance.	t an environmental law	defines as hazardous or	toxic, or describes as	a pollutant, co	ntaminant,
Repo	rt all r	notices, releases, and proceedir	gs known, regardles	s of when they occurred	l.		
22. H	as the	e debtor been a party in any jud	icial or administrativ	e proceeding under any	environmental law?	Include settle	ments and orders
5	⊿ No	, , , , , ,					
	□ Yes	s. Provide details below.					
		Case title	Court or agency name	and address	Nature of the case		Status of case
	22.1					[Pending
			Name			[☐ On appeal
			Street			[Concluded
			Street				
		Case Number					
			City State	ZIP Code			
			Country				
			Country				
		ny governmental unit otherwise vironmental law?	notified the debtor the	hat the debtor may be lia	ble or potentially lial	ole under or i	n violation of
	☑ No)					
	□ Ye	es. Provide details below.					
		Site name and address	Governme address	ntal unit name and	Environmental la	w, if known	Date of notice
	23.1						
		Name	Name				

ZIP Code

State

Street

City

Country

ZIP Code

Street

City

Country

State

Case 24-10443-TMH Doc 467-1 Filed 05/31/24 Page 19 of 27 Debtor: Vandalia HCO, LLC

Case number (if known):

Name

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

✓ No

 $\ \square$ Yes. Provide details below.

	Site name and address			Governmenta	I unit name	and address	Environmental law, if know	n Date of notice
24.1	Name			Name				
	Street			Street				
	City	State	ZIP Code	City	State	ZIP Code		
	Country	Otate	211 Gode	Country	Otate	Zii 000e		

Case 24-10443-TMH Doc 467-1 Filed 05/31/24 Page 20 of 27 Vandalia HCO, LLC Debtor: Case number (if known): Name Details About the Debtor's Business or Connections to Any Business Other businesses in which the debtor has or has had an interest List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case.Include this information even if already listed in the Schedules. ✓ None **Employer Identification number Business name and address** Describe the nature of the business Do not include Social Security number or ITIN. 25.1 EIN: Name Dates business existed То Street City State ZIP Code Country 26. Books, records, and financial statements 26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case. □ None Name and Address Dates of service 26a.1 Petersen Health Care Management, LLC From To 830 West Trailcreek Dr. Street Peoria IL 61614 City State ZIP Code Country List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial 26b. statement within 2 years before filing this case. □ None 26b.

Na	Name and Address				Dates of service							
.1 Pe	etersen Healthcare I	Management, N	Mark Petersen	From	12/22/2011	То	Present					
Na	ame											
83	30 West Trailcreek D	Or.										
St	reet											
_												
Pe	eoria	IL	61614									
Ci	ity	State	ZIP Code									
Co	ountry											

Case 24-10443-TMH Doc 467-1 Filed 05/31/24 Page 21 of 27 Vandalia 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 467-1 Filed 05/31/24 Page 22 of 27 Vandalia HCO, LLC Case number (if kno Debtor: 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: Vandalia H		443-TMH	Doc 467-1	Filed	05/31/24 Case	1 Page e number (if know	23 of 27	3
	Name								
27.	Inventories								
	Have any inv	entories of the debtor's	s property been	taken within 2 years	before fi	ling this case	?		
	☑ No								
	☐ Yes. Give	e the details about the	wo most recent	inventories.					
	Name	of the person who sup	pervised the tak	ing of the inventory	_	ate of eventory		mount and ba of each inver	sis (cost, market, or ntory
							\$		
	Name	and address of the pe	rson who has p	ossession of invent	ory				
	27.1								
	Name								
	Street								
	City	State		ZIP Code					
	Country	/							
28.		tor's officers, directo				members in	control, con	trolling shar	eholders, or other
	Name		Address	.			sition and Nat	ure of any	% of interest, if any
	28.1 Mark	B. Petersen	830 Wes	st Trailcreek Dr., Ped	oria, IL 61	614 Mei	mber		1%
	28.2 SABL	, LLC	830 Wes	st Trailcreek Dr., Ped	oria, IL 61	614 <u>Ma</u>	nager		99%
29.	in control o	ar before the filing of f the debtor, or share							partners, members
	☑ No								
	☐ Yes. Ide	ntify below.							
	Name		Address			Position and	d Nature of	Period durin	g which position or

То _____

From

29.1

Debtor	: Vanda	Case 24 alia HCO, LLC	-10443-TMH	Doc	467-1	Filed		Page 24 umber (if known):	4 of 27 24-10538	
	Name									
30.	Payme	nts, distributions, or	withdrawals credite	d or giv	en to insid	ers				
		1 year before filing this s, loans,credits on loar					n any form, inc	luding salary	, other com	pensation, draws,
		s. Identify below.								
		Name and address of	recipient		Amount of or descript value of pr	ion and	Dates		Reason for	providing the value
	30.1	See SOFA Question 4								
		Name								
		Street								
		City	State ZIP C	ode						
		Country								
		Relationship to debtor	r							
0.4	18 7741-1	O	dita anno bandon							-0
31.	within	6 years before filing	this case, has the c	eptor b	een a mem	per or any	/ consolidated	group for ta	ax purpose	S?
	☑ No									
	□ Yes	. Identify below.								
	ı	Name of the parent cor	poration			Employe	r Identification	number of th	e parent co	rporation
	31.1					EIN:				
32.	Withi	n 6 years before filing	this case, has the	debtor a	as an emplo	oyer been	responsible f	or contributi	ing to a pe	nsion fund?
	☑ No									
	□ Ye	s. Identify below.								
		Name of the pension	fund		Er	nployer Id	entification nui	mber of the p	ension fund	I
	32.1				EI	N:				

Part 14: Case 24-10443-TMH Doc 467-1 Filed 05/31/24 Page 25 of 27

Yes

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

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In re: Vandalia HCO, LLC Case No. 24-10538

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)
Ameren Illinois	PO Box 88034		Chicago	IL	606801034	1/16/2024	\$6,610.06	Vendor
Ameren Illinois	PO Box 88034		Chicago	IL	606801034	2/20/2024	\$5,111.42	Vendor
City of Vandalia	Water and Sewer Dept	431 West Gallatin Street	Vandalia	IL	62471	1/29/2024	\$7,117.64	Vendor
City of Vandalia	Water and Sewer Dept	431 West Gallatin Street	Vandalia	IL	62471	3/19/2024	\$2,497.92	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	1/8/2024	\$40,684.64	Vendor

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In re: Vandalia HCO, LLC Case No. 24-10538 Attachment 7

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

Case Title	Case number	Nature of case	Court name	Court address 1	Court City	Court State	Court Zip	Status of case (e.g. Pending, On appeal, Concluded)
SELECT REHABILITATION, LLC PLAINTIFF V. MIDWEST HEALTH OPERATIONS, LLC; PETERSEN HEALTH CARE - FARMER CITY, LLC; PETERSEN HEALTH CARE - ILLINI, LLC; PETERSEN HEALTH CARE - OZARK, LLC; PETERSEN HEALTH CARE - WESTSIDE, LLC; PETERSEN HEALTH CARE - WESTSIDE, LLC; PETERSEN HEALTH CARE - ROSEVILLE, LLC; PETERSEN HEALTH CARE V, LLC; PETERSEN HEALTH CARE III, INC.; PETERSEN HEALTH CARE III, LC; PETERSEN HEALTH CARE III, LC; PETERSEN HEALTH OPERATIONS III, LLC; PETERSEN HEALTH OPERATIONS, LLC; PETERSEN HEALTH OPERATIONS, LLC; PETERSEN HEALTH QUALITY, LLC; PETERSEN MANAGEMENT COMPANY, LLC; SJL HEALTH SYSTEMS, INC.; ALEDO HCO, LLC; BCOLLA HCO, LLC; CASEY HCO, LLC; CHARL ESTON HCO, LLC; COLLINSVILLE HCO, LLC; CUMBERLAND HCO, LLC; CASEY HCO, LLC; CASTVIEW HCO, LLC; EFFINGHAM HCO, LLC; HOAND HCO, LLC; EFFINGHAM HCO, LLC; NORTH AURORA HCO, LLC; PETERSEN HEALTH BUSINESS, LLC; PETERSEN HEALTH JUNCTION, LLC; PETERSEN HEALTH RESOURCES, LLC; PETERSEN HEALTH & WELLNESS, LLC; PIPER HCO, LLC; ROYAL HCO, LLC; SHAN GRI LA HCO, LLC; CASEY HCO, LLC; ROBINGS HCO, LLC; ROSICLARE HCO, LLC; ROYAL HCO, LLC; SHAN GRI LA HCO, LLC; CASEY HCO, LLC; CARNASEA HCO, LLC; TARKIO HCO, LLC; TUSCOLA HCO, LLC; TUTIN HCO; VANDALIA HCO, LLC; WATSEKA HCO, LLC; CAND WESTSIDE HCO, LLC, DEFENDANTS	2024 I A 2020222	Undeterminable	10th Judicial Circuit Court of	324 Main St. Ste. 215	Peoria		61602	Pendina
	2024-LA-0000030	Undeterminable	J ^{III}	324 Main St. Ste. 215	Реопа	IL	01002	Penaing