

**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
PETERSEN HEALTH CARE, INC. (CASE NO. 24-10528)**

¹ 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.



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Chapter 11

Case No. 24-10443 (TMH)

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

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

¹ 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.

² 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.
2. **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. **Insiders.** 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].
5. **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. **Book Value.** 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.

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

claim reflected on the Schedules on any grounds, including, without limitation, amount, liability, validity, priority, or classification, or (ii) otherwise designate subsequently any claim as “disputed,” “contingent,” or “unliquidated.”

17. **Addresses of Employees, Residents, and Resident Contacts.** Consistent with the Debtors’ Motion for Entry of an Order (I) Authorizing the Debtors to File (A) a Consolidated Master List of Creditors and (B) a Consolidated List of the Debtors’ 40 Largest General Unsecured Creditors, (II) Authorizing the Debtors to Redact Personally Identifiable Information for Certain Individual Creditors and Parties in Interest, (III) Authorizing Procedures to Maintain and Protect Confidential Resident Information, and (IV) Granting Related Relief [Docket No. 3], the Debtors have attempted to list each of their current employees’, Residents’, and Resident Contacts’ names and addresses as “Available Upon Request,” where reasonably possible, in order to protect their privacy. The Debtors have served and will continue to serve all necessary notices, including notice of the claims bar date, to the actual address of each of the Debtors’ employees, residents, and resident contacts.
18. **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

Item 3: 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.

Item 11: 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.

Item 39 & 40: The Debtors are unable to parse between office furniture, fixtures, and other equipment (“FF&E”) 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.

Item 62: 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.

Item 71: 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.

Items 74 and 75: 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

Question 3: 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.

Question 7: 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.

Question 26a: 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.

[Remainder of page left intentionally blank]

Fill in this information to identify the case:

Debtor Name: In re : Petersen Health Care, Inc.
 United States Bankruptcy Court for the: District of Delaware
 Case number (if known): 24-10528 (TMH)

Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. *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*

\$ 15,580,796.45

1c. **Total of all property:**

Copy line 92 from *Schedule A/B*

\$ 15,580,796.45

Part 2: Summary of Liabilities

2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*

\$ 4,068,016.72

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*

\$ 440.00

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*

+ \$ 2,145,565.95

4. **Total liabilities**

Lines 2 + 3a + 3b

\$ 6,214,022.67

Fill in this information to identify the case:

Debtor Name: In re : Petersen Health Care, Inc.
 United States Bankruptcy Court for the: District of Delaware
 Case number (if known): 24-10528 (TMH)

Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

12/15

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

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

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

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- No. Go to Part 2.
- Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

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 CIBC	Operating	4609	\$	222,420.78
3.2 CIBC	Operating	0304	\$	21,433.36

4. **Other cash equivalents (Identify all)**

4.1 Real Estate Tax Escrow \$ _____ 169,133.86

5. **Total of Part 1**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$ 412,988.00

Debtor: Petersen Health Care, Inc.
Name

Case number (if known): 24-10528

Part 2: Deposits and prepayments

6. Does the debtor have any deposits or prepayments?

- No. Go to Part 3.
- Yes. Fill in the information below.

Current value of debtor's interest

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

7.1 None _____ \$ _____

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

8.1 Prepaid Insurance _____ \$ 81,242.39

8.2 Prepaid Management Fees _____ \$ 4,229,693.31

8.3 Vendor Security Deposit Receivable _____ \$ 4,034.00

9. Total of Part 2.

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

\$	4,314,969.70
----	--------------

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- No. Go to Part 4.
- Yes. Fill in the information below.

Current value of debtor's interest

11. Accounts receivable

	Description	face amount	doubtful or uncollectible accounts		
11a. 90 days old or less:	Accounts Receivables	\$ 10,391,623.85	- \$	=..... →	\$ 10,391,623.85

Note: See Global Notes

11b. Over 90 days old:	Accounts Receivables	\$	- \$	=..... →	\$
------------------------	----------------------	----	------	----------	----

Note: See Global Notes

12. Total of Part 3.

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

\$ 10,391,623.85

Debtor: Petersen Health Care, Inc.
Name

Case number (if known): 24-10528

Part 4: Investments

13. Does the debtor own any investments?

- No. Go to Part 5.
- Yes. Fill in the information below.

Valuation method used for current value	Current value of debtor's interest
---	------------------------------------

14. Mutual funds or publicly traded stocks not included in Part 1

Name of fund or stock:

14.1 None \$ _____

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:		
15.1 <u>Petersen Health Junction, LLC</u>	<u>99.00%</u>	\$ _____	<u>Undetermined</u>
15.2 <u>SABL, LLC</u>	<u>19.10%</u>	\$ _____	<u>Undetermined</u>
15.3 <u>SC Healthcare Holding, LLC</u>	<u>19.10%</u>	\$ _____	<u>Undetermined</u>
15.4 <u>Sunset HCC, LLC</u>	<u>100.00%</u>	\$ _____	<u>Undetermined</u>

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

Describe:

16.1 None \$ _____

17. Total of Part 4.

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

\$ _____	0.00
----------	------

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name _____

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- No. Go to Part 6.
- Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials	_____	\$ _____	_____	\$ _____
20. Work in progress	_____	\$ _____	_____	\$ _____
21. Finished goods, including goods held for resale	_____	\$ _____	_____	\$ _____
22. Other inventory or supplies	_____	\$ _____	_____	\$ _____

23. Total of Part 5.

Add lines 19 through 22. Copy the total to line 84.

\$ _____ 0.00

24. Is any of the property listed in Part 5 perishable?

- No
- Yes

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

- No
- Yes. Description _____ Book value \$ _____ Valuation method _____ Current value \$ _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- No
- Yes

Debtor: Petersen Health Care, Inc.
Name _____

Case number (if known): 24-10528

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 assets (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 <i>Examples: Livestock, poultry, farm-raised fish</i>	\$ _____	_____	\$ _____
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

35. **Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**

- No
- Yes. Description _____ Book value \$ _____ Valuation method _____ Current value \$ _____

36. **Is a depreciation schedule available for any of the property listed in Part 6?**

- No
- Yes

37. **Has any of the property listed in Part 6 been appraised by a professional within the last year?**

- No
- Yes

Debtor: Petersen Health Care, Inc.
Name

Case number (if known): 24-10528

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- No. Go to Part 8.
- Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture			
39.1 <u>Total FFE from Balance Sheet</u>	\$ <u>26,266.65</u>	<u>Net Book Value</u>	\$ <u>26,266.65</u>
40. Office fixtures			
40.1 <u>See Schedule A/B 39</u>	\$ _____		\$ _____
41. Office equipment, including all computer equipment and communication systems equipment and software			
41.1 <u>See Schedule A/B 39</u>	\$ _____		\$ _____
42. Collectibles <i>Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles</i>			
42.1 <u>None</u>	\$ _____		\$ _____

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$ <u>26,266.65</u>

44. Is a depreciation schedule available for any of the property listed in Part 7?

- No
- Yes

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

- No
- Yes

Debtor: Petersen Health Care, Inc.
Name

Case number (if known): 24-10528

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- No. Go to Part 9.
 Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
--	--	---	------------------------------------

47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles

47.1 See Schedule A/B 47 Attachment	\$ Undetermined		\$ 434,798.25
47.2 None	\$		\$

48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

48.1 See Schedule A/B 48 Attachment	\$ Undetermined		\$ Undetermined
48.2 1998 Rettig Ent (trailer)-Rettig Ent (trailer) VIN: 4JMF5111XW1001167	\$ Undetermined		\$ Undetermined
48.3 2005 Rettig Ent (trailer)-Rettig Ent (trailer) VIN: 4JMUN131951019265	\$ Undetermined		\$ Undetermined
48.4 2004 Load Trailer (trailer)-Load Trailer (trailer) VIN: 4ZEHH101241725119	\$ Undetermined		\$ Undetermined
48.5 2021 Jet Ski Trailer GC27-Jet Ski Trailer GC27 VIN: 5KTWS1510MF538707	\$ Undetermined		\$ Undetermined
48.6 2021 SeaDoo 30MC-SeaDoo 30MC VIN: YDV37424L021	\$ Undetermined		\$ Undetermined
48.7 2021 SeaDoo 30ME-SeaDoo 30ME VIN: YDV29892L021	\$ Undetermined		\$ Undetermined

49. Aircraft and accessories

49.1 None	\$		\$
-----------	----	--	----

50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

50.1 None	\$		\$
-----------	----	--	----

51. Total of Part 8.

Add lines 47 through 50. Copy the total to line 87.

\$ 434,798.25

52. Is a depreciation schedule available for any of the property listed in Part 8?

- No
 Yes

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

- No
 Yes

Debtor: Petersen Health Care, Inc.
Name

Case number (if known): 24-10528

Part 9: Real property

54. Does the debtor own or lease any real property?

- No. Go to Part 10.
- Yes. Fill in the information below.

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 <small>Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.</small>	Nature and extent of debtor's interest in property	Net book value of debtor's interest <small>(Where available)</small>	Valuation method used for current value	Current value of debtor's interest
55.1 Courtyard Estates of Canton - 160 E. Walnut Street, Canton, IL 61520	Owned	\$ 4,044,717.02		\$ Undetermined
55.2 House - 131 E Morningside Dr Peoria, IL	Owned	\$ Undetermined		\$ Undetermined
55.3 Riverview Estates - 200 North Schrader, Havana, IL 62644	Owned	\$ 335,437.42		\$ Undetermined
55.4 This is a mixed use building - 1233 E. Sciota Ave, Peoria Heights, IL 61616	Owned	\$ Undetermined		\$ Undetermined

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?

- No
- Yes

Debtor: Petersen Health Care, Inc.
Name

Case number (if known): 24-10528

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- No. Go to Part 11.
- Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
60.1 <u>None</u>	\$ _____		\$ _____
61. Internet domain names and websites			
61.1 <u>None</u>	\$ _____		\$ _____
62. Licenses, franchises, and royalties			
62.1 <u>Illinois Department of Public Health License, Permit, Certification</u>	\$ _____	<u>Undetermined</u>	\$ _____ <u>Undetermined</u>
63. Customer lists, mailing lists, or other compilations			
63.1 <u>Customer / patient list</u>	\$ _____	<u>0.00</u>	\$ _____ <u>Undetermined</u>
64. Other intangibles, or intellectual property			
64.1 <u>None</u>	\$ _____		\$ _____
65. Goodwill			
65.1 <u>None</u>	\$ _____		\$ _____

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 information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- No
- Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- No
- Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- No
- Yes

Debtor: Petersen Health Care, Inc.
Name _____

Case number (if known): 24-10528

Part 11: All other assets

70. **Does the debtor own any other assets that have not yet been reported on this form?**
Include all interests in executory contracts and unexpired leases not previously reported on this form.
- No. Go to Part 12.
 Yes. Fill in the information below.

Current value of debtor's interest

71. **Notes receivable**

Description (include name of obligor)	Total face amount	doubtful or uncollectible accounts		
71.1 <u>Employee Advances / Loans</u>	\$ <u>150.00</u>	- \$ <u>Undetermined</u>	=.....	→ \$ <u>150.00</u>
71.2 <u>None</u>	\$ _____	- \$ _____	=.....	→ \$ _____

72. **Tax refunds and unused net operating losses (NOLs)**

Description (for example, federal, state, local)	_____	Tax year _____	\$ _____
72.1 <u>None</u>	_____	_____	\$ _____

73. **Interests in insurance policies or annuities**

73.1 <u>Life Insurance Policy: 151223331</u>	\$ <u>Undetermined</u>
--	------------------------

74. **Causes of action against third parties (whether or not a lawsuit has been filed)**

74.1 <u>See Global Notes</u>	\$ _____
Nature of claim	_____
Amount requested	\$ _____

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

75.1 <u>None</u>	\$ _____
Nature of claim	_____
Amount requested	\$ _____

76. **Trusts, equitable or future interests in property**

76.1 <u>None</u>	\$ _____
------------------	----------

77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*

77.1 <u>None</u>	\$ _____
------------------	----------

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$ <u>150.00</u>

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

- No
 Yes

Debtor: Petersen Health Care, Inc.
Name

Case number (if known): 24-10528

Part 12: Summary

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

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	\$ 412,988.00	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$ 4,314,969.70	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$ 10,391,623.85	
83. Investments. <i>Copy line 17, Part 4.</i>	\$ 0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$ 0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$ 0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$ 26,266.65	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$ 434,798.25	
88. Real property. <i>Copy line 56, Part 9.....</i> →		\$ 0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$ 0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	\$ 150.00	
91. Total. Add lines 80 through 90 for each column.....91a.	\$ 15,580,796.45	\$ 0.00 + 91b.
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.		\$ 15,580,796.45

Fill in this information to identify the case:

Debtor Name: In re : Petersen Health Care, Inc.
 United States Bankruptcy Court for the: District of Delaware
 Case number (if known): 24-10528 (TMH)

Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A
Amount of claim
 Do not deduct the value 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	Vehicle	\$	Undetermined	\$	Undetermined
<small>Creditor's Name</small>					

Creditor's mailing address

Notice Name
 16 N Main St
 Street
 PO Box 320
 Farmington IL 61531
City State ZIP Code

Describe the lien

Lien on Vehicle Collateral

Is the creditor an insider or related party?

- No
- Yes

Is anyone else liable on this claim?

- No
- Yes. Fill out *Schedule H: Codebtors(Official Form 206H)*.

Date debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

- Check all that apply.
- Contingent
 - Unliquidated
 - Disputed

Do multiple creditors have an interest in the same property?

- No
- Yes. Have you already specified the relative priority?
 - No. Specify each creditor, including this creditor, and its relative priority.
 - Yes. The relative priority of creditors is specified on lines _____

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

Part 1: Additional Page

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

Column A
Amount of claim
Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

2.2 Creditor's name

Describe debtor's property that is subject to a lien

Community State Bank

Creditor's Name

Vehicle

\$ 8,082.74 \$ Undetermined

Creditor's mailing address

Notice Name

625 SE 2nd St

Street

PO Box 78

Galva

IL

61434

City

State

ZIP Code

Describe the lien

Lien on Vehicle Collateral

Is the creditor an insider or related party?

No

Yes

Is anyone else liable on this claim?

No

Yes. Fill out *Schedule H: Codebtors(Official Form 206H)*.

Date debt was incurred

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

Contingent

Unliquidated

Disputed

Do multiple creditors have an interest in the same property?

No

Yes. Have you already specified the relative priority?

No. Specify each creditor, including this creditor, and its relative priority.

Yes. The relative priority of creditors is specified on lines

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

Part 1: Additional Page

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

Column A
Amount of claim
 Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

2.3 Creditor's name

Describe debtor's property that is subject to a lien

Solutions Bank
 Creditor's Name

Mortgage

\$ 3,590,306.58 \$ Undetermined

Creditor's mailing address

Describe the lien

Notice Name
 200 Main St
 Street
 PO Box 278

Land/Building

Forreston IL 61520
 City State ZIP Code

Is the creditor an insider or related party?

- No
- Yes

Is anyone else liable on this claim?

- No
- Yes. Fill out *Schedule H: Codebtors(Official Form 206H)*.

Country

Creditor's email address, if known

Date debt was incurred 12/8/2008

Last 4 digits of account number

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
- Unliquidated
- Disputed

Do multiple creditors have an interest in the same property?

- No
- Yes. Have you already specified the relative priority?
 - No. Specify each creditor, including this creditor, and its relative priority.
 - Yes. The relative priority of creditors is specified on lines

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

Part 1: Additional Page

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

Column A
Amount of claim
Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

2.4 Creditor's name

Describe debtor's property that is subject to a lien

Wells Fargo
Creditor's Name

SBA

\$ 469,627.40 \$ Undetermined

Creditor's mailing address

Describe the lien

Notice Name
420 Montgomery St
Street

SmallBusiness

San Francisco CA 94104
City State ZIP Code

Is the creditor an insider or related party?

- No
- Yes

Country

Is anyone else liable on this claim?

Creditor's email address, if known

- No
- Yes. Fill out *Schedule H: Codebtors(Official Form 206H)*.

Date debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
- Unliquidated
- Disputed

Do multiple creditors have an interest in the same property?

- No
- Yes. Have you already specified the relative priority?
 - No. Specify each creditor, including this creditor, and its relative priority.
 - _____
 - Yes. The relative priority of creditors is specified on lines _____

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

\$ 4,068,016.72

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 _____	_____
Notice Name _____		
Street _____		

City _____ State _____ ZIP Code _____		
Country _____		

Fill in this information to identify the case:

Debtor Name: In re : Petersen Health Care, Inc.

United States Bankruptcy Court for the: District of Delaware

Case number (if known): 24-10528 (TMH)

Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

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

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- No. Go to Part 2.
- Yes. Go to Line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

	Total claim	Priority amount
2.1 Priority creditor's name and mailing address	\$ 440.00	\$ 440.00

Internal Revenue Service

 Creditor Name

As of the petition filing date, the claim is: \$ _____
 Check all that apply.

- Contingent
- Unliquidated
- Disputed

 Creditor's Notice name

569 West Monroe Street, Suite 1100

 Address

Basis for the claim:
 Taxes _____

Chicago IL 60675

 City State ZIP Code

 Country

Date or dates debt was incurred
 Various

Last 4 digits of account number

Is the claim subject to offset?
 No
 Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

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

3.1 Nonpriority creditor's name and mailing address
 ADAM DENNING
 Creditor Name

Creditor's Notice name

Address on File
 Address

City State ZIP Code

Country

Date or dates debt was incurred
 4/23/2024

Last 4 digits of account number

As of the petition filing date, the claim is: \$ Undetermined
Check all that apply.

Contingent
 Unliquidated
 Disputed

Basis for the claim:
 Worker's Comp

Is the claim subject to offset?
 No
 Yes

3.2 Nonpriority creditor's name and mailing address
 ALBERT BENSON
 Creditor Name

Creditor's Notice name

Address on File
 Address

City State ZIP Code

Country

Date or dates debt was incurred
 9/14/2023

Last 4 digits of account number

As of the petition filing date, the claim is: \$ 102,457.93
Check all that apply.

Contingent
 Unliquidated
 Disputed

Basis for the claim:
 Worker's Comp

Is the claim subject to offset?
 No
 Yes

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

3.3 Nonpriority creditor's name and mailing address

ALEXIS HALL

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

Date or dates debt was incurred

11/15/2023

Last 4 digits of account

number

As of the petition filing date, the claim is: \$

120.05

Check all that apply.

Contingent

Unliquidated

Disputed

Basis for the claim:

Worker's Comp

3.4 Nonpriority creditor's name and mailing address

ALYSA GORDON

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

Date or dates debt was incurred

11/20/2023

Last 4 digits of account

number

As of the petition filing date, the claim is: \$

440.84

Check all that apply.

Contingent

Unliquidated

Disputed

Basis for the claim:

Worker's Comp

Is the claim subject to offset?

No

Yes

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

3.5 Nonpriority creditor's name and mailing address

AMBER STEAGALL

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

Date or dates debt was incurred

5/5/2023

Last 4 digits of account

number

As of the petition filing date, the claim is: \$

332.77

Check all that apply.

Contingent

Unliquidated

Disputed

Basis for the claim:

Worker's Comp

Is the claim subject to offset?

No

Yes

3.6 Nonpriority creditor's name and mailing address

ASHLEY HAMMITT

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

Date or dates debt was incurred

7/14/2023

Last 4 digits of account

number

As of the petition filing date, the claim is: \$

13,882.90

Check all that apply.

Contingent

Unliquidated

Disputed

Basis for the claim:

Worker's Comp

Is the claim subject to offset?

No

Yes

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

3.7 **Nonpriority creditor's name and mailing address**

ASHLEY HOLT SCHULT

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

Date or dates debt was incurred

9/14/2023

Last 4 digits of account number

number

As of the petition filing date, the claim is: \$ 96.44

Check all that apply.

Contingent

Unliquidated

Disputed

Basis for the claim:

Worker's Comp

Is the claim subject to offset?

No

Yes

3.8 **Nonpriority creditor's name and mailing address**

BARBARA SHEPHARD

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

Date or dates debt was incurred

8/1/2023

Last 4 digits of account number

number

As of the petition filing date, the claim is: \$ Undetermined

Check all that apply.

Contingent

Unliquidated

Disputed

Basis for the claim:

Worker's Comp

Is the claim subject to offset?

No

Yes

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

3.9 Nonpriority creditor's name and mailing address

BLAIR TATE

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

Date or dates debt was incurred

5/30/2023

Last 4 digits of account

number

As of the petition filing date, the claim is: \$ 15,133.00

Check all that apply.

Contingent

Unliquidated

Disputed

Basis for the claim:

Worker's Comp

3.10 Nonpriority creditor's name and mailing address

BRADLEY HENSCHEN

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

Date or dates debt was incurred

7/24/2023

Last 4 digits of account

number

As of the petition filing date, the claim is: \$ 619.71

Check all that apply.

Contingent

Unliquidated

Disputed

Basis for the claim:

Worker's Comp

Is the claim subject to offset?

No

Yes

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

3.11 **Nonpriority creditor's name and mailing address**

BRANDI SPALDING

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

Date or dates debt was incurred

9/11/2023

Last 4 digits of account

number

As of the petition filing date, the claim is: \$ 1,846.23

Check all that apply.

Contingent

Unliquidated

Disputed

Basis for the claim:

Worker's Comp

Is the claim subject to offset?

No

Yes

3.12 **Nonpriority creditor's name and mailing address**

BRITTANY DUTTON

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

Date or dates debt was incurred

10/31/2023

Last 4 digits of account

number

As of the petition filing date, the claim is: \$ 23,847.03

Check all that apply.

Contingent

Unliquidated

Disputed

Basis for the claim:

Worker's Comp

Is the claim subject to offset?

No

Yes

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

3.13 **Nonpriority creditor's name and mailing address**

CARRIE CASTILLO

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

Date or dates debt was incurred

4/3/2024

Last 4 digits of account

number

As of the petition filing date, the claim is: \$ 4,025.00

Check all that apply.

Contingent

Unliquidated

Disputed

Basis for the claim:

Worker's Comp

Is the claim subject to offset?

No

Yes

3.14 **Nonpriority creditor's name and mailing address**

CASSANDRA SWORDS

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

Date or dates debt was incurred

10/6/2023

Last 4 digits of account

number

As of the petition filing date, the claim is: \$ Undetermined

Check all that apply.

Contingent

Unliquidated

Disputed

Basis for the claim:

Worker's Comp

Is the claim subject to offset?

No

Yes

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

3.15 **Nonpriority creditor's name and mailing address**

CHARLOTTE DORIAN

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

Date or dates debt was incurred

4/1/2024

Last 4 digits of account number

As of the petition filing date, the claim is: \$ 18,786.62

Check all that apply.

Contingent

Unliquidated

Disputed

Basis for the claim:

Worker's Comp

Is the claim subject to offset?

No

Yes

3.16 **Nonpriority creditor's name and mailing address**

CHERYL SPOOR

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

Date or dates debt was incurred

8/28/2023

Last 4 digits of account number

As of the petition filing date, the claim is: \$ 1,828.60

Check all that apply.

Contingent

Unliquidated

Disputed

Basis for the claim:

Worker's Comp

Is the claim subject to offset?

No

Yes

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

3.17 **Nonpriority creditor's name and mailing address**

CHRISTABEL GARVIN

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

Date or dates debt was incurred

7/25/2023

Last 4 digits of account

number

As of the petition filing date, the claim is: \$ 101,013.50

Check all that apply.

Contingent

Unliquidated

Disputed

Basis for the claim:

Worker's Comp

Is the claim subject to offset?

No

Yes

3.18 **Nonpriority creditor's name and mailing address**

DAISY MAST

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

Date or dates debt was incurred

7/25/2023

Last 4 digits of account

number

As of the petition filing date, the claim is: \$ 338.23

Check all that apply.

Contingent

Unliquidated

Disputed

Basis for the claim:

Worker's Comp

Is the claim subject to offset?

No

Yes

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

3.19 **Nonpriority creditor's name and mailing address**

DAISY MAST

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

Date or dates debt was incurred

7/25/2023

Last 4 digits of account

number

As of the petition filing date, the claim is: \$ 338.23

Check all that apply.

Contingent

Unliquidated

Disputed

Basis for the claim:

Worker's Comp

3.20 **Nonpriority creditor's name and mailing address**

DEBRA DAVIS

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

Date or dates debt was incurred

9/15/2023

Last 4 digits of account

number

As of the petition filing date, the claim is: \$ 379,089.20

Check all that apply.

Contingent

Unliquidated

Disputed

Basis for the claim:

Worker's Comp

Is the claim subject to offset?

No

Yes

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

3.21 **Nonpriority creditor's name and mailing address**

DEBRA TREADWAY

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

Date or dates debt was incurred

4/13/2023

Last 4 digits of account

number

As of the petition filing date, the claim is: \$ 3,443.38

Check all that apply.

Contingent

Unliquidated

Disputed

Basis for the claim:

Worker's Comp

Is the claim subject to offset?

No

Yes

3.22 **Nonpriority creditor's name and mailing address**

DEMETRA RUFFIN

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

Date or dates debt was incurred

11/8/2023

Last 4 digits of account

number

As of the petition filing date, the claim is: \$ 10,068.20

Check all that apply.

Contingent

Unliquidated

Disputed

Basis for the claim:

Worker's Comp

Is the claim subject to offset?

No

Yes

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

3.23 **Nonpriority creditor's name and mailing address**

DESIREE SPAIN

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

Date or dates debt was incurred

9/22/2023

Last 4 digits of account number

number

As of the petition filing date, the claim is: \$ 17,001.34

Check all that apply.

Contingent

Unliquidated

Disputed

Basis for the claim:

Worker's Comp

Is the claim subject to offset?

No

Yes

3.24 **Nonpriority creditor's name and mailing address**

DETRA TUCKER

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

Date or dates debt was incurred

5/9/2024

Last 4 digits of account number

number

As of the petition filing date, the claim is: \$ Undetermined

Check all that apply.

Contingent

Unliquidated

Disputed

Basis for the claim:

Worker's Comp

Is the claim subject to offset?

No

Yes

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

3.25 **Nonpriority creditor's name and mailing address**

DOMINIC KARIBIAN

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

Date or dates debt was incurred

8/1/2023

Last 4 digits of account number

number

As of the petition filing date, the claim is: \$

Undetermined

Check all that apply.

Contingent

Unliquidated

Disputed

Basis for the claim:

Worker's Comp

Is the claim subject to offset?

No

Yes

3.26 **Nonpriority creditor's name and mailing address**

GLENNA CARPENTER

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

Date or dates debt was incurred

9/30/2023

Last 4 digits of account number

number

As of the petition filing date, the claim is: \$

1,158.35

Check all that apply.

Contingent

Unliquidated

Disputed

Basis for the claim:

Worker's Comp

Is the claim subject to offset?

No

Yes

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

3.27 **Nonpriority creditor's name and mailing address**

HAILEY HARDY

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

Date or dates debt was incurred

6/9/2023

Last 4 digits of account

number

As of the petition filing date, the claim is: \$ 170.51

Check all that apply.

Contingent

Unliquidated

Disputed

Basis for the claim:

Worker's Comp

3.28 **Nonpriority creditor's name and mailing address**

JACK FISCHER

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

Date or dates debt was incurred

8/28/2023

Last 4 digits of account

number

As of the petition filing date, the claim is: \$ 1,059.18

Check all that apply.

Contingent

Unliquidated

Disputed

Basis for the claim:

Worker's Comp

Is the claim subject to offset?

No

Yes

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

3.29 **Nonpriority creditor's name and mailing address**

JAMES BULLA

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

Date or dates debt was incurred

5/23/2023

Last 4 digits of account number

As of the petition filing date, the claim is: \$ 142.98

Check all that apply.

Contingent

Unliquidated

Disputed

Basis for the claim:

Worker's Comp

Is the claim subject to offset?

No

Yes

3.30 **Nonpriority creditor's name and mailing address**

JENNIFER VAUGHN

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

Date or dates debt was incurred

10/12/2023

Last 4 digits of account number

As of the petition filing date, the claim is: \$ 953.00

Check all that apply.

Contingent

Unliquidated

Disputed

Basis for the claim:

Worker's Comp

Is the claim subject to offset?

No

Yes

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

3.31 **Nonpriority creditor's name and mailing address**

JESSICA DAVIS

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

Date or dates debt was incurred

11/20/2023

Last 4 digits of account

number

As of the petition filing date, the claim is: \$ 1,293.43

Check all that apply.

Contingent

Unliquidated

Disputed

Basis for the claim:

Worker's Comp

Is the claim subject to offset?

No

Yes

3.32 **Nonpriority creditor's name and mailing address**

JESSICA MCFARLAND

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

Date or dates debt was incurred

2/7/2024

Last 4 digits of account

number

As of the petition filing date, the claim is: \$ Undetermined

Check all that apply.

Contingent

Unliquidated

Disputed

Basis for the claim:

Worker's Comp

Is the claim subject to offset?

No

Yes

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

3.33 **Nonpriority creditor's name and mailing address**

KAMI FREEMAN

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

Date or dates debt was incurred

9/29/2023

Last 4 digits of account

number

As of the petition filing date, the claim is: \$ 45,457.57

Check all that apply.

Contingent

Unliquidated

Disputed

Basis for the claim:

Worker's Comp

Is the claim subject to offset?

No

Yes

3.34 **Nonpriority creditor's name and mailing address**

KAMI MEANS

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

Date or dates debt was incurred

3/12/2024

Last 4 digits of account

number

As of the petition filing date, the claim is: \$ 23,000.01

Check all that apply.

Contingent

Unliquidated

Disputed

Basis for the claim:

Worker's Comp

Is the claim subject to offset?

No

Yes

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

3.35 **Nonpriority creditor's name and mailing address**

KAREN SALL

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

Date or dates debt was incurred

9/7/2023

Last 4 digits of account

number

As of the petition filing date, the claim is: \$ 321.10

Check all that apply.

Contingent

Unliquidated

Disputed

Basis for the claim:

Worker's Comp

3.36 **Nonpriority creditor's name and mailing address**

KARRI PAINTER

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

Date or dates debt was incurred

10/26/2023

Last 4 digits of account

number

As of the petition filing date, the claim is: \$ 1,373.45

Check all that apply.

Contingent

Unliquidated

Disputed

Basis for the claim:

Worker's Comp

Is the claim subject to offset?

No

Yes

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

3.37 **Nonpriority creditor's name and mailing address**

KATELYN MATZNICK

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

Date or dates debt was incurred

11/15/2023

Last 4 digits of account

number

As of the petition filing date, the claim is: \$ 422.35

Check all that apply.

Contingent

Unliquidated

Disputed

Basis for the claim:

Worker's Comp

Is the claim subject to offset?

No

Yes

3.38 **Nonpriority creditor's name and mailing address**

KATELYN WEISCHEDEL

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

Date or dates debt was incurred

5/5/2023

Last 4 digits of account

number

As of the petition filing date, the claim is: \$ 368.04

Check all that apply.

Contingent

Unliquidated

Disputed

Basis for the claim:

Worker's Comp

Is the claim subject to offset?

No

Yes

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

3.39 **Nonpriority creditor's name and mailing address**

KATHRYN LESTER

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

Date or dates debt was incurred

5/22/2023

Last 4 digits of account

number

As of the petition filing date, the claim is: \$ 6,320.57

Check all that apply.

Contingent

Unliquidated

Disputed

Basis for the claim:

Worker's Comp

Is the claim subject to offset?

No

Yes

3.40 **Nonpriority creditor's name and mailing address**

KATIE FUOSS

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

Date or dates debt was incurred

10/5/2023

Last 4 digits of account

number

As of the petition filing date, the claim is: \$ Undetermined

Check all that apply.

Contingent

Unliquidated

Disputed

Basis for the claim:

Worker's Comp

Is the claim subject to offset?

No

Yes

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

3.41 **Nonpriority creditor's name and mailing address**

KAYLYN ROHN

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

Date or dates debt was incurred

11/8/2023

Last 4 digits of account

number

As of the petition filing date, the claim is: \$ 2,444.31

Check all that apply.

Contingent

Unliquidated

Disputed

Basis for the claim:

Worker's Comp

Is the claim subject to offset?

No

Yes

3.42 **Nonpriority creditor's name and mailing address**

KYLEIGH HOWARD

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

Date or dates debt was incurred

4/4/2024

Last 4 digits of account

number

As of the petition filing date, the claim is: \$ 9,607.00

Check all that apply.

Contingent

Unliquidated

Disputed

Basis for the claim:

Worker's Comp

Is the claim subject to offset?

No

Yes

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

3.43 **Nonpriority creditor's name and mailing address**

LAURIE PERSINGER

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

Date or dates debt was incurred

9/7/2023

Last 4 digits of account

number

As of the petition filing date, the claim is: \$ 71,992.44

Check all that apply.

Contingent

Unliquidated

Disputed

Basis for the claim:

Worker's Comp

Is the claim subject to offset?

No

Yes

3.44 **Nonpriority creditor's name and mailing address**

Law Office of Jeffrey Krumpe

Creditor Name

Creditor's Notice name

110 SW Jeffereson

Address

Suite 410

Peoria

IL

61602

City

State

ZIP Code

Country

Date or dates debt was incurred

2/6/2024

Last 4 digits of account

number

As of the petition filing date, the claim is: \$ Undetermined

Check all that apply.

Contingent

Unliquidated

Disputed

Basis for the claim:

Litigation

Is the claim subject to offset?

No

Yes

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

3.45 **Nonpriority creditor's name and mailing address**

Levin & Perconti

Creditor Name

Creditor's Notice name

60 W. Randolph Street

Address

4th Floor

Chicago

IL

60601

City

State

ZIP Code

Country

Date or dates debt was incurred

8/15/2017

Last 4 digits of account

number

As of the petition filing date, the claim is: \$ 875,000.00

Check all that apply.

Contingent

Unliquidated

Disputed

Basis for the claim:

Litigation

3.46 **Nonpriority creditor's name and mailing address**

Levin & Perconti

Creditor Name

Creditor's Notice name

60 W. Randolph Street

Address

4th Floor

Chicago

IL

60601

City

State

ZIP Code

Country

Date or dates debt was incurred

2/27/2018

Last 4 digits of account

number

As of the petition filing date, the claim is: \$ 150,000.00

Check all that apply.

Contingent

Unliquidated

Disputed

Basis for the claim:

Litigation

Is the claim subject to offset?

No

Yes

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

3.47 **Nonpriority creditor's name and mailing address**

LILLY BAYS

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

Date or dates debt was incurred

7/6/2023

Last 4 digits of account

number

As of the petition filing date, the claim is: \$ 2,418.05

Check all that apply.

Contingent

Unliquidated

Disputed

Basis for the claim:

Worker's Comp

Is the claim subject to offset?

No

Yes

3.48 **Nonpriority creditor's name and mailing address**

LINDA JACKSON

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

Date or dates debt was incurred

11/27/2023

Last 4 digits of account

number

As of the petition filing date, the claim is: \$ 8,150.00

Check all that apply.

Contingent

Unliquidated

Disputed

Basis for the claim:

Worker's Comp

Is the claim subject to offset?

No

Yes

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

3.49 **Nonpriority creditor's name and mailing address**

LISA OSBORN

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

Date or dates debt was incurred

5/16/2023

Last 4 digits of account

number

As of the petition filing date, the claim is: \$ 50,778.35

Check all that apply.

Contingent

Unliquidated

Disputed

Basis for the claim:

Worker's Comp

Is the claim subject to offset?

No

Yes

3.50 **Nonpriority creditor's name and mailing address**

LISA PETERS

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

Date or dates debt was incurred

8/8/2023

Last 4 digits of account

number

As of the petition filing date, the claim is: \$ 4,290.12

Check all that apply.

Contingent

Unliquidated

Disputed

Basis for the claim:

Worker's Comp

Is the claim subject to offset?

No

Yes

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

3.51 **Nonpriority creditor's name and mailing address**

MARGARET WISNASKY

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

Date or dates debt was incurred

8/23/2023

Last 4 digits of account

number

As of the petition filing date, the claim is: \$ 2,680.58

Check all that apply.

Contingent

Unliquidated

Disputed

Basis for the claim:

Worker's Comp

Is the claim subject to offset?

No

Yes

3.52 **Nonpriority creditor's name and mailing address**

MELISSA CARNEY

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

Date or dates debt was incurred

7/5/2023

Last 4 digits of account

number

As of the petition filing date, the claim is: \$ 32,245.65

Check all that apply.

Contingent

Unliquidated

Disputed

Basis for the claim:

Worker's Comp

Is the claim subject to offset?

No

Yes

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

3.53 **Nonpriority creditor's name and mailing address**

MIRANDA TSCHOPP

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

Date or dates debt was incurred

11/27/2023

Last 4 digits of account

number

As of the petition filing date, the claim is: \$ 341.33

Check all that apply.

Contingent

Unliquidated

Disputed

Basis for the claim:

Worker's Comp

Is the claim subject to offset?

No

Yes

3.54 **Nonpriority creditor's name and mailing address**

MORGAN LECKNER

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

Date or dates debt was incurred

12/18/2023

Last 4 digits of account

number

As of the petition filing date, the claim is: \$ Undetermined

Check all that apply.

Contingent

Unliquidated

Disputed

Basis for the claim:

Worker's Comp

Is the claim subject to offset?

No

Yes

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

3.55 **Nonpriority creditor's name and mailing address**

PAIGE ORLANDI

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

Date or dates debt was incurred

6/9/2023

Last 4 digits of account number

number

As of the petition filing date, the claim is: \$ 6,347.98

Check all that apply.

Contingent

Unliquidated

Disputed

Basis for the claim:

Worker's Comp

Is the claim subject to offset?

No

Yes

3.56 **Nonpriority creditor's name and mailing address**

PAM HARRIS

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

Date or dates debt was incurred

4/3/2024

Last 4 digits of account number

number

As of the petition filing date, the claim is: \$ 7,625.00

Check all that apply.

Contingent

Unliquidated

Disputed

Basis for the claim:

Worker's Comp

Is the claim subject to offset?

No

Yes

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

3.57 **Nonpriority creditor's name and mailing address**

PATRICIA DEUSHANE

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

Date or dates debt was incurred

9/26/2023

Last 4 digits of account

number

As of the petition filing date, the claim is: \$ 56,424.96

Check all that apply.

Contingent

Unliquidated

Disputed

Basis for the claim:

Worker's Comp

Is the claim subject to offset?

No

Yes

3.58 **Nonpriority creditor's name and mailing address**

RILEY BLANKENSHIP

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

Date or dates debt was incurred

7/19/2023

Last 4 digits of account

number

As of the petition filing date, the claim is: \$ 1,429.89

Check all that apply.

Contingent

Unliquidated

Disputed

Basis for the claim:

Worker's Comp

Is the claim subject to offset?

No

Yes

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

3.59 **Nonpriority creditor's name and mailing address**

SHAWNA MANN

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

Date or dates debt was incurred

11/29/2023

Last 4 digits of account

number

As of the petition filing date, the claim is: \$ 4,196.83

Check all that apply.

Contingent

Unliquidated

Disputed

Basis for the claim:

Worker's Comp

Is the claim subject to offset?

No

Yes

3.60 **Nonpriority creditor's name and mailing address**

SHEILA HAGEN

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

Date or dates debt was incurred

8/21/2023

Last 4 digits of account

number

As of the petition filing date, the claim is: \$ 2,192.96

Check all that apply.

Contingent

Unliquidated

Disputed

Basis for the claim:

Worker's Comp

Is the claim subject to offset?

No

Yes

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

3.61 **Nonpriority creditor's name and mailing address**

SHERRY TRUSTY

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

Date or dates debt was incurred

11/20/2023

Last 4 digits of account

number

As of the petition filing date, the claim is: \$ 6,175.00

Check all that apply.

Contingent

Unliquidated

Disputed

Basis for the claim:

Worker's Comp

Is the claim subject to offset?

No

Yes

3.62 **Nonpriority creditor's name and mailing address**

Sorling

Creditor Name

Creditor's Notice name

1 N Old State Capitol Plaza

Address

Suite 200

Springfield

IL

62701

City

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: \$ Undetermined

Check all that apply.

Contingent

Unliquidated

Disputed

Basis for the claim:

Litigation

Is the claim subject to offset?

No

Yes

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

3.63 **Nonpriority creditor's name and mailing address**

Sorling

Creditor Name

Creditor's Notice name

1 N Old State Capitol Plaza

Address

Suite 200

Springfield

IL

62701

City

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: \$ Undetermined

Check all that apply.

Contingent

Unliquidated

Disputed

Basis for the claim:

Litigation

Is the claim subject to offset?

No

Yes

3.64 **Nonpriority creditor's name and mailing address**

Sorling

Creditor Name

Creditor's Notice name

1 N Old State Capitol Plaza

Address

Suite 200

Springfield

IL

62701

City

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: \$ Undetermined

Check all that apply.

Contingent

Unliquidated

Disputed

Basis for the claim:

EEOC

Is the claim subject to offset?

No

Yes

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

3.65 **Nonpriority creditor's name and mailing address**

SUSAN EASTER

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

Date or dates debt was incurred

6/14/2023

Last 4 digits of account

number

As of the petition filing date, the claim is: \$

19,207.72

Check all that apply.

Contingent

Unliquidated

Disputed

Basis for the claim:

Worker's Comp

Is the claim subject to offset?

No

Yes

3.66 **Nonpriority creditor's name and mailing address**

TAINESHA BONNER

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

Date or dates debt was incurred

5/5/2023

Last 4 digits of account

number

As of the petition filing date, the claim is: \$

49,277.94

Check all that apply.

Contingent

Unliquidated

Disputed

Basis for the claim:

Worker's Comp

Is the claim subject to offset?

No

Yes

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

3.67 **Nonpriority creditor's name and mailing address**

TERESA CLIFTON

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

Date or dates debt was incurred

6/12/2023

Last 4 digits of account

number

As of the petition filing date, the claim is: \$ 677.69

Check all that apply.

Contingent

Unliquidated

Disputed

Basis for the claim:

Worker's Comp

Is the claim subject to offset?

No

Yes

3.68 **Nonpriority creditor's name and mailing address**

THOMAS MCCAULEY

Creditor Name

Creditor's Notice name

Address on File

Address

City

State

ZIP Code

Country

Date or dates debt was incurred

8/10/2023

Last 4 digits of account

number

As of the petition filing date, the claim is: \$ 2,337.41

Check all that apply.

Contingent

Unliquidated

Disputed

Basis for the claim:

Worker's Comp

Is the claim subject to offset?

No

Yes

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

3.69 Nonpriority creditor's name and mailing address

As of the petition filing date, the claim is: \$ 2,975.00

VERNA HOFFMAN

Check all that apply.

Creditor Name

Contingent

Unliquidated

Disputed

Creditor's Notice name

Basis for the claim:

Address on File

Worker's Comp

Address

City

State

ZIP Code

Country

Date or dates debt was incurred

Is the claim subject to offset?

4/29/2024

No

Last 4 digits of account

Yes

number

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors. If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
_____ Name	Line <input type="checkbox"/> Not Listed.Explain	_____
_____ Notice Name	_____	_____
_____ Street	_____	_____
_____	_____	_____
_____ City	_____	_____
_____ Country	_____	_____

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

	Total of claim amounts
5a. Total claims from Part 1	5a. \$ <u>440.00</u>
5b. Total claims from Part 2	5b. + \$ <u>2,145,565.95</u>
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c. \$ <u>2,146,005.95</u>

Fill in this information to identify the case:

Debtor Name: In re : Petersen Health Care, Inc.
 United States Bankruptcy Court for the: District of Delaware
 Case number (if known): 24-10528 (TMH)

Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

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

2. List all contracts and unexpired leases	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
<p>2.1 State what the contract or lease is for and the nature of the debtor's interest</p> <p>Bulk Services Agreement</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Comcast of Illinois/Indiana/Ohio, LLC</p> <p>Name</p> <p>Attn Regional MDU Sales Manager</p> <p>Notice Name</p> <p>1500 McConn or Parkway</p> <p>Address</p> <p>Schaumburg IL 60173</p> <p>City State ZIP Code</p> <p>Country</p>
<p>2.2 State what the contract or lease is for and the nature of the debtor's interest</p> <p>Lease and Service Agreement</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p>Gateway ProClean, Inc.</p> <p>Name</p> <p>Notice Name</p> <p>2081 Exchange Drive</p> <p>Address</p> <p>St. Charles MO 63303</p> <p>City State ZIP Code</p> <p>Country</p>

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

2.3 **State what the contract or lease is for and the nature of the debtor's interest**

Lease and Service Agreement

Gateway ProClean, Inc.

Name

Notice Name

2081 Exchange Drive

State the term remaining

Address

List the contract number of any government contract

St. Charles

MO

63303

City

State

ZIP Code

Country

2.4 **State what the contract or lease is for and the nature of the debtor's interest**

Lease and Service Agreement and Credit Application

Gateway ProClean, Inc.

Name

Notice Name

2081 Exchange Drive

State the term remaining

Address

List the contract number of any government contract

St. Charles

MO

63303

City

State

ZIP Code

Country

2.5 **State what the contract or lease is for and the nature of the debtor's interest**

Lease and Service Agreement and Credit Application

Gateway ProClean, Inc.

Name

Notice Name

2081 Exchange Drive

State the term remaining

Address

List the contract number of any government contract

St. Charles

MO

63303

City

State

ZIP Code

Country

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

2.6 **State what the contract or lease is for and the nature of the debtor's interest**

MDU Agreement for CATV and Mediacom Online Services

Mediacom Iowa, LLC
Name

Notice Name

1 Mediacom Way

State the term remaining

Address

List the contract number of any government contract

Mediacom Park NY 10918
City State ZIP Code

Country

2.7 **State what the contract or lease is for and the nature of the debtor's interest**

Facility Agreement

Passages Hospice LLC
Name

Notice Name

515 Warrrenville Road

State the term remaining

Address

List the contract number of any government contract

Lisle IL 60532
City State ZIP Code

Country

2.8 **State what the contract or lease is for and the nature of the debtor's interest**

Rental Agreement

RecoverCare, LLC
Name

Attn General Counsel
Notice Name

1920 Stanley Gault Pkwy, Suite 100

State the term remaining

Address

List the contract number of any government contract

Louisville KY 40223
City State ZIP Code

Country

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

2.9 **State what the contract or lease is for and the nature of the debtor's interest**

Rental Agreement

RecoverCare, LLC

Name

Attn General Counsel

Notice Name

1920 Stanley Gault Pkwy, Suite 100

State the term remaining

Address

List the contract number of any government contract

Louisville

KY

40223

City

State

ZIP Code

Country

2.10 **State what the contract or lease is for and the nature of the debtor's interest**

Service Agreement

RecoverCare, LLC

Name

Attn General Counsel

Notice Name

1920 Stanley Gault Pkwy, Suite 100

State the term remaining

Address

List the contract number of any government contract

Louisville

KY

40223

City

State

ZIP Code

Country

2.11 **State what the contract or lease is for and the nature of the debtor's interest**

Service Agreement

RecoverCare, LLC

Name

Attn General Counsel

Notice Name

1920 Stanley Gault Pkwy, Suite 100

State the term remaining

Address

List the contract number of any government contract

Louisville

KY

40223

City

State

ZIP Code

Country

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

2.12 **State what the contract or lease is for and the nature of the debtor's interest**

Service Agreement

RecoverCare, LLC

Name

Attn General Counsel

Notice Name

1920 Stanley Gault Pkwy, Suite 100

State the term remaining

Address

List the contract number of any government contract

Louisville

KY

40223

City

State

ZIP Code

Country

2.13 **State what the contract or lease is for and the nature of the debtor's interest**

Business Associate Agreement

RehabCare Group East, Inc.

Name

President, RehabCare

Notice Name

680 South Fourth Street

State the term remaining

Address

List the contract number of any government contract

Louisville

KY

40202

City

State

ZIP Code

Country

2.14 **State what the contract or lease is for and the nature of the debtor's interest**

Business Associate Agreement

RehabCare Group East, Inc.

Name

President, RehabCare

Notice Name

680 South Fourth Street

State the term remaining

Address

List the contract number of any government contract

Louisville

KY

40202

City

State

ZIP Code

Country

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

2.15 **State what the contract or lease is for and the nature of the debtor's interest**

Business Associate Agreement

RehabCare Group East, Inc.

Name

President, RehabCare

Notice Name

680 South Fourth Street

State the term remaining

Address

List the contract number of any government contract

Louisville

KY

40202

City

State

ZIP Code

Country

2.16 **State what the contract or lease is for and the nature of the debtor's interest**

Therapy Services Agreement

RehabCare Group East, Inc. dba RehabCare

Name

President, RehabCare

Notice Name

680 South Fourth Street

State the term remaining

Address

List the contract number of any government contract

Louisville

KY

40202

City

State

ZIP Code

Country

2.17 **State what the contract or lease is for and the nature of the debtor's interest**

Therapy Services Agreement

RehabCare Group East, Inc. dba RehabCare

Name

President, RehabCare

Notice Name

680 South Fourth Street

State the term remaining

Address

List the contract number of any government contract

Louisville

KY

40202

City

State

ZIP Code

Country

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

2.18 **State what the contract or lease is for and the nature of the debtor's interest**

Therapy Services Agreement

RehabCare Group East, Inc. dba RehabCare

Name

President, RehabCare

Notice Name

680 South Fourth Street

State the term remaining

Address

List the contract number of any government contract

Louisville

KY

40202

City

State

ZIP Code

Country

2.19 **State what the contract or lease is for and the nature of the debtor's interest**

Therapy Services Agreement

RehabCare Group East, Inc. dba RehabCare

Name

President, RehabCare

Notice Name

680 South Fourth Street

State the term remaining

Address

List the contract number of any government contract

Louisville

KY

40202

City

State

ZIP Code

Country

2.20 **State what the contract or lease is for and the nature of the debtor's interest**

Therapy Services Agreement

RehabCare Group East, Inc. dba RehabCare

Name

President, RehabCare

Notice Name

680 South Fourth Street

State the term remaining

Address

List the contract number of any government contract

Louisville

KY

40202

City

State

ZIP Code

Country

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

2.21 **State what the contract or lease is for and the nature of the debtor's interest**

Therapy Services Agreement

RehabCare Group East, Inc. dba RehabCare

Name

President, RehabCare

Notice Name

680 South Fourth Street

State the term remaining

Address

List the contract number of any government contract

Louisville

KY

40202

City

State

ZIP Code

Country

2.22 **State what the contract or lease is for and the nature of the debtor's interest**

Therapy Services Agreement

RehabCare Group East, Inc. dba RehabCare

Name

President, RehabCare

Notice Name

680 South Fourth Street

State the term remaining

Address

List the contract number of any government contract

Louisville

KY

40202

City

State

ZIP Code

Country

2.23 **State what the contract or lease is for and the nature of the debtor's interest**

Protocol and Agreement for the Provision of Hospice Services and Inpatient Respite Care

Sarah Bush Lincoln Health Center dba Lincolnland Hospice

Name

Attn Post Acute Care Director

Notice Name

Lincolnland Hospice of Sarah Bush Lincoln

State the term remaining

Address

1004 Health Center Drive, Suite 202

List the contract number of any government contract

Mattoon

IL

61938

City

State

ZIP Code

Country

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

2.24 **State what the contract or lease is for and the nature of the debtor's interest**

Informal Settlement Agreement

U.S. Department of Labor

Name

Occupational Safety and Health Administration

Notice Name

1320 W. Commerce Drive, Suite 800

State the term remaining

Address

List the contract number of any government contract

Peoria

IL

61615

City

State

ZIP Code

Country

2.25 **State what the contract or lease is for and the nature of the debtor's interest**

Informal Settlement Agreement

U.S. Department of Labor

Name

Occupational Safety and Health Administration

Notice Name

1320 W. Commerce Drive, Suite 800

State the term remaining

Address

List the contract number of any government contract

Peoria

IL

61615

City

State

ZIP Code

Country

2.26 **State what the contract or lease is for and the nature of the debtor's interest**

Agreement for Nursing Facility Services

Vitas Healthcare Corporation of Illinois

Name

Attn General Manager

Notice Name

105 Marquette Street, Suite A

State the term remaining

Address

List the contract number of any government contract

LaSalle

IL

61301

City

State

ZIP Code

Country

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

2.27 **State what the contract or lease is for and the nature of the debtor's interest**

Agreement for Nursing Facility, Inpatient and Inpatient Respite Services

Vitas Healthcare Corporation of Illinois

Name

Attn General Manager

Notice Name

105 Marquette Street, Suite A

State the term remaining

Address

List the contract number of any government contract

LaSalle

IL

61301

City

State

ZIP Code

Country

2.28 **State what the contract or lease is for and the nature of the debtor's interest**

Agreement for Nursing Facility, Inpatient and Inpatient Respite Services

Vitas Healthcare Corporation of Illinois

Name

Attn General Manager

Notice Name

105 Marquette Street, Suite A

State the term remaining

Address

List the contract number of any government contract

LaSalle

IL

61301

City

State

ZIP Code

Country

2.29 **State what the contract or lease is for and the nature of the debtor's interest**

Letter re: Nursing Facility Agreement Dated or Amended January 1, 2013 with Vitas

Vitas Healthcare Corporation of Illinois

Name

Notice Name

105 Marquette Street, Suite A

State the term remaining

Address

List the contract number of any government contract

LaSalle

IL

61301

City

State

ZIP Code

Country

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

2.30 **State what the contract or lease is for and the nature of the debtor's interest**

Letter re: Nursing Facility Agreement Dated or Amended January 1, 2013 with Vitas

Vitas Healthcare Corporation of Illinois
Name

Notice Name

105 Marquette Street, Suite A

State the term remaining

Address

List the contract number of any government contract

LaSalle

IL

61301

City

State

ZIP Code

Country

Fill in this information to identify the case:
Debtor Name: In re : Petersen Health Care, Inc.
United States Bankruptcy Court for the: District of Delaware
Case number (if known): 24-10528 (TMH)

Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

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

1. Does the debtor have any codebtors?

- No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- Yes

2. 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	_____ Street _____ _____ _____ City State ZIP Code _____ Country	_____ _____ _____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:

Debtor Name: In re : Petersen Health Care, Inc.

United States Bankruptcy Court for the: District of Delaware

Case number (if known): 24-10528 (TMH)

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

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

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets--Real and Personal Property* (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- Schedule H: Codebtors* (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- Amended Schedule _____
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- Other document that requires a declaration _____

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

Executed on 05/31/2024
MM / DD / YYYY

/ 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 re: Petersen Health Care, Inc.

Case No. 24-10528

Schedule A/B 47

Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles

Year	Make	Model	Identification Number (i.e. VIN, HIN or N-number)	Net book value of debtor's interest (where available)	Valuation method used for current value	Current value of debtor's interest
2004	Chevy Impala	DL82693	2G1WF52EX49312684	Undetermined	Cost	\$14,000.00
2005	Chrysler Town & Country	DL56973	2C4GP54L95R575562	Undetermined	Cost	\$5,500.00
2005	Dodge Dakota	47888S-B	1D7HE22K85S319503	Undetermined		Undetermined
2006	Chevy 2500 Van	BL45186	1GCGG25V461179446	Undetermined		Undetermined
2006	Dodge Grand Caravan	BL45129	1D4GP24R66B754339	Undetermined		Undetermined
2009	Ford Cargo Van	DL57337	1FTNS24W79DA88626	Undetermined		Undetermined
2010	Ford F150 Supercab 4X4	29334S-B	1FTFX1EV5AKA18435	Undetermined		Undetermined
2010	Ford Edge	7848112	2FMDK4KC1ABA37578	Undetermined		Undetermined
2011	Ford E-250	DM80048	1FTNS2EW4BDB11798	Undetermined		Undetermined
2013	Ford E250 Extended Van	DM72304	1FTNS2EL1DDA56512	Undetermined	Cost	\$39,706.60
2013	Mazda 3l	S171703	JM1BL1U77D1701244	Undetermined		Undetermined
2014	Mazda UT/CX5	V115918	JM3KE2DY5E0417604	Undetermined		Undetermined
2014	Porsche Panamera		WP0AC2A72EL073153	Undetermined		Undetermined
2016	Mazda CX5	Q126153	JM3KE4DY3G0758997	Undetermined		Undetermined
2016	VW Toureg	E543939	WVGEP9BP2GD000824	Undetermined		Undetermined
2017	Dodge Caravan	CH97289	2C4RDGBG0HR605782	Undetermined	Cost	\$15,134.00
2017	Dodge Grand Caravan	860297	2C4RDGBG8HR568223	Undetermined		Undetermined
2017	Ford F-350	418454D	1FDRF3F68HEB61886	Undetermined		Undetermined
2017	Ford Fusion	EJ31301	3FA6P0D97HR152387	Undetermined		Undetermined
2019	Dodge Caravan	CK60034	2C4RDGBG8KR782488	Undetermined		Undetermined
2019	Mazda CX-5	DH50846	JM3KFABM2K0687666	Undetermined		Undetermined
2019	Mazda CX-5	DH50847	JM3KFACM7K1687851	Undetermined		Undetermined
2019	Mazda CX-5	DH50870	JM3KFABM0K0685589	Undetermined		Undetermined
2020	Ford Transit	496531D	1FBVU4X86LKB09332	Undetermined	Cost	\$56,000.00
2020	Hyundai Palisade	BZ75907	KM8R5DHE0LU113830	Undetermined		Undetermined
2022	Chrysler Voyager	EC79880	2C4RC1CG5NR224522	Undetermined	Cost	\$60,891.53
2022	Chrysler Voyager	EC79881	2C4RC1CG7NR224540	Undetermined	Cost	\$60,891.53

In re: Petersen Health Care, Inc.

Case No. 24-10528

Schedule A/B 47

Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles

Year	Make	Model	Identification Number (i.e. VIN, HIN or N-number)	Net book value of debtor's interest (where available)	Valuation method used for current value	Current value of debtor's interest
2022	Chrysler Voyager	EC79881	2C4RC1CG7NR224540	Undetermined	Cost	\$60,891.53
2022	Chrysler Voyager	EC79882	2C4RC1CG9NR224510	Undetermined		Undetermined
2022	Chrysler Voyager	EC79883	2C4RC1CG6NR224366	Undetermined	Cost	\$60,891.53
2022	Chrysler Voyager	EC79884	2C4RC1CG7NR224506	Undetermined	Cost	\$60,891.53
2022	Mazda CX-5	DH50845	JM3KFBCM9N1565339	Undetermined		Undetermined
2022	Mazda CX-5	DH50864	JM3KFBCM4N0585973	Undetermined		Undetermined
			TOTAL:	Undetermined	TOTAL:	\$434,798.25

**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
PETERSEN HEALTH CARE, INC. (CASE NO. 24-10528)**

¹ 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 : Petersen Health Care, Inc.
 United States Bankruptcy Court for the: District Of Delaware
 Case number (if known): 24-10528 (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

1. Gross revenue from business

None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year		Sources of revenue Check all that apply	Gross revenue (before deductions and exclusions)
From the beginning of the fiscal year to filing date:	From <u>1/1/2024</u> to <u>Filing date</u> MM / DD / YYYY	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	\$ <u>380,243.48</u>
For prior year:	From <u>1/1/2023</u> to <u>12/31/2023</u> MM / DD / YYYY	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	\$ <u>2,316,201.47</u>
For the year before that:	From <u>1/1/2022</u> to <u>12/31/2022</u> MM / DD / YYYY	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	\$ <u>2,517,855.30</u>

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

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 revenue from each source (before deductions and exclusions)	
From the beginning of the fiscal year to filing date:	From	<u>1/1/2024</u> MM / DD / YYYY	to	Filing date	Interest	\$ <u>0.00</u>
For prior year:	From	<u>1/1/2023</u> MM / DD / YYYY	to	<u>12/31/2023</u> MM / DD / YYYY	Interest	\$ <u>209.55</u>
For the year before that:	From	<u>1/1/2022</u> MM / DD / YYYY	to	<u>12/31/2022</u> MM / DD / YYYY	Interest	\$ <u>192.55</u>

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

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

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

None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer Check all that apply
3.1 See SOFA 3 Attachment Creditor's Name Street City State ZIP Code Country		\$	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other

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

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. Insiders include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

None

Insider's Name and Address	Dates	Total amount or value	Reason for payment or transfer
4.1 See SOFA 4 Attachment Insider's Name Street City State ZIP Code Country Relationship to Debtor		\$	

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

5. Repossessions, foreclosures, and returns

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

None

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

6. Setoffs

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

None

Creditor's Name and Address	Description of the action creditor took	Date action was taken	Amount
6.1 Creditor's Name			\$
Street			
	Last 4 digits of account number: XXXX-		
City State ZIP Code			
Country			

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

Part 3: Legal Actions or Assignments

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

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

None

Case title	Nature of case	Court or agency's name and address	Status of case
7.1 See SOFA 7 Attachment		Name	<input type="checkbox"/> Pending
		Street	<input type="checkbox"/> On appeal
			<input type="checkbox"/> Concluded
Case number		City State ZIP Code	
		Country	

8. Assignments and receivership

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

None

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

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

Part 4: Certain 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 address	Description of the gifts or contributions	Dates given	Value
9.1 Creditor's Name Street City State ZIP Code Country Recipient's relationship to debtor			\$

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

None

Description of the property lost and how the loss occurred	Amount of payments received for the loss If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).	Date of loss	Value of property lost
10.1 A ransomware cyber attack which occurred in October 2023, ultimately led to the loss of large quantities of data and significant consulting fees	None	10/2023	\$ Undetermined

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

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

None

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.1				\$
	Address			
	Street			
	City State ZIP Code			
	Country			
	Email or website address			
	Who made the payment, if not debtor?			

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.

None

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

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

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

Who received transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1			\$

Address

Street

City State ZIP Code

Country

Relationship to Debtor

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

Does not apply

Address		Dates of occupancy	
14.1	Street	From	To
	City	State	ZIP Code
	Country		

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:
 — diagnosing or treating injury, deformity, or disease, or
 — providing any surgical, psychiatric, drug treatment, or obstetric care?

- No. Go to Part 9.
 Yes. Fill in the information below.

Facility Name and Address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1 Riverview Estates Facility Name	Assisted Living	205

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.	How are records kept?
200 North Schrader Street	Check all that apply: <input type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper
Havana IL 62644 City State ZIP Code	
Country	

Facility Name and Address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.2 Courtyard Estates of Canton Facility Name	Assisted Living	1,390

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.	How are records kept?
160 E. Walnut Street Street	Check all that apply: <input type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper
Canton IL 61520 City State ZIP Code	
Country	

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

No.

Yes. State the nature of the information collected and retained. 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:

Name of plan	Employer identification number of the plan
17.1 _____	EIN: _____

Has the plan been terminated?

No

Yes

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

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

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?
 Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

None

Financial institution name and address	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 _____ Name	XXXX- _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____
_____ Street				
_____ 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 institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
19.1 _____ Name	_____	_____	<input type="checkbox"/> No
_____ Street			<input type="checkbox"/> Yes
_____ City State ZIP Code	Address		
_____ Country	_____		

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

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

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
---------------------------	-----------------------------------	-----------------------------	----------------------------

20.1 See Global Notes

No

Name

Yes

Street

City State ZIP Code

Address

Country

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

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 address	Location of the property	Description of the property	Value
21.1	See Global Notes Name _____ Street _____ City _____ State _____ ZIP Code _____ Country _____			\$ _____

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- No
- Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
22.1	Name Street		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case Number	City State ZIP Code		
	Country		

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- No
- Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
23.1 Name Street	Name Street		
City State ZIP Code	City State ZIP Code		
Country	Country		

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

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

No

Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
24.1			
Name	Name		
Street	Street		
City State ZIP Code	City State ZIP Code		
Country	Country		

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

Part 13: Details About the Debtor's Business or Connections to Any Business

25. 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

Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1 See SOFA 25 Attachment Name Street City State ZIP Code Country		EIN: Dates business existed From _____ To _____

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 Name 830 West Trailcreek Dr. Street Peoria IL 61614 City State ZIP Code Country	From _____ To _____

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

None

Name and Address	Dates of service
26b.1 Petersen Healthcare Management, Mark Petersen Name 830 West Trailcreek Dr. Street Peoria IL 61614 City State ZIP Code Country	From 12/22/2011 To Present

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

26b.2 Ginoli & Company From 2002 To Present
 Name
7625 N University St.
 Street
Peoria IL 61614
 City State ZIP Code
Country

26b.3 Clifton, Larson, Allen From 2012 To Present
 Name
301 SW Adams St.
 Street
Suite 1000
Peoria IL 61602
 City State ZIP Code
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

Name and address

If any books of account and records are unavailable, explain why

26c.1 Getzler Henrich and Associates

Name
295 Madison Ave
 Street
Floor 20
New York NY 10023
 City State ZIP Code
Country

Name and address

If any books of account and records are unavailable, explain why

26c.2 Ginoli & Company

Name
7625 N University St.
 Street
Peoria IL 61614
 City State ZIP Code
Country

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

Name and address

If any books of account and records are unavailable, explain why

26c.3 Petersen Healthcare Management, Mark Petersen

Name

830 West Trailcreek Dr.

Street

Peoria

IL

61614

City

State

ZIP Code

Country

Name and address

If any books of account and records are unavailable, explain why

26c.4 Clifton, Larson, Allen

Name

301 SW Adams St.

Street

Suite 1000

Peoria

IL

61602

City

State

ZIP Code

Country

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

None

Name and address

Name

Street

City

State

ZIP Code

Country

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

No

Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of Inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
		\$

Name and address of the person who has possession of inventory records

27.1

Name

Street

City

State

ZIP Code

Country

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and Nature of any interest	% of interest, if any
28.1 Mark B. Petersen	830 West Trailcreek Dr. , Peoria, IL 61614	Owner	100%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

No

Yes. Identify below.

Name	Address	Position and Nature of any interest	Period during which position or interest was held
29.1			From To

Debtor: Petersen Health Care, Inc.

Case number (if known): 24-10528

Name

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

No

Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1 See SOFA Question 4 Name _____ Street _____ City _____ State _____ ZIP Code _____ Country _____ Relationship to debtor _____			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

No

Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
31.1 _____	EIN: _____

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

No

Yes. Identify below.

Name of the pension fund	Employer Identification number of the pension fund
32.1 _____	EIN: _____

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.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

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

Executed on 05/31/2024
MM / DD / YYYY

x / s / David 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 *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy (Official Form 207)* attached?

No

Yes

In re: Petersen Health Care, Inc.

Case No. 24-10528

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)
Authorize.net	830 West Trailcreek Dr		Peoria	IL	61614	1/2/2024	\$4,914.06	Credit Card Fees
Authorize.net	830 West Trailcreek Dr		Peoria	IL	61614	2/2/2024	\$5,535.41	Credit Card Fees
Authorize.net	830 West Trailcreek Dr		Peoria	IL	61614	3/4/2024	\$3,907.99	Credit Card Fees
CIBC	830 West Trailcreek Dr		Peoria	IL	61614	12/19/2023	\$3,284.83	Bank Fees
CIBC	830 West Trailcreek Dr		Peoria	IL	61614	12/20/2023	\$193.47	Bank Fees
CIBC	830 West Trailcreek Dr		Peoria	IL	61614	1/17/2024	\$3,282.60	Bank Fees
CIBC	830 West Trailcreek Dr		Peoria	IL	61614	1/18/2024	\$201.82	Bank Fees
CIBC	830 West Trailcreek Dr		Peoria	IL	61614	2/21/2024	\$3,316.81	Bank Fees
CIBC	830 West Trailcreek Dr		Peoria	IL	61614	2/22/2024	\$191.91	Bank Fees
CIBC	830 West Trailcreek Dr		Peoria	IL	61614	3/19/2024	\$3,272.41	Bank Fees
City of Canton	PO Box 206		Canton	IL	61520	2/7/2024	\$4,382.39	Vendor
City of Canton	PO Box 206		Canton	IL	61520	2/7/2024	\$4,382.39	Vendor
City of Canton	PO Box 206		Canton	IL	61520	3/8/2024	\$684.68	Vendor
City of Canton	PO Box 206		Canton	IL	61520	3/8/2024	\$684.68	Vendor
Comcast Cable	PO Box 70219		Philadelphia	PA	191760219	12/22/2023	\$944.34	Vendor
Comcast Cable	PO Box 70219		Philadelphia	PA	191760219	12/22/2023	\$944.34	Vendor
Comcast Cable	PO Box 70219		Philadelphia	PA	191760219	1/3/2024	\$109.85	Vendor
Comcast Cable	PO Box 70219		Philadelphia	PA	191760219	1/3/2024	\$109.85	Vendor
Comcast Cable	PO Box 70219		Philadelphia	PA	191760219	1/14/2024	\$944.26	Vendor
Comcast Cable	PO Box 70219		Philadelphia	PA	191760219	1/14/2024	\$944.26	Vendor
Comcast Cable	PO Box 70219		Philadelphia	PA	191760219	1/24/2024	\$109.85	Vendor
Comcast Cable	PO Box 70219		Philadelphia	PA	191760219	1/24/2024	\$109.85	Vendor
Comcast Cable	PO Box 70219		Philadelphia	PA	191760219	2/14/2024	\$943.70	Vendor
Comcast Cable	PO Box 70219		Philadelphia	PA	191760219	2/14/2024	\$943.70	Vendor
Comcast Cable	PO Box 70219		Philadelphia	PA	191760219	2/20/2024	\$109.85	Vendor
Comcast Cable	PO Box 70219		Philadelphia	PA	191760219	2/20/2024	\$109.85	Vendor
Comcast Cable	PO Box 70219		Philadelphia	PA	191760219	3/14/2024	\$943.70	Vendor
Comcast Cable	PO Box 70219		Philadelphia	PA	191760219	3/14/2024	\$943.70	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	1/29/2024	\$5,172.38	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	1/29/2024	\$24,871.52	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	1/29/2024	\$30,043.90	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	3/7/2024	\$2,946.89	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	3/7/2024	\$11,607.21	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	3/7/2024	\$14,554.10	Vendor
TSYS	830 West Trailcreek Dr		Peoria	IL	61614	1/3/2024	\$547.15	Credit Card Fees
TSYS	830 West Trailcreek Dr		Peoria	IL	61614	1/3/2024	\$23,102.66	Credit Card Fees
TSYS	830 West Trailcreek Dr		Peoria	IL	61614	2/2/2024	\$1,068.09	Credit Card Fees
TSYS	830 West Trailcreek Dr		Peoria	IL	61614	2/2/2024	\$21,125.70	Credit Card Fees
TSYS	830 West Trailcreek Dr		Peoria	IL	61614	3/4/2024	\$43.85	Credit Card Fees
TSYS	830 West Trailcreek Dr		Peoria	IL	61614	3/4/2024	\$44,167.49	Credit Card Fees

In re: Petersen Health Care, Inc.

Case No. 24-10528

Attachment 4

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

Insider's name	Address 1	City	State	Zip	Date	Total amount or value	Reasons for payment or transfer	Relationship to debtor
**Please reference Global Notes for additional information related to Intercompany Payments/Transfers								
JLP Systems, Inc.*	145 E. Division Street, Kewanee, IL 61443	Kewanee	IL	61443	3/13/2024	\$10,000.00	Intercompany Transfer	Related Entity
Mark B. Petersen	830 West Trailcreek Dr.	Peoria	IL	61614	3/28/2023	\$250,000.00	MBP BB - Repay Loan	Owner
Mark B. Petersen	830 West Trailcreek Dr.	Peoria	IL	61614	5/31/2023	\$1,576.31	01/27/23 Auto W/D for MBP Loan	Owner
Mark B. Petersen	830 West Trailcreek Dr.	Peoria	IL	61614	5/31/2023	\$1,576.31	02/24/23 Auto W/D for MBP Loan	Owner
Mark B. Petersen	830 West Trailcreek Dr.	Peoria	IL	61614	5/31/2023	\$1,576.31	03/24/23 Auto W/D for MBP Loan	Owner
Mark B. Petersen	830 West Trailcreek Dr.	Peoria	IL	61614	5/31/2023	\$1,576.31	04/26/23 Auto W/D for MBP Loan	Owner
Mark B. Petersen	830 West Trailcreek Dr.	Peoria	IL	61614	5/31/2023	\$1,576.31	05/26/23 Auto W/D for MBP Loan	Owner
Mark B. Petersen	830 West Trailcreek Dr.	Peoria	IL	61614	5/31/2023	\$250,000.00	03/28/23 - Wire to - MBP (BB)	Owner
Mark B. Petersen	830 West Trailcreek Dr.	Peoria	IL	61614	12/31/2023	\$89.99	1/20 auto w/d - I3 Broadband	Owner
Mark B. Petersen	830 West Trailcreek Dr.	Peoria	IL	61614	12/31/2023	\$89.99	12/21 auto w/d - I3 Broadband	Owner
Mark B. Petersen	830 West Trailcreek Dr.	Peoria	IL	61614	12/31/2023	\$89.99	2/22 auto w/d - I3 Broadband	Owner
Mark B. Petersen	830 West Trailcreek Dr.	Peoria	IL	61614	12/31/2023	\$89.99	3/23 auto w/d - I3 Broadband	Owner
Mark B. Petersen	830 West Trailcreek Dr.	Peoria	IL	61614	12/31/2023	\$89.99	4/20 auto w/d -	Owner
Mark B. Petersen	830 West Trailcreek Dr.	Peoria	IL	61614	12/31/2023	\$89.99	5/23 auto w/d - I3 Broadband	Owner
Mark B. Petersen	830 West Trailcreek Dr.	Peoria	IL	61614	12/31/2023	\$89.99	6/21 auto w/d - I3 Broadband	Owner
Mark B. Petersen	830 West Trailcreek Dr.	Peoria	IL	61614	12/31/2023	\$89.99	7/21 auto w/d - I3 Broadband	Owner
Mark B. Petersen	830 West Trailcreek Dr.	Peoria	IL	61614	12/31/2023	\$89.99	8/22 auto w/d - I3 Broadband	Owner
Mark B. Petersen	830 West Trailcreek Dr.	Peoria	IL	61614	12/31/2023	\$89.99	9/20 auto w/d - I3 Broadband	Owner
Mark B. Petersen	830 West Trailcreek Dr.	Peoria	IL	61614	12/31/2023	\$4,900.00	4/3 auto w/d - Stardust Fanduel	Owner
Mark B. Petersen	830 West Trailcreek Dr.	Peoria	IL	61614	12/31/2023	\$5,000.00	4/24 auto w/d -	Owner
Mark B. Petersen	830 West Trailcreek Dr.	Peoria	IL	61614	1/2/2024	\$1,500.00	Bill - Rick Gaa	Owner
Mark B. Petersen	830 West Trailcreek Dr.	Peoria	IL	61614	1/12/2024	\$39,000.00	Mark Petersen	Owner
Mark B. Petersen	830 West Trailcreek Dr.	Peoria	IL	61614	1/19/2024	\$17,250.00	MBP (PNC) - repay loan	Owner
Mark B. Petersen	830 West Trailcreek Dr.	Peoria	IL	61614	1/29/2024	\$22,875.00	MBP (BB) - repay loan	Owner
Petersen Health & Wellness, LLC*	408 N. Wilson P.O. Box 285	Enfield	IL	62835	12/4/2023	\$5,000.00	Intercompany Transfer	Related Entity
Petersen Health & Wellness, LLC*	408 N. Wilson P.O. Box 285	Enfield	IL	62835	12/13/2023	\$13,000.00	Intercompany Transfer	Related Entity
Petersen Health & Wellness, LLC*	408 N. Wilson P.O. Box 285	Enfield	IL	62835	2/14/2024	\$30,000.00	Intercompany Transfer	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr. Peoria	Peoria	IL	61614	11/2/2023	\$14,000.00	Wire To	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	12/28/2023	\$20,000.00	Intercompany Transfer	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	12/29/2023	\$20,000.00	Intercompany Transfer	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	2/13/2024	\$60,000.00	Intercompany Transfer	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	3/14/2024	\$20,000.00	Intercompany Transfer	Related Entity
Petersen Health Junction, LLC *	129 South 1st Avenue, Canton, IL 61520	Canton	IL	61520	2/5/2024	\$5,000.00	Intercompany Transfer	Related Entity
Petersen Health Operations, LLC *	520 E. Fabyan Parkway, Batavia, IL 60510	Batavia	IL	60510	2/5/2024	\$30,000.00	Intercompany Transfer	Related Entity
Petersen Health Operations, LLC *	520 E. Fabyan Parkway, Batavia, IL 60510	Batavia	IL	60510	2/6/2024	\$10,000.00	Intercompany Transfer	Related Entity
Petersen Health Operations, LLC *	520 E. Fabyan Parkway, Batavia, IL 60510	Batavia	IL	60510	2/7/2024	\$12,705.14	Intercompany Transfer	Related Entity
Petersen Health Operations, LLC *	520 E. Fabyan Parkway, Batavia, IL 60510	Batavia	IL	60510	2/7/2024	\$34,904.73	Intercompany Transfer	Related Entity
Petersen Health Operations, LLC *	520 E. Fabyan Parkway, Batavia, IL 60510	Batavia	IL	60510	2/8/2024	\$180.00	Intercompany Transfer	Related Entity
Petersen Health Operations, LLC *	520 E. Fabyan Parkway, Batavia, IL 60510	Batavia	IL	60510	2/8/2024	\$451.18	Intercompany Transfer	Related Entity
Petersen Health Operations, LLC *	520 E. Fabyan Parkway, Batavia, IL 60510	Batavia	IL	60510	2/9/2024	\$4,949.29	Intercompany Transfer	Related Entity
Petersen Health Properties, LLC*	400 W. Grant Street	Macomb	IL	61455	12/13/2023	\$28,100.00	Intercompany Transfer	Related Entity
Petersen Health Quality, LLC*	52 Old Route 45	Louisville	IL	62858	12/13/2023	\$8,000.00	Intercompany Transfer	Related Entity
Petersen Health Quality, LLC*	52 Old Route 45	Louisville	IL	62858	12/14/2023	\$3,000.00	Intercompany Transfer	Related Entity

In re: Petersen Health Care, Inc.

Case No. 24-10528

Attachment 4

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

Insider's name	Address 1	City	State	Zip	Date	Total amount or value	Reasons for payment or transfer	Relationship to debtor
Petersen Health Quality, LLC*	52 Old Route 45	Louisville	IL	62858	2/8/2024	\$5,000.00	Intercompany Transfer	Related Entity
Petersen Management Company, LLC*	232 Given Street	Flora	IL	62839	3/13/2024	\$25,000.00	Intercompany Transfer	Related Entity

In re: Petersen Health Care, Inc.

Case No. 24-10528

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)
ADAM DENNING Workers Comp	AR36217	NOTICE ONLY	Illinois Workers Compensation Commission	69 West Washington Street Suite 900	Chicago	IL	60602	Pending
ALBERT BENSON Workers Comp	AQ81559	INDEMNITY	Illinois Workers Compensation Commission	69 West Washington Street Suite 900	Chicago	IL	60602	Pending
ALEXIS HALL Workers Comp	AQ98623	INDEMNITY	Illinois Workers Compensation Commission	69 West Washington Street Suite 900	Chicago	IL	60602	Concluded
ALYSA GORDON Workers Comp	AQ99805	MEDICAL ONLY	Illinois Workers Compensation Commission	69 West Washington Street Suite 900	Chicago	IL	60602	Concluded
AMBER STEAGALL Workers Comp	AQ38766	MEDICAL ONLY	Illinois Workers Compensation Commission	69 West Washington Street Suite 900	Chicago	IL	60602	Concluded
Angela Rich, as Independent Administrator of the Estate of Jimmie L. Owens, Deceased, v Petersen Health Operations, LLC, an Illinois Limited Liability Company d/b/a Benton Rehabilitation & Health Care Center, Petersen Health Care, Inc., an Illinois Domestic BCA, Petersen Health Care Management, Inc., an Illinois Domestic BCA, and Petersen Health Care Management, LLC, an Illinois Limited Liability Company	2017-L-59	WD/SA fall w/ fracture	2nd Judicial Circuit Court of Ill	1 Public Square	Benton	IL	62812	
ARICA GAYDOS, Plaintiff, v. PETERSEN HEALTH CARE, Defendant.	3:23-cv-03178	Department of Human Rights	Equal Employment Opportunity Commission	131 M Street	NE Washington DC		20507	
ASHLEY HAMMITT Workers Comp	AQ61441	INDEMNITY	Illinois Workers Compensation Commission	69 West Washington Street Suite 900	Chicago	IL	60602	Pending
ASHLEY HOLTSCHULT Workers Comp	AQ81777	MEDICAL ONLY	Illinois Workers Compensation Commission	69 West Washington Street Suite 900	Chicago	IL	60602	Concluded
BARBARA SHEPHARD Workers Comp	AQ67799	NOTICE ONLY	Illinois Workers Compensation Commission	69 West Washington Street Suite 900	Chicago	IL	60602	Concluded
BLAIR TATE Workers Comp	AQ46470	INDEMNITY	Illinois Workers Compensation Commission	69 West Washington Street Suite 900	Chicago	IL	60602	Concluded
BRADLEY HENSCHEN Workers Comp	AQ64645	MEDICAL ONLY	Illinois Workers Compensation Commission	69 West Washington Street Suite 900	Chicago	IL	60602	Concluded
BRANDI SPALDING Workers Comp	AQ80398	MEDICAL ONLY	Illinois Workers Compensation Commission	69 West Washington Street Suite 900	Chicago	IL	60602	Concluded
BRITTANY DUTTON Workers Comp	AQ94480	INDEMNITY	Illinois Workers Compensation Commission	69 West Washington Street Suite 900	Chicago	IL	60602	Pending
CARRIE CASTILLO Workers Comp	AR30996	MEDICAL ONLY	Illinois Workers Compensation Commission	69 West Washington Street Suite 900	Chicago	IL	60602	Pending
CASSANDRA SWORDS Workers Comp	AQ87897	NOTICE ONLY	Illinois Workers Compensation Commission	69 West Washington Street Suite 900	Chicago	IL	60602	Concluded
CHARLOTTE DORIAN Workers Comp	AR30074	INDEMNITY	Illinois Workers Compensation Commission	69 West Washington Street Suite 900	Chicago	IL	60602	Pending
CHERYL SPOOR Workers Comp	AQ76403	MEDICAL ONLY	Illinois Workers Compensation Commission	69 West Washington Street Suite 900	Chicago	IL	60602	Concluded
CHRISTABEL GARVIN Workers Comp	AQ65222	INDEMNITY	Illinois Workers Compensation Commission	69 West Washington Street Suite 900	Chicago	IL	60602	Pending
DAISY MAST Workers Comp	AQ65290	MEDICAL ONLY	Illinois Workers Compensation Commission	69 West Washington Street Suite 900	Chicago	IL	60602	Concluded
DAISY MAST Workers Comp	AQ65214	NOTICE ONLY	Illinois Workers Compensation Commission	69 West Washington Street Suite 900	Chicago	IL	60602	Concluded
DEBRA DAVIS Workers Comp	AQ82199	INDEMNITY	Illinois Workers Compensation Commission	69 West Washington Street Suite 900	Chicago	IL	60602	Pending
DEBRA TREADWAY Workers Comp	AQ31573	MEDICAL ONLY	Illinois Workers Compensation Commission	69 West Washington Street Suite 900	Chicago	IL	60602	Concluded
DEMETRA RUFFIN Workers Comp	AQ96838	INDEMNITY	Illinois Workers Compensation Commission	69 West Washington Street Suite 900	Chicago	IL	60602	Pending
DESIREE SPAIN Workers Comp	AQ83689	INDEMNITY	Illinois Workers Compensation Commission	69 West Washington Street Suite 900	Chicago	IL	60602	Pending

In re: Petersen Health Care, Inc.

Case No. 24-10528

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)
DETRA TUCKER Workers Comp	AR40391	INDEMNITY	Illinois Workers Compensation Commission	69 West Washington Street Suite 900	Chicago	IL	60602	Pending
DOMINIC KARIBIAN Workers Comp	AQ67830	NOTICE ONLY	Illinois Workers Compensation Commission	69 West Washington Street Suite 900	Chicago	IL	60602	Pending
GLENNA CARPENTER Workers Comp	AQ85946	MEDICAL ONLY	Illinois Workers Compensation Commission	69 West Washington Street Suite 900	Chicago	IL	60602	Concluded
HAILEY HARDY Workers Comp	AQ49777	MEDICAL ONLY	Illinois Workers Compensation Commission	69 West Washington Street Suite 900	Chicago	IL	60602	Concluded
JACK FISCHER Workers Comp	AQ76439	MEDICAL ONLY	Illinois Workers Compensation Commission	69 West Washington Street Suite 900	Chicago	IL	60602	Concluded
JAMES BULLA Workers Comp	AQ44637	MEDICAL ONLY	Illinois Workers Compensation Commission	69 West Washington Street Suite 900	Chicago	IL	60602	Concluded
JENNIFER DENISE HOUSER, Complainant, vs PETERSEN HEALTH CARE d/b/a CASEY HEALTH CARE CENTER, Respondent.	560-2022-01955	EEOC	Equal Employment Opportunity Commission	131 M Street	NE Washington DC		20507	
JENNIFER VAUGHN Workers Comp	AQ89278	MEDICAL ONLY	Illinois Workers Compensation Commission	69 West Washington Street Suite 900	Chicago	IL	60602	Concluded
JESSICA DAVIS Workers Comp	AQ99695	MEDICAL ONLY	Illinois Workers Compensation Commission	69 West Washington Street Suite 900	Chicago	IL	60602	Concluded
JESSICA MCFARLAND Workers Comp	AR18429	NOTICE ONLY	Illinois Workers Compensation Commission	69 West Washington Street Suite 900	Chicago	IL	60602	Pending
KAMI FREEMAN Workers Comp	AQ85867	INDEMNITY	Illinois Workers Compensation Commission	69 West Washington Street Suite 900	Chicago	IL	60602	Pending
KAMI MEANS Workers Comp	AR25952	INDEMNITY	Illinois Workers Compensation Commission	69 West Washington Street Suite 900	Chicago	IL	60602	Pending
KAREN SALL Workers Comp	AQ79789	MEDICAL ONLY	Illinois Workers Compensation Commission	69 West Washington Street Suite 900	Chicago	IL	60602	Concluded
KARRI PAINTER Workers Comp	AQ93351	MEDICAL ONLY	Illinois Workers Compensation Commission	69 West Washington Street Suite 900	Chicago	IL	60602	Concluded
KATELYN MATZNICK Workers Comp	AQ98741	MEDICAL ONLY	Illinois Workers Compensation Commission	69 West Washington Street Suite 900	Chicago	IL	60602	Concluded
KATELYN WEISCHEDEL Workers Comp	AQ39004	MEDICAL ONLY	Illinois Workers Compensation Commission	69 West Washington Street Suite 900	Chicago	IL	60602	Concluded
KATHRYN LESTER Workers Comp	AQ44140	MEDICAL ONLY	Illinois Workers Compensation Commission	69 West Washington Street Suite 900	Chicago	IL	60602	Concluded
KATIE FUOSS Workers Comp	AQ87772	NOTICE ONLY	Illinois Workers Compensation Commission	69 West Washington Street Suite 900	Chicago	IL	60602	Concluded
KAYLYN ROHN Workers Comp	AQ96828	INDEMNITY	Illinois Workers Compensation Commission	69 West Washington Street Suite 900	Chicago	IL	60602	Concluded
KYLEIGH HOWARD Workers Comp	AR31402	INDEMNITY	Illinois Workers Compensation Commission	69 West Washington Street Suite 900	Chicago	IL	60602	Pending
LAURIE PERSINGER Workers Comp	AQ79771	INDEMNITY	Illinois Workers Compensation Commission	69 West Washington Street Suite 900	Chicago	IL	60602	Pending
LILLY BAYS Workers Comp	AQ58705	MEDICAL ONLY	Illinois Workers Compensation Commission	69 West Washington Street Suite 900	Chicago	IL	60602	Concluded
LINDA JACKSON Workers Comp	AR00922	INDEMNITY	Illinois Workers Compensation Commission	69 West Washington Street Suite 900	Chicago	IL	60602	Pending
Linda West, as independent executor of the Estate of Helen Coates, deceased v. Petersen Health Care II, Inc., an Illinois corporation d/b/a Watseka Rehabilitation & Health Care Center, Petersen Health Care, Inc., an Illinois corporation	2018-L-4	Undeterminable	21st Circuit Court of Ill	550 South 10th Street	Watsseka	IL	60970	Pending
LISA OSBORN Workers Comp	AQ42489	INDEMNITY	Illinois Workers Compensation Commission	69 West Washington Street Suite 900	Chicago	IL	60602	Pending
LISA PETERS Workers Comp	AQ70495	MEDICAL ONLY	Illinois Workers Compensation Commission	69 West Washington Street Suite 900	Chicago	IL	60602	Concluded
MARGARET WISNASKY Workers Comp	AQ75509	MEDICAL ONLY	Illinois Workers Compensation Commission	69 West Washington Street Suite 900	Chicago	IL	60602	Concluded
MELISSA CARNEY Workers Comp	AQ58146	INDEMNITY	Illinois Workers Compensation Commission	69 West Washington Street Suite 900	Chicago	IL	60602	Pending

In re: Petersen Health Care, Inc.

Case No. 24-10528

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)
MICKEY D. SHIPPETT, Plaintiff, vs. PETERSEN HEALTH CARE, INC., Defendant.	22-cv-50397	Undeterminable	Equal Employment Opportunity Commission	131 M Street	NE Washington DC		20507	
MIRANDA TSCHOPP Workers Comp	AR00761	MEDICAL ONLY	Illinois Workers Compensation Commission	69 West Washington Street Suite 900	Chicago	IL	60602	Concluded
MORGAN LECKNER Workers Comp	AR05981	NOTICE ONLY	Illinois Workers Compensation Commission	69 West Washington Street Suite 900	Chicago	IL	60602	Pending
PAIGE ORLANDI Workers Comp	AQ49815	INDEMNITY	Illinois Workers Compensation Commission	69 West Washington Street Suite 900	Chicago	IL	60602	Concluded
PAM HARRIS Workers Comp	AR31072	MEDICAL ONLY	Illinois Workers Compensation Commission	69 West Washington Street Suite 900	Chicago	IL	60602	Pending
PATRICIA DEUSHANE Workers Comp	AQ84781	INDEMNITY	Illinois Workers Compensation Commission	69 West Washington Street Suite 900	Chicago	IL	60602	Pending
RILEY BLANKENSHIP Workers Comp	AQ62889	MEDICAL ONLY	Illinois Workers Compensation Commission	69 West Washington Street Suite 900	Chicago	IL	60602	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 II, INC.; PETERSEN HEALTH CARE -ROSEVILLE, LLC; PETERSEN HEALTH CARE V, LLC; PETERSEN HEALTH CARE VII, LLC; PETERSEN HEALTH CARE, INC.; PETERSEN HEALTH ENTERPRISES, LLC; PETERSEN HEALTH NETWORK, LLC; PETERSEN HEALTH OPERATIONS III, LLC; PETERSEN HEALTH OPERATIONS, LLC; PETERSEN HEALTH QUALITY, LLC; PETERSEN MANAGEMENT COMPANY, LLC; SJL HEALTH SYSTEMS, INC.; ALEDO HCO, LLC; ARCOLA HCO, LLC; ASPEN HCO, LLC; BEMENT HCO, LLC; CASEY HCO, LLC; CHARL ESTON HCO, LLC; COLLINSVILLE HCO, LLC; CUMBERLAND HCO, LLC; DECATUR HCO, LLC; EASTVIEW HCO, LLC; EFFINGHAM HCO, LLC; HAVANA HCO, LLC; KEWANEE HCO, LLC; LEBANON HCO, LLC; MCLEANSBORO HCO, LLC; NORTH AURORA HCO, LLC; PETERSEN HEALTH BUSINESS, LLC; PETERSEN HEALTH JUNCTION, LLC; PETERSEN HEALTH RESOURCES, LLC; PETERSEN HEALTH & WELLNESS, LLC; PIPER HCO, LLC; PLEASANT VIEW HCO, LLC; PRAIRIE CITY HCO, LLC; ROBINGS HCO, LLC; ROSICLARE HCO, LLC; ROYAL HCO, LLC; SHAN GRI LA HCO, LLC; SHELBYVILLE HCO, LLC; SULLIVAN HCO, LLC; SWANSEA HCO, LLC; TARKIO HCO, LLC; TUSCOLA HCO, LLC; TWIN HCO; VANDALIA HCO, LLC; WATSEKA HCO, LLC; AND WESTSIDE HCO, LLC, DEFENDANTS	2024-LA-0000030	Undeterminable	10th Judicial Circuit Court of Ill	324 Main St. Ste. 215	Peoria	IL	61602	Pending
SHAWNA MANN Workers Comp	AR01659	MEDICAL ONLY	Illinois Workers Compensation Commission	69 West Washington Street Suite 900	Chicago	IL	60602	Concluded
SHEILA HAGEN Workers Comp	AQ74612	MEDICAL ONLY	Illinois Workers Compensation Commission	69 West Washington Street Suite 900	Chicago	IL	60602	Concluded
SHERRY TRUSTY Workers Comp	AQ99635	MEDICAL ONLY	Illinois Workers Compensation Commission	69 West Washington Street Suite 900	Chicago	IL	60602	Pending
SUSAN EASTER Workers Comp	AQ51362	INDEMNITY	Illinois Workers Compensation Commission	69 West Washington Street Suite 900	Chicago	IL	60602	Pending
TAINESHA BONNER Workers Comp	AQ38724	INDEMNITY	Illinois Workers Compensation Commission	69 West Washington Street Suite 900	Chicago	IL	60602	Pending
TERESA CLIFTON Workers Comp	AQ50254	MEDICAL ONLY	Illinois Workers Compensation Commission	69 West Washington Street Suite 900	Chicago	IL	60602	Concluded
THOMAS MCCAULEY Workers Comp	AQ71333	INDEMNITY	Illinois Workers Compensation Commission	69 West Washington Street Suite 900	Chicago	IL	60602	Concluded
VERNA HOFFMAN Workers Comp	AR37432	MEDICAL ONLY	Illinois Workers Compensation Commission	69 West Washington Street Suite 900	Chicago	IL	60602	Pending

In re: **Petersen Health Care, Inc.**

Case No. 24-10528

Attachment 25

Other businesses in which the debtor has or has had an interest

Business name	Address 1	Address 2	City	State	Zip	Nature of business	Employer Identification number	Dates business existed
Petersen Health Junction, LLC	129 South 1st Avenue		Canton	IL	61520	Operator	46-1945639	9/1/1990 - Present
SABL, LLC	830 West Trailcreek Dr.		Peoria	IL	61614	Operating Holdco	36-4954872	11/19/2019 - Present
SC Healthcare Holding, LLC	830 West Trailcreek Dr.		Peoria	IL	61614	RE Holdco	84-3782584	11/19/2019 - Present
Sunset HCC, LLC	129 South 1st Avenue		Canton	IL	61520	RE Owner	38-3894354	9/1/1990 - Present