

**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 NETWORK, LLC (CASE NO. 24-10537)**

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 Network, LLC
 United States Bankruptcy Court for the: District of Delaware
 Case number (if known): 24-10537 (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* \$ 9,476,312.15

1c. Total of all property:

Copy line 92 from *Schedule A/B* \$ 9,476,312.15

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* \$ 0.00

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* \$ 56,420.77

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* + \$ 2,575,000.00

4. Total liabilities

Lines 2 + 3a + 3b \$ 2,631,420.77

Fill in this information to identify the case:
Debtor Name: In re : Petersen Health Network, LLC
United States Bankruptcy Court for the: District of Delaware
Case number (if known): 24-10537 (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 BankUnited	Operating	3650	\$	0.00
3.2 CIBC	Government	3898	\$	7,747.65
3.3 CIBC	Non-Government	0538	\$	1,460.26
3.4 CIBC	Operating	2852	\$	92,597.76
3.5 PNC Bank	Commercial	3645	\$	3,493.70
3.6 PNC Bank	Government	2765	\$	24,739.48
3.7 PNC Bank	Operating	2554	\$	0.00

4. Other cash equivalents (Identify all)

4.1 Real Estate Tax Escrow \$ 286,657.05

4.2 Replacement Reserve \$ 231,612.49

Debtor: Petersen Health Network, LLC
Name

Case number (if known): 24-10537

5. Total of Part 1

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

\$	648,308.39
----	------------

Debtor: Petersen Health Network, LLC
 Name _____

Case number (if known): 24-10537

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 \$ 562,010.13

8.2 Prepaid Management Fees \$ 3,922.17

9. Total of Part 2.

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

\$	<u>565,932.30</u>
----	-------------------

Debtor: Petersen Health Network, LLC

Case number (if known): 24-10537

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	\$ 8,258,471.61	- \$	=..... →	\$ 8,258,471.61

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.

\$ 8,258,471.61

Debtor: Petersen Health Network, LLC
 Name _____

Case number (if known): 24-10537

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:

_____ \$ _____

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: _____

_____ \$ _____

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

Describe:

_____ \$ _____

17. **Total of Part 4.**

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

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

Debtor: Petersen Health Network, LLC
Name _____

Case number (if known): 24-10537

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 Network, LLC

Case number (if known): 24-10537

Name _____

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:</i> Livestock, poultry, farm-raised fish	\$ _____	_____	\$ _____
30. Farm machinery and equipment (Other than titled motor vehicles)	\$ _____	_____	\$ _____
31. Farm and fishing supplies, chemicals, and feed	\$ _____	_____	\$ _____
32. Other farming and fishing-related property not already listed in Part 6	\$ _____	_____	\$ _____

33. **Total of Part 6.**

Add lines 28 through 32. Copy the total to line 85.

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

34. **Is the debtor a member of an agricultural cooperative?**

- No
- Yes. Is any of the debtor's property stored at the cooperative?
 - No
 - Yes

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 Network, LLC
Name

Case number (if known): 24-10537

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			
_____	\$ _____		\$ _____
40. Office fixtures			
_____	\$ _____		\$ _____
41. Office equipment, including all computer equipment and communication systems equipment and software			
_____	\$ _____		\$ _____
42. Collectibles <i>Examples:</i> 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			
_____	\$ _____		\$ _____

43. **Total of Part 7.**

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

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

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 Network, LLC
Name

Case number (if known): 24-10537

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

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

2012 Ford E-250 Extended-DL28168 VIN: 47.1 1FTNS2EWXCDA38826	\$	Undetermined	\$	Undetermined
2012 Ford E-250 Extended-DL60976 VIN: 47.2 1FTNS2EW4CDA82031	\$	Undetermined	\$	Undetermined
2012 Ford E-250 Extended-DN84727 VIN: 47.3 1FTNS2EW7CDA82038	\$	Undetermined	\$	Undetermined
2006 Ford E350-EG85292 VIN: 47.4 1FTSS34L76DA86000	\$	Undetermined	\$	Undetermined
2015 Ford Bus-138499F VIN: 47.5 1FDWE3FL2FDA27941	\$	Undetermined	\$	Undetermined

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

48.1 None \$ _____ \$ _____

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.

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

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 Network, LLC

Case number (if known): 24-10537

Name

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 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.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1 _____	_____	\$ _____	_____	\$ _____

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

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

57. Is a depreciation schedule available for any of the property listed in Part 9?

- No
- Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- No
- Yes

Debtor: Petersen Health Network, LLC
Name

Case number (if known): 24-10537

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			
State of Illinois Department of Public Health License, 62.1 <u>Permit, Certification, Registration</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 Network, LLC

Case number (if known): 24-10537

Name

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>3,599.85</u>	- \$ <u>Undetermined</u>	=.....	→ \$ <u>3,599.85</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 None \$ _____

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

74.1 See Global Notes \$ _____

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 None \$ _____

Nature of claim _____

Amount requested \$ _____

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

76.1 None \$ _____

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

77.1 None \$ _____

78. **Total of Part 11.**

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

\$ <u>3,599.85</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 Network, LLC
Name

Case number (if known): 24-10537

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>	\$ 648,308.39	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$ 565,932.30	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$ 8,258,471.61	
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>	\$ 0.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$ 0.00	
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>	\$ 3,599.85	
91. Total. Add lines 80 through 90 for each column.....91a.	\$ 9,476,312.15	\$ 0.00 + 91b.
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.		\$ 9,476,312.15

Fill in this information to identify the case:

Debtor Name: In re : Petersen Health Network, LLC
 United States Bankruptcy Court for the: District of Delaware
 Case number (if known): 24-10537 (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

\$ _____ \$ _____

Creditor's Name

Creditor's mailing address

Notice Name

Street

City

State

ZIP Code

Country

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

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 _____

Describe the lien

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)*.

As of the petition filing date, the claim is:

Check all that apply.

- Contingent
- Unliquidated
- Disputed

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

\$ _____

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

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

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
Name _____	Line _____	_____
Notice Name _____		
Street _____		

City _____ State _____ ZIP Code _____		
Country _____		

Fill in this information to identify the case:

Debtor Name: In re : Petersen Health Network, LLC

United States Bankruptcy Court for the: District of Delaware

Case number (if known): 24-10537 (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
\$ 56,420.77	\$ 56,420.77

2.1 Priority creditor's name and mailing address

Internal Revenue Service
 Creditor Name

Creditor's Notice name

569 West Monroe Street, Suite 1100

Address

Chicago IL 60675
 City State ZIP Code

Country

Date or dates debt was incurred

Various

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim:

11 U.S.C. § 507(a) (8)

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

Check all that apply.

- Contingent
- Unliquidated
- Disputed

Basis for the claim:

Taxes

Is the claim subject to offset?

- No
- Yes

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
 Cook, Ysursa, Bartholomew, Brauer & Shevlin
 Creditor Name

Creditor's Notice name

12 West Lincoln Street
 Address

Belleville

Belleville IL 62220
 City State ZIP Code

Country

Date or dates debt was incurred
 2/23/2017

Last 4 digits of account number

As of the petition filing date, the claim is: \$ 375,000.00
Check all that apply.

Contingent
 Unliquidated
 Disputed

Basis for the claim:
 Litigation

Is the claim subject to offset?

No
 Yes

3.2 Nonpriority creditor's name and mailing address
 Law Office of Jeffrey Krumpke
 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 Network, LLC

Case number (if known): 24-10537

Name

3.3 Nonpriority creditor's name and mailing address

Law Offices of Barry G. Doyle

Creditor Name

Creditor's Notice name

West Golf Road

Address

Suite 1140

Skokie

IL

60076

City

State

ZIP Code

Country

Date or dates debt was incurred

12/23/2021

Last 4 digits of account

number

As of the petition filing date, the claim is: \$ 450,000.00

Check all that apply.

Contingent

Unliquidated

Disputed

Basis for the claim:

Litigation

3.4 Nonpriority creditor's name and mailing address

Law Office of Jonathan Young

Creditor Name

Creditor's Notice name

1000-36th Ave

Address

Moline

IL

61265

City

State

ZIP Code

Country

Date or dates debt was incurred

5/21/2021

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 Network, LLC

Case number (if known): 24-10537

Name

3.5 Nonpriority creditor's name and mailing address

Rehn & Skinner, LLC

Creditor Name

Creditor's Notice name

5 E. Simmons Street

Address

Galesburg

Galesburg

IL

61401

City

State

ZIP Code

Country

Date or dates debt was incurred

2/3/2017

Last 4 digits of account

number

As of the petition filing date, the claim is: \$ 1,000,000.00

Check all that apply.

Contingent

Unliquidated

Disputed

Basis for the claim:

Litigation

3.6 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 Network, LLC

Case number (if known): 24-10537

Name

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

Taxman, Pollock, Murray, and Bekkerman

Creditor Name

Creditor's Notice name

225 West Wacker Drive

Address

Suite 1750

Suite 1750

Chicago

IL

60606

City

State

ZIP Code

Country

Date or dates debt was incurred

8/5/2022

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

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

Taxman, Pollock, Murray, and Bekkerman

Creditor Name

Creditor's Notice name

225 West Wacker Drive

Address

Suite 1750

Suite 1750

Chicago

IL

60606

City

State

ZIP Code

Country

Date or dates debt was incurred

3/31/2022

Last 4 digits of account

number

As of the petition filing date, the claim is: \$ 600,000.00

Check all that apply.

Contingent

Unliquidated

Disputed

Basis for the claim:

Litigation

Is the claim subject to offset?

No

Yes

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>56,420.77</u>
5b. Total claims from Part 2	5b. +	\$ <u>2,575,000.00</u>
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	\$ <u>2,631,420.77</u>

Fill in this information to identify the case:

Debtor Name: In re : Petersen Health Network, LLC
 United States Bankruptcy Court for the: District of Delaware
 Case number (if known): 24-10537 (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
2.1	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Lease and Service Agreement and Credit Application</p>	<p>Gateway ProClean, Inc.</p> <p>Name</p> <hr/> <p>Notice Name</p> <hr/> <p>2081 Exchange Drive</p> <p>Address</p> <hr/> <p>State the term remaining</p> <hr/> <p>List the contract number of any government contract</p> <hr/> <p>St. Charles MO 63303</p> <p>City State ZIP Code</p> <hr/> <p>Country</p>
2.2	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Therapy Services Agreement</p>	<p>Kindred Rehab Services, Inc. dba RehabCare</p> <p>Name</p> <hr/> <p>President, RehabCare</p> <p>Notice Name</p> <hr/> <p>680 South Fourth Street</p> <p>Address</p> <hr/> <p>State the term remaining</p> <hr/> <p>List the contract number of any government contract</p> <hr/> <p>Louisville KY 40202</p> <p>City State ZIP Code</p> <hr/> <p>Country</p>

Debtor: Petersen Health Network, LLC

Case number (if known): 24-10537

Name

2.3 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

Fill in this information to identify the case:
Debtor Name: In re : Petersen Health Network, LLC
United States Bankruptcy Court for the: District of Delaware
Case number (if known): 24-10537 (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 Network, LLC
 United States Bankruptcy Court for the: District of Delaware
 Case number (if known): 24-10537 (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 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 NETWORK, LLC (CASE NO. 24-10537)**

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 Network, LLC
 United States Bankruptcy Court for the: District Of Delaware
 Case number (if known): 24-10537 (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> MM / DD / YYYY	to <u>Filing date</u>	
		<input checked="" type="checkbox"/> Operating a business	
		<input type="checkbox"/> Other _____	\$ <u>2,614,887.73</u>
For prior year:	From <u>1/1/2023</u> MM / DD / YYYY	to <u>12/31/2023</u> MM / DD / YYYY	
		<input checked="" type="checkbox"/> Operating a business	
		<input type="checkbox"/> Other _____	\$ <u>16,460,849.56</u>
For the year before that:	From <u>1/1/2022</u> MM / DD / YYYY	to <u>12/31/2022</u> MM / DD / YYYY	
		<input checked="" type="checkbox"/> Operating a business	
		<input type="checkbox"/> Other _____	\$ <u>15,111,998.53</u>

Debtor: Petersen Health Network, LLC

Case number (if known): 24-10537

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>2,028.35</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>7,397.98</u>

Debtor: Petersen Health Network, LLC

Case number (if known): 24-10537

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 Network, LLC

Case number (if known): 24-10537

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 Bed Tax Creditor's Name Street City State ZIP Code Country	Offset with Medicaid Last 4 digits of account number: XXXX-		\$ 624,908.38

Debtor: Petersen Health Network, LLC

Case number (if known): 24-10537

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 Network, LLC

Case number (if known): 24-10537

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 Network, LLC

Case number (if known): 24-10537

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 Network, LLC

Case number (if known): 24-10537

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 Network, LLC

Case number (if known): 24-10537

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 Network, LLC

Case number (if known): 24-10537

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 Network, LLC

Case number (if known): 24-10537

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 Whispering Oaks Care Center Facility Name	Skilled Nursing Facility	174

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.	How are records kept?
201 Spring Street Street	Check all that apply: <input type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper
Rosiclare IL 62982 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 Willow Rose Rehab & Health Care Facility Name	Skilled Nursing Facility	1,002

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.	How are records kept?
410 Fletcher Street	Check all that apply: <input type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper
Jerseyville IL 62052 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
15.3 Flora Gardens Care Center Facility Name	Skilled Nursing Facility	1,511

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.	How are records kept?
701 Shadwell Avenue Street	Check all that apply: <input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper
Flora IL 62839 City State ZIP Code	
Country	

Debtor: Petersen Health Network, LLC

Case number (if known): 24-10537

Name

Facility Name and Address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.4 Rochelle Gardens Care Center Facility Name	Skilled Nursing Facility	1,623

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.	How are records kept?
1021 Caron Road Street Rochelle IL 61068 City State ZIP Code	PCC Electronic Check all that apply: <input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper
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
15.5 Rochelle Rehabilitaiton & Health Care Center Facility Name	Skilled Nursing Facility	763

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.	How are records kept?
900 North 3rd Street Street Rochelle IL 61068 City State ZIP Code	PCC Electronic Check all that apply: <input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper
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
15.6 Nokomis Rehabilitation & Health Care Center Facility Name	Skilled Nursing Facility	838

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.	How are records kept?
505 Stevens Street Street Nokomis IL 62075 City State ZIP Code	PCC Electronic Check all that apply: <input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper
Country	

Debtor: Petersen Health Network, LLC

Case number (if known): 24-10537

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 Network, LLC

Case number (if known): 24-10537

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
Name	XXXX- _____	<input type="checkbox"/> Checking	_____	\$ _____
Street		<input type="checkbox"/> Savings		
		<input type="checkbox"/> Money market		
City State ZIP Code		<input type="checkbox"/> Brokerage		
Country		<input type="checkbox"/> Other _____		

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	_____		
19.2 Name	_____	_____	<input type="checkbox"/> No
Street			<input type="checkbox"/> Yes
City State ZIP Code	Address		
Country	_____		

Debtor: Petersen Health Network, LLC

Case number (if known): 24-10537

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 Network, LLC

Case number (if known): 24-10537

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 Network, LLC

Case number (if known): 24-10537

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 _____	Name _____		
Street _____	Street _____		
_____	_____		
City _____ State _____ ZIP Code _____	City _____ State _____ ZIP Code _____		
Country _____	Country _____		

Debtor: Petersen Health Network, LLC

Case number (if known): 24-10537

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	City		
State	State		
ZIP Code	ZIP Code		
Country	Country		

Debtor: Petersen Health Network, LLC

Case number (if known): 24-10537

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

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

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

None

26a.1	Name and Address	Dates of service	
		From	To
	Petersen Health Care Management, LLC		
	Name		
	830 West Trailcreek Dr.		
	Street		
	Peoria IL 61614		
	City State ZIP Code		
	Country		

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

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

Debtor: Petersen Health Network, LLC

Case number (if known): 24-10537

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 Network, LLC

Case number (if known): 24-10537

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 Network, LLC

Case number (if known): 24-10537

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	Manager	99%
28.2 MBP Partner, LLC	830 West Trailcreek Dr. , Peoria, IL 61614	Member	1%

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 Network, LLC

Case number (if known): 24-10537

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 Mark Petersen	EIN: <u>xxx-xx-3791</u>

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 Network, LLC

Case No. 24-10537

Attachment 3

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

Creditor's name	Address 1	Address 2	City	State	Zip	Date	Total amount or value	Reason for payment or transfer (e.g. Secured debt, Unsecured loan repayments, Suppliers or vendors, Services, or Other)
AllShifts Healthcare Services Inc	PO Box 952038		Cleveland	OH	44193	3/15/2024	\$936.00	Vendor
AllShifts Healthcare Services Inc	PO Box 952038		Cleveland	OH	44193	3/15/2024	\$5,412.00	Vendor
AllShifts Healthcare Services Inc	PO Box 952038		Cleveland	OH	44193	3/15/2024	\$6,348.00	Vendor
Ameren Illinois	PO Box 88034		Chicago	IL	606801034	3/1/2024	\$4,059.17	Vendor
Ameren Illinois	PO Box 88034		Chicago	IL	606801034	3/1/2024	\$4,059.17	Vendor
Arrowleaf	300 Red Bud Lane		Vienna	IL	62995	1/17/2024	\$16,535.58	Vendor
Arrowleaf	300 Red Bud Lane		Vienna	IL	62995	1/17/2024	\$16,535.58	Vendor
Arrowleaf	300 Red Bud Lane		Vienna	IL	62995	1/18/2024	\$12,976.10	Vendor
Arrowleaf	300 Red Bud Lane		Vienna	IL	62995	1/18/2024	\$12,976.10	Vendor
Ascentium Capital	Dept #3059	PO Box 11407	Birmingham	AL	35246-3059	1/3/2024	\$620.31	Vendor
Ascentium Capital	Dept #3059	PO Box 11407	Birmingham	AL	35246-3059	1/3/2024	\$644.53	Vendor
Ascentium Capital	Dept #3059	PO Box 11407	Birmingham	AL	35246-3059	1/3/2024	\$1,264.84	Vendor
Ascentium Capital	Dept #3059	PO Box 11407	Birmingham	AL	35246-3059	1/17/2024	\$1,381.66	Vendor
Ascentium Capital	Dept #3059	PO Box 11407	Birmingham	AL	35246-3059	1/17/2024	\$1,381.66	Vendor
Ascentium Capital	Dept #3059	PO Box 11407	Birmingham	AL	35246-3059	1/24/2024	\$620.31	Vendor
Ascentium Capital	Dept #3059	PO Box 11407	Birmingham	AL	35246-3059	1/24/2024	\$620.31	Vendor
Ascentium Capital	Dept #3059	PO Box 11407	Birmingham	AL	35246-3059	2/26/2024	\$644.53	Vendor
Ascentium Capital	Dept #3059	PO Box 11407	Birmingham	AL	35246-3059	2/26/2024	\$644.53	Vendor
Ascentium Capital	Dept #3059	PO Box 11407	Birmingham	AL	35246-3059	3/1/2024	\$620.31	Vendor
Ascentium Capital	Dept #3059	PO Box 11407	Birmingham	AL	35246-3059	3/1/2024	\$620.31	Vendor
CIBC	830 West Trailcreek Dr		Peoria	IL	61614	12/29/2023	\$7,356.73	Bank Fees
CIBC	830 West Trailcreek Dr		Peoria	IL	61614	1/17/2024	\$9,178.37	Bank Fees
CIBC	830 West Trailcreek Dr		Peoria	IL	61614	2/21/2024	\$413.47	Bank Fees
CIBC	830 West Trailcreek Dr		Peoria	IL	61614	3/19/2024	\$10,932.25	Bank Fees
City of Flora	PO Box 249	131 East 2nd Street	Flora	IL	62839	12/27/2023	\$6,793.90	Vendor
City of Flora	PO Box 249	131 East 2nd Street	Flora	IL	62839	12/27/2023	\$6,793.90	Vendor
City of Flora	PO Box 249	131 East 2nd Street	Flora	IL	62839	1/24/2024	\$19,092.57	Vendor
City of Flora	PO Box 249	131 East 2nd Street	Flora	IL	62839	1/24/2024	\$19,092.57	Vendor
City of Flora	PO Box 249	131 East 2nd Street	Flora	IL	62839	2/22/2024	\$15,198.20	Vendor
City of Flora	PO Box 249	131 East 2nd Street	Flora	IL	62839	2/22/2024	\$15,198.20	Vendor
Comcast Cable	PO Box 70219		Philadelphia	PA	191760219	12/22/2023	\$449.79	Vendor
Comcast Cable	PO Box 70219		Philadelphia	PA	191760219	12/22/2023	\$616.63	Vendor
Comcast Cable	PO Box 70219		Philadelphia	PA	191760219	12/22/2023	\$1,066.42	Vendor
Comcast Cable	PO Box 70219		Philadelphia	PA	191760219	1/14/2024	\$119.85	Vendor
Comcast Cable	PO Box 70219		Philadelphia	PA	191760219	1/14/2024	\$119.85	Vendor
Comcast Cable	PO Box 70219		Philadelphia	PA	191760219	1/19/2024	\$447.51	Vendor
Comcast Cable	PO Box 70219		Philadelphia	PA	191760219	1/19/2024	\$613.30	Vendor
Comcast Cable	PO Box 70219		Philadelphia	PA	191760219	1/19/2024	\$1,060.81	Vendor
Comcast Cable	PO Box 70219		Philadelphia	PA	191760219	1/24/2024	\$119.85	Vendor
Comcast Cable	PO Box 70219		Philadelphia	PA	191760219	1/24/2024	\$119.85	Vendor
Comcast Cable	PO Box 70219		Philadelphia	PA	191760219	2/13/2024	\$119.85	Vendor

In re: Petersen Health Network, LLC

Case No. 24-10537

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)
Comcast Cable	PO Box 70219		Philadelphia	PA	191760219	2/13/2024	\$119.85	Vendor
Comcast Cable	PO Box 70219		Philadelphia	PA	191760219	2/13/2024	\$239.70	Vendor
Comcast Cable	PO Box 70219		Philadelphia	PA	191760219	2/19/2024	\$460.91	Vendor
Comcast Cable	PO Box 70219		Philadelphia	PA	191760219	2/19/2024	\$613.26	Vendor
Comcast Cable	PO Box 70219		Philadelphia	PA	191760219	2/19/2024	\$1,074.17	Vendor
Comcast Cable	PO Box 70219		Philadelphia	PA	191760219	3/14/2024	\$119.85	Vendor
Comcast Cable	PO Box 70219		Philadelphia	PA	191760219	3/14/2024	\$119.85	Vendor
Comcast Cable	PO Box 70219		Philadelphia	PA	191760219	3/14/2024	\$239.70	Vendor
Comcast Cable	PO Box 70219		Philadelphia	PA	191760219	3/19/2024	\$460.91	Vendor
Comcast Cable	PO Box 70219		Philadelphia	PA	191760219	3/19/2024	\$631.64	Vendor
Comcast Cable	PO Box 70219		Philadelphia	PA	191760219	3/19/2024	\$1,092.55	Vendor
DIRECTV	PO Box 5006		Carol Stream	IL	601975006	12/20/2023	\$535.25	Vendor
DIRECTV	PO Box 5006		Carol Stream	IL	601975006	12/20/2023	\$535.25	Vendor
DIRECTV	PO Box 5006		Carol Stream	IL	601975006	1/17/2024	\$529.00	Vendor
DIRECTV	PO Box 5006		Carol Stream	IL	601975006	1/17/2024	\$529.00	Vendor
DIRECTV	PO Box 5006		Carol Stream	IL	601975006	1/23/2024	\$638.75	Vendor
DIRECTV	PO Box 5006		Carol Stream	IL	601975006	1/23/2024	\$638.75	Vendor
DIRECTV	PO Box 5006		Carol Stream	IL	601975006	2/19/2024	\$1,191.03	Vendor
DIRECTV	PO Box 5006		Carol Stream	IL	601975006	2/19/2024	\$1,191.03	Vendor
DIRECTV	PO Box 5006		Carol Stream	IL	601975006	2/20/2024	\$1,102.05	Vendor
DIRECTV	PO Box 5006		Carol Stream	IL	601975006	2/20/2024	\$1,102.05	Vendor
Illinois American Water	PO Box 6029		Carol Stream	IL	601976029	1/24/2024	\$791.41	Vendor
Illinois American Water	PO Box 6029		Carol Stream	IL	601976029	1/24/2024	\$3,032.07	Vendor
Illinois American Water	PO Box 6029		Carol Stream	IL	601976029	1/24/2024	\$3,823.48	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	12/29/2023	\$4,582.83	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	12/29/2023	\$34,641.64	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	12/29/2023	\$42,473.64	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	12/29/2023	\$42,680.02	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	12/29/2023	\$53,698.85	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	12/29/2023	\$57,143.78	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	12/29/2023	\$235,220.76	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	1/8/2024	\$1,260.27	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	1/8/2024	\$10,182.02	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	1/8/2024	\$15,856.76	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	1/8/2024	\$16,085.82	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	1/8/2024	\$17,767.75	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	1/8/2024	\$20,223.23	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	1/8/2024	\$81,375.85	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	2/5/2024	\$1,686.91	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	2/5/2024	\$13,473.99	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	2/5/2024	\$14,011.67	Vendor

In re: Petersen Health Network, LLC

Case No. 24-10537

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)
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	2/5/2024	\$15,508.63	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	2/5/2024	\$17,405.76	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	2/5/2024	\$18,451.26	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	2/5/2024	\$80,538.22	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	3/7/2024	\$568.79	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	3/7/2024	\$2,319.09	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	3/7/2024	\$4,697.24	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	3/7/2024	\$5,020.41	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	3/7/2024	\$5,041.04	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	3/7/2024	\$5,925.64	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	3/7/2024	\$23,572.21	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	3/18/2024	\$1,285.05	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	3/18/2024	\$8,515.93	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	3/18/2024	\$9,785.96	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	3/18/2024	\$12,569.88	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	3/18/2024	\$12,649.59	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	3/18/2024	\$12,889.08	Vendor
Martin Bros	406 Viking Road		Cedar Falls	IA	50613	3/18/2024	\$57,695.49	Vendor
McKesson Medical-Surgical	PO Box 630693		Cincinnati	OH	452630693	1/5/2024	\$548.67	Vendor
McKesson Medical-Surgical	PO Box 630693		Cincinnati	OH	452630693	1/5/2024	\$2,095.91	Vendor
McKesson Medical-Surgical	PO Box 630693		Cincinnati	OH	452630693	1/5/2024	\$2,345.30	Vendor
McKesson Medical-Surgical	PO Box 630693		Cincinnati	OH	452630693	1/5/2024	\$3,679.85	Vendor
McKesson Medical-Surgical	PO Box 630693		Cincinnati	OH	452630693	1/5/2024	\$4,021.82	Vendor
McKesson Medical-Surgical	PO Box 630693		Cincinnati	OH	452630693	1/5/2024	\$4,989.88	Vendor
McKesson Medical-Surgical	PO Box 630693		Cincinnati	OH	452630693	1/5/2024	\$17,681.43	Vendor
McKesson Medical-Surgical	PO Box 630693		Cincinnati	OH	452630693	2/6/2024	\$3,169.92	Vendor
McKesson Medical-Surgical	PO Box 630693		Cincinnati	OH	452630693	2/6/2024	\$12,362.35	Vendor
McKesson Medical-Surgical	PO Box 630693		Cincinnati	OH	452630693	2/6/2024	\$13,482.48	Vendor
McKesson Medical-Surgical	PO Box 630693		Cincinnati	OH	452630693	2/6/2024	\$16,073.77	Vendor
McKesson Medical-Surgical	PO Box 630693		Cincinnati	OH	452630693	2/6/2024	\$16,392.17	Vendor
McKesson Medical-Surgical	PO Box 630693		Cincinnati	OH	452630693	2/6/2024	\$18,444.83	Vendor
McKesson Medical-Surgical	PO Box 630693		Cincinnati	OH	452630693	2/6/2024	\$79,925.52	Vendor
McKesson Medical-Surgical	PO Box 630693		Cincinnati	OH	452630693	3/6/2024	\$474.41	Vendor
McKesson Medical-Surgical	PO Box 630693		Cincinnati	OH	452630693	3/6/2024	\$1,809.19	Vendor
McKesson Medical-Surgical	PO Box 630693		Cincinnati	OH	452630693	3/6/2024	\$2,014.73	Vendor
McKesson Medical-Surgical	PO Box 630693		Cincinnati	OH	452630693	3/6/2024	\$2,437.03	Vendor
McKesson Medical-Surgical	PO Box 630693		Cincinnati	OH	452630693	3/6/2024	\$2,590.73	Vendor
McKesson Medical-Surgical	PO Box 630693		Cincinnati	OH	452630693	3/6/2024	\$9,326.09	Vendor
Mechanical Service Inc	1144 Monmouth Boulevard		Galesburg	IL	61401	2/7/2024	\$7,026.37	Vendor
Mechanical Service Inc	1144 Monmouth Boulevard		Galesburg	IL	61401	2/7/2024	\$7,026.37	Vendor

In re: Petersen Health Network, LLC

Case No. 24-10537

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)
MPACE	Dr. Zaman	12800 South Ridgelande Avenue Suite E	Palos Heights	IL	60463	1/22/2024	\$1,500.00	Vendor
MPACE	Dr. Zaman	12800 South Ridgelande Avenue Suite E	Palos Heights	IL	60463	1/22/2024	\$1,500.00	Vendor
MPACE	Dr. Zaman	12800 South Ridgelande Avenue Suite E	Palos Heights	IL	60463	2/7/2024	\$2,600.00	Vendor
MPACE	Dr. Zaman	12800 South Ridgelande Avenue Suite E	Palos Heights	IL	60463	2/7/2024	\$4,500.00	Vendor
MPACE	Dr. Zaman	12800 South Ridgelande Avenue Suite E	Palos Heights	IL	60463	2/7/2024	\$7,100.00	Vendor
Nurses PRN	1101 East South River Street		Appleton	WI	54915	1/12/2024	\$15,271.75	Vendor
Nurses PRN	1101 East South River Street		Appleton	WI	54915	1/12/2024	\$16,589.25	Vendor
Nurses PRN	1101 East South River Street		Appleton	WI	54915	1/12/2024	\$31,861.00	Vendor
Nurses PRN	1101 East South River Street		Appleton	WI	54915	1/31/2024	\$5,716.50	Vendor
Nurses PRN	1101 East South River Street		Appleton	WI	54915	1/31/2024	\$8,364.63	Vendor
Nurses PRN	1101 East South River Street		Appleton	WI	54915	1/31/2024	\$14,081.13	Vendor
Nurses PRN	1101 East South River Street		Appleton	WI	54915	2/23/2024	\$8,890.75	Vendor
Nurses PRN	1101 East South River Street		Appleton	WI	54915	2/23/2024	\$16,705.50	Vendor
Nurses PRN	1101 East South River Street		Appleton	WI	54915	2/23/2024	\$25,596.25	Vendor
PEL/VIP	9840 Southwest Highway		Oak Lawn	IL	60453	1/3/2024	\$84.36	Vendor
PEL/VIP	9840 Southwest Highway		Oak Lawn	IL	60453	1/3/2024	\$137.16	Vendor
PEL/VIP	9840 Southwest Highway		Oak Lawn	IL	60453	1/3/2024	\$1,220.12	Vendor
PEL/VIP	9840 Southwest Highway		Oak Lawn	IL	60453	1/3/2024	\$1,876.76	Vendor
PEL/VIP	9840 Southwest Highway		Oak Lawn	IL	60453	1/3/2024	\$2,657.37	Vendor
PEL/VIP	9840 Southwest Highway		Oak Lawn	IL	60453	1/3/2024	\$4,443.62	Vendor
PEL/VIP	9840 Southwest Highway		Oak Lawn	IL	60453	1/3/2024	\$10,419.39	Vendor
Rick Gaa	830 West Trailcreek Dr		Peoria	IL	61614	1/3/2024	\$5,000.00	Vendor
Rick Gaa	830 West Trailcreek Dr		Peoria	IL	61614	1/3/2024	\$5,000.00	Vendor
Rochelle Municipal Utilities	PO Box 456	333 Lincoln Highway	Rochelle	IL	61068	2/5/2024	\$9,938.76	Vendor
Rochelle Municipal Utilities	PO Box 456	333 Lincoln Highway	Rochelle	IL	61068	2/5/2024	\$17,875.28	Vendor
Rochelle Municipal Utilities	PO Box 456	333 Lincoln Highway	Rochelle	IL	61068	2/5/2024	\$27,814.04	Vendor
Russell C Simon	Chapter 13 Trustee	PO Box 1898	Memphis	TN	38101	1/5/2024	\$816.26	Vendor
Russell C Simon	Chapter 13 Trustee	PO Box 1898	Memphis	TN	38101	1/5/2024	\$816.26	Vendor
Russell C Simon	Chapter 13 Trustee	PO Box 1898	Memphis	TN	38101	1/17/2024	\$900.00	Vendor
Russell C Simon	Chapter 13 Trustee	PO Box 1898	Memphis	TN	38101	1/17/2024	\$900.00	Vendor
Russell C Simon	Chapter 13 Trustee	PO Box 1898	Memphis	TN	38101	1/31/2024	\$900.00	Vendor
Russell C Simon	Chapter 13 Trustee	PO Box 1898	Memphis	TN	38101	1/31/2024	\$900.00	Vendor
Russell C Simon	Chapter 13 Trustee	PO Box 1898	Memphis	TN	38101	2/16/2024	\$900.00	Vendor

In re: Petersen Health Network, LLC

Case No. 24-10537

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)
Russell C Simon	Chapter 13 Trustee	PO Box 1898	Memphis	TN	38101	2/16/2024	\$900.00	Vendor
Russell C Simon	Chapter 13 Trustee	PO Box 1898	Memphis	TN	38101	2/29/2024	\$900.00	Vendor
Russell C Simon	Chapter 13 Trustee	PO Box 1898	Memphis	TN	38101	2/29/2024	\$900.00	Vendor
Russell C Simon	Chapter 13 Trustee	PO Box 1898	Memphis	TN	38101	3/15/2024	\$900.00	Vendor
Russell C Simon	Chapter 13 Trustee	PO Box 1898	Memphis	TN	38101	3/15/2024	\$900.00	Vendor
Select Rehabilitation LLC	PO Box 71985		Chicago	IL	606941985	1/2/2024	\$1,874.72	Vendor
Select Rehabilitation LLC	PO Box 71985		Chicago	IL	606941985	1/2/2024	\$4,756.13	Vendor
Select Rehabilitation LLC	PO Box 71985		Chicago	IL	606941985	1/2/2024	\$7,006.26	Vendor
Select Rehabilitation LLC	PO Box 71985		Chicago	IL	606941985	1/2/2024	\$8,953.66	Vendor
Select Rehabilitation LLC	PO Box 71985		Chicago	IL	606941985	1/2/2024	\$13,548.28	Vendor
Select Rehabilitation LLC	PO Box 71985		Chicago	IL	606941985	1/2/2024	\$36,139.05	Vendor
Shadow Fax Projects	PO Box 347		Sullivan	IL	61951	1/23/2024	\$220.00	Vendor
Shadow Fax Projects	PO Box 347		Sullivan	IL	61951	1/23/2024	\$550.21	Vendor
Shadow Fax Projects	PO Box 347		Sullivan	IL	61951	1/23/2024	\$550.21	Vendor
Shadow Fax Projects	PO Box 347		Sullivan	IL	61951	1/23/2024	\$646.72	Vendor
Shadow Fax Projects	PO Box 347		Sullivan	IL	61951	1/23/2024	\$1,967.14	Vendor
Shadow Fax Projects	PO Box 347		Sullivan	IL	61951	2/19/2024	\$220.00	Vendor
Shadow Fax Projects	PO Box 347		Sullivan	IL	61951	2/19/2024	\$230.00	Vendor
Shadow Fax Projects	PO Box 347		Sullivan	IL	61951	2/19/2024	\$550.21	Vendor
Shadow Fax Projects	PO Box 347		Sullivan	IL	61951	2/19/2024	\$572.22	Vendor
Shadow Fax Projects	PO Box 347		Sullivan	IL	61951	2/19/2024	\$1,572.43	Vendor
Shadow Fax Projects	PO Box 347		Sullivan	IL	61951	3/4/2024	\$220.00	Vendor
Shadow Fax Projects	PO Box 347		Sullivan	IL	61951	3/4/2024	\$230.00	Vendor
Shadow Fax Projects	PO Box 347		Sullivan	IL	61951	3/4/2024	\$550.21	Vendor
Shadow Fax Projects	PO Box 347		Sullivan	IL	61951	3/4/2024	\$632.22	Vendor
Shadow Fax Projects	PO Box 347		Sullivan	IL	61951	3/4/2024	\$1,165.42	Vendor
Shadow Fax Projects	PO Box 347		Sullivan	IL	61951	3/4/2024	\$2,797.85	Vendor
State Disbursement Unit	PO Box 5400		Carol Stream	IL	60197	1/5/2024	\$317.50	Vendor
State Disbursement Unit	PO Box 5400		Carol Stream	IL	60197	1/5/2024	\$317.50	Vendor
State Disbursement Unit	PO Box 5400		Carol Stream	IL	60197	1/17/2024	\$142.57	Vendor
State Disbursement Unit	PO Box 5400		Carol Stream	IL	60197	1/17/2024	\$317.50	Vendor
State Disbursement Unit	PO Box 5400		Carol Stream	IL	60197	1/17/2024	\$428.07	Vendor
State Disbursement Unit	PO Box 5400		Carol Stream	IL	60197	1/17/2024	\$888.14	Vendor
State Disbursement Unit	PO Box 5400		Carol Stream	IL	60197	1/31/2024	\$142.57	Vendor
State Disbursement Unit	PO Box 5400		Carol Stream	IL	60197	1/31/2024	\$317.50	Vendor
State Disbursement Unit	PO Box 5400		Carol Stream	IL	60197	1/31/2024	\$411.15	Vendor
State Disbursement Unit	PO Box 5400		Carol Stream	IL	60197	1/31/2024	\$871.22	Vendor
State Disbursement Unit	PO Box 5400		Carol Stream	IL	60197	2/16/2024	\$142.57	Vendor
State Disbursement Unit	PO Box 5400		Carol Stream	IL	60197	2/16/2024	\$317.50	Vendor
State Disbursement Unit	PO Box 5400		Carol Stream	IL	60197	2/16/2024	\$326.02	Vendor
State Disbursement Unit	PO Box 5400		Carol Stream	IL	60197	2/16/2024	\$786.09	Vendor

In re: Petersen Health Network, LLC

Case No. 24-10537

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)
State Disbursement Unit	PO Box 5400		Carol Stream	IL	60197	2/29/2024	\$142.57	Vendor
State Disbursement Unit	PO Box 5400		Carol Stream	IL	60197	2/29/2024	\$317.50	Vendor
State Disbursement Unit	PO Box 5400		Carol Stream	IL	60197	2/29/2024	\$439.15	Vendor
State Disbursement Unit	PO Box 5400		Carol Stream	IL	60197	2/29/2024	\$899.22	Vendor
State Disbursement Unit	PO Box 5400		Carol Stream	IL	60197	3/15/2024	\$142.57	Vendor
State Disbursement Unit	PO Box 5400		Carol Stream	IL	60197	3/15/2024	\$371.27	Vendor
State Disbursement Unit	PO Box 5400		Carol Stream	IL	60197	3/15/2024	\$831.34	Vendor
SumnerOne	PO Box 5180		St Louis	MO	63139-0180	1/8/2024	\$425.64	Vendor
SumnerOne	PO Box 5180		St Louis	MO	63139-0180	1/8/2024	\$448.39	Vendor
SumnerOne	PO Box 5180		St Louis	MO	63139-0180	1/8/2024	\$549.07	Vendor
SumnerOne	PO Box 5180		St Louis	MO	63139-0180	1/8/2024	\$623.45	Vendor
SumnerOne	PO Box 5180		St Louis	MO	63139-0180	1/8/2024	\$861.75	Vendor
SumnerOne	PO Box 5180		St Louis	MO	63139-0180	1/8/2024	\$971.59	Vendor
SumnerOne	PO Box 5180		St Louis	MO	63139-0180	1/8/2024	\$3,879.89	Vendor
SumnerOne	PO Box 5180		St Louis	MO	63139-0180	2/2/2024	\$450.78	Vendor
SumnerOne	PO Box 5180		St Louis	MO	63139-0180	2/2/2024	\$542.10	Vendor
SumnerOne	PO Box 5180		St Louis	MO	63139-0180	2/2/2024	\$569.19	Vendor
SumnerOne	PO Box 5180		St Louis	MO	63139-0180	2/2/2024	\$885.07	Vendor
SumnerOne	PO Box 5180		St Louis	MO	63139-0180	2/2/2024	\$974.36	Vendor
SumnerOne	PO Box 5180		St Louis	MO	63139-0180	2/2/2024	\$3,421.50	Vendor
Wente Plumbing & Fire Protection	PO Box 447		Effingham	IL	62401-0447	2/29/2024	\$3,972.24	Vendor
Wente Plumbing & Fire Protection	PO Box 447		Effingham	IL	62401-0447	2/29/2024	\$3,972.24	Vendor

In re: Petersen Health Network, LLC

Case No. 24-10537

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	12/1/2023			
Mark B. Petersen	830 West Trailcreek Dr.	Peoria	IL	61614	3/28/2023	\$6,000.00	Intercompany Transfer	Related Entity
Mark B. Petersen	830 West Trailcreek Dr.	Peoria	IL	61614	10/18/2023	\$150,000.00	MBP BB - repay loan	Owner
Mark B. Petersen	830 West Trailcreek Dr.	Peoria	IL	61614	10/18/2023	\$55,000.00	MBP	Owner
Mark B. Petersen	830 West Trailcreek Dr.	Peoria	IL	61614	1/3/2024	\$3,200.00	Bill - BP	Owner
Mark B. Petersen	830 West Trailcreek Dr.	Peoria	IL	61614	1/3/2024	\$5,000.00	Bill - Rick Gaa	Owner
Mark B. Petersen	830 West Trailcreek Dr.	Peoria	IL	61614	1/12/2024	\$18,000.00	Mark Petersen	Owner
Mark B. Petersen	830 West Trailcreek Dr.	Peoria	IL	61614	1/17/2024	\$24,000.00	Mark Petersen	Owner
Petersen Health Care - Illini, LLC*	1315 Curt Dr.	Champaign	IL	61821	9/6/2023	\$45,000.00	Intercompany Transfer	Related Entity
Petersen Health Care - Illini, LLC*	1315 Curt Dr.	Champaign	IL	61821	10/25/2023	\$27,000.00	Intercompany Transfer	Related Entity
Petersen Health Care - Illini, LLC*	1315 Curt Dr.	Champaign	IL	61821	11/24/2023	\$15,000.00	Intercompany Transfer	Related Entity
Petersen Health Care - Illini, LLC*	1315 Curt Dr.	Champaign	IL	61821	1/2/2024	\$10,000.00	Intercompany Transfer	Related Entity
Petersen Health Care - Illini, LLC*	1315 Curt Dr.	Champaign	IL	61821	1/11/2024	\$30,000.00	Intercompany Transfer	Related Entity
Petersen Health Care - Illini, LLC*	1315 Curt Dr.	Champaign	IL	61821	1/18/2024	\$10,000.00	Intercompany Transfer	Related Entity
Petersen Health Care - Illini, LLC*	1315 Curt Dr.	Champaign	IL	61821	1/24/2024	\$25,000.00	Intercompany Transfer	Related Entity
Petersen Health Care - Illini, LLC*	1315 Curt Dr.	Champaign	IL	61821	3/15/2024	\$15,000.00	Intercompany Transfer	Related Entity
Petersen Health Care - Roseville, LLC*	145 S. Chamberlain St.	Roseville	IL	61473	4/12/2023	\$20,000.00	Intercompany Transfer	Related Entity
Petersen Health Care II, Inc.*	203 East Monroe Street	Casey	IL	62420	5/9/2023	\$90,000.00	Wire to	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	4/13/2023	\$1,337.15	V00300--Petersen Health Care Management	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	4/13/2023	\$1,337.15	V00300--Petersen Health Care Management	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	4/13/2023	\$4,380.00	V00300--Petersen Health Care Management	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	4/13/2023	\$4,380.00	V00300--Petersen Health Care Management	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	5/11/2023	\$1,708.13	V00300--Petersen Health Care Management	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	5/11/2023	\$1,708.13	V00300--Petersen Health Care Management	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	6/8/2023	\$216.00	V00300--Petersen Health Care Management	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	6/8/2023	\$216.00	V00300--Petersen Health Care Management	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	6/8/2023	\$402.41	V00300--Petersen Health Care Management	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	6/8/2023	\$402.41	V00300--Petersen Health Care Management	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	6/8/2023	\$499.20	V00300--Petersen Health Care Management	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	6/8/2023	\$499.20	V00300--Petersen Health Care Management	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	7/13/2023	\$1,830.30	V00300--Petersen Health Care Management	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	7/13/2023	\$1,830.30	V00300--Petersen Health Care Management	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	7/13/2023	\$4,909.68	V00300--Petersen Health Care Management	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	7/13/2023	\$4,909.68	V00300--Petersen Health Care Management	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	8/10/2023	\$742.50	V00300--Petersen Health Care Management	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	8/10/2023	\$742.50	V00300--Petersen Health Care Management	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	8/17/2023	\$1,200.00	V00300--Petersen Health Care Management	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	8/17/2023	\$1,200.00	V00300--Petersen Health Care Management	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	9/14/2023	\$204.00	V00300--Petersen Health Care Management	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	9/14/2023	\$204.00	V00300--Petersen Health Care Management	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	9/14/2023	\$652.32	V00300--Petersen Health Care Management	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	9/14/2023	\$652.32	V00300--Petersen Health Care Management	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	9/14/2023	\$2,157.04	V00300--Petersen Health Care Management	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	9/14/2023	\$2,157.04	V00300--Petersen Health Care Management	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	10/12/2023	\$526.50	V00300--Petersen Health Care Management	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	10/12/2023	\$526.50	V00300--Petersen Health Care Management	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	10/12/2023	\$1,092.00	V00300--Petersen Health Care Management	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	10/12/2023	\$1,092.00	V00300--Petersen Health Care Management	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	10/29/2023	\$40,000.00	Intercompany Transfer	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	11/1/2023	\$30,000.00	Intercompany Transfer	Related Entity

In re: Petersen Health Network, LLC

Case No. 24-10537

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 Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	11/9/2023	\$837.00	V00300--Petersen Health Care Management	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	11/9/2023	\$837.00	V00300--Petersen Health Care Management	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	11/9/2023	\$6,375.36	V00300--Petersen Health Care Management	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	11/9/2023	\$6,375.36	V00300--Petersen Health Care Management	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	12/6/2023	\$100,000.00	Intercompany Transfer	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	1/2/2024	\$50,000.00	Intercompany Transfer	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	1/4/2024	\$100,000.00	Intercompany Transfer	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	1/8/2024	\$100,000.00	Intercompany Transfer	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	1/9/2024	\$80,000.00	Intercompany Transfer	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	1/9/2024	\$100,000.00	Intercompany Transfer	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	1/10/2024	\$1,000.00	V00300--Petersen Health Care Management	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	1/10/2024	\$1,000.00	V00300--Petersen Health Care Management	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	1/10/2024	\$50,000.00	Intercompany Transfer	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	1/11/2024	\$960.00	V00300--Petersen Health Care Management	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	1/11/2024	\$960.00	V00300--Petersen Health Care Management	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	1/11/2024	\$1,107.00	V00300--Petersen Health Care Management	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	1/11/2024	\$1,107.00	V00300--Petersen Health Care Management	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	1/11/2024	\$2,686.50	V00300--Petersen Health Care Management	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	1/11/2024	\$2,686.50	V00300--Petersen Health Care Management	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	1/11/2024	\$5,262.00	V00300--Petersen Health Care Management	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	1/11/2024	\$5,262.00	V00300--Petersen Health Care Management	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	1/11/2024	\$100,000.00	Intercompany Transfer	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	1/17/2024	\$30,000.00	Intercompany Transfer	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	1/19/2024	\$100,000.00	Intercompany Transfer	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	1/24/2024	\$100,000.00	Intercompany Transfer	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	1/25/2024	\$150,000.00	Intercompany Transfer	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	2/13/2024	\$65,000.00	Intercompany Transfer	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	3/14/2024	\$30,000.00	Intercompany Transfer	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	3/20/2024	\$100,000.00	Intercompany Transfer	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	5/9/2024	\$400,000.00	Intercompany Transfer	Related Entity
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	5/13/2024	\$250,000.00	Intercompany Transfer	Related Entity
Petersen Health Care VII, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	3/1/2023	\$20,000.00	Intercompany Transfer	Related Entity
Petersen Health Enterprises, LLC*	170 W. Concord Street	Sheldon	IL	60966	12/8/2022	\$5,000.00	Intercompany Transfer	Related Entity
Petersen Health Group, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	5/17/2023	\$1,000.00	Intercompany Transfer	Related Entity
Petersen Health Operations, LLC *	520 E. Fabyan Parkway, Batavia, IL 60510	Batavia	IL	60510	4/12/2023	\$175,000.00	Wire To	Related Entity
Petersen Health Systems, Inc.*	830 West Trailcreek Dr. Peoria	Peoria	IL	61614	11/1/2023	\$10,000.00	Intercompany Transfer	Related Entity
Petersen Health Systems, Inc.*	830 West Trailcreek Dr. Peoria	Peoria	IL	61614	12/15/2023	\$1,000.00	Intercompany Transfer	Related Entity
Petersen Health Systems, Inc.*	830 West Trailcreek Dr. Peoria	Peoria	IL	61614	12/21/2023	\$5,000.00	Intercompany Transfer	Related Entity
Petersen Health Systems, Inc.*	830 West Trailcreek Dr. Peoria	Peoria	IL	61614	1/9/2024	\$30,000.00	Intercompany Transfer	Related Entity
Petersen Health Systems, Inc.*	830 West Trailcreek Dr. Peoria	Peoria	IL	61614	3/15/2024	\$10,000.00	Intercompany Transfer	Related Entity
Petersen Health Systems, Inc.*	830 West Trailcreek Dr. Peoria	Peoria	IL	61614	3/20/2024	\$15,000.00	Intercompany Transfer	Related Entity
Petersen Health Systems, Inc.*	830 West Trailcreek Dr. Peoria	Peoria	IL	61614	3/20/2024	\$25,000.00	Intercompany Transfer	Related Entity
Petersen Hotels, LLC*	1 AmericInn Way	Monmouth	IL	61462	5/1/2023	\$25,000.00	Intercompany Transfer	Related Entity
Petersen Hotels, LLC*	1 AmericInn Way	Monmouth	IL	61462	1/8/2024	\$55,000.00	Intercompany Transfer	Related Entity
Petersen Hotels, LLC*	1 AmericInn Way	Monmouth	IL	61462	1/9/2024	\$35,000.00	Intercompany Transfer	Related Entity
Plaza West Development, LLC*	7601 N. Orange Prairie Rd	Peoria	IL	61615	1/9/2024	\$45,000.00	Intercompany Transfer	Related Entity
SJL Health Systems, Inc.*	900 South Chestnut Street, Pana, IL 62557	Pana	IL	62557	9/6/2023	\$20,000.00	Intercompany Transfer	Related Entity
Twenty Four Corp, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	10/13/2023	\$10,000.00	Intercompany Transfer	Related Entity
Twenty Four Corp, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	1/17/2024	\$80,000.00	Intercompany Transfer	Related Entity

In re: Petersen Health Network, LLC

Case No. 24-10537

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
Twenty Four Corp, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	1/18/2024	\$15,000.00	Intercompany Transfer	Related Entity
Undetermined*					5/1/2023	\$45,000.00	Intercompany Transfer	Related Entity
Undetermined*					4/4/2024	\$69,100.00	Intercompany Transfer	Related Entity
Undetermined*					5/13/2024	\$84,000.00	Intercompany Transfer	Related Entity

In re: Petersen Health Network, LLC

Case No. 24-10537

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)
Colleen Quinisk Siau, as Independent Administrator to Collect for the Estate of Phyllis Weigel, deceased vs. Watseka HCO, LLC, an Illinois Limited Liability Company d/b/a Watseka Rehabilitation & Health Care Center, Petersen Health Care Management, LLC, an Illinois Limited Liability Company, and Petersen Health Care III, LLC, an Illinois Limited Liability Company (defendants) Petersen Health Care II, Inc., an Illinois corporation (Respondent in Discovery).	2022-LA-3	NHCA and WD Cdifff	4th Judicial Circuit Court of Ill	111 Chestnut Street	Louisville	IL	62858	
Lori Simmons, as Independent Administrator of the Estate of Patricia McGill v. Petersen Health Junction, LLC, an Illinois limited liability company, d/b/a Kewanee Care Home	2017-L-7	WD/mainnutrition/pressure injury/dehydration	Knox County Circuit Court	200 South Cherry Street	Galesburg	IL	61401	
Lori Simmons, as Independent Administrator of the Estate of Patricia McGill v. Petersen Health Junction, LLC, an Illinois limited liability company, d/b/a Kewanee Care Home	2017-L-4	WD/fall w/ hip fracture	4th Judicial Circuit Court of Ill	111 Chestnut Street	Louisville	IL	62858	
SAMANTHA WEBER, Plaintiff, v PETERSEN HEALTH NETWORK, LLC d/b/a FLORA GARDENS CARE CENTER, Defendant.	3:23-cv-02344	Undeterminable	Equal Employment Opportunity Cormission	131 M Street	NE Washington DC		20507	
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-000030	Undeterminable	10th Judicial Circuit Court of Ill	324 Main St. Ste. 215	Peoria	IL	61602	Pending
Velma White, as Independent Administrator of the Estate of Ray White, deceased v. Petersen Health Care II, Inc., and Illinois corporation, d/b/a Sullivan Rehabilitation & Health Care Center	2021-L-10	NHCA WD Unidentified UTI Sepsis	4th Judicial Circuit Court of Ill	111 Chestnut Street	Louisville	IL	62858	
Velma White, as Independent Administrator of the Estate of Ray White, deceased v. Petersen Health Care II, Inc., and Illinois corporation, d/b/a Sullivan Rehabilitation & Health Care Center	2021-L-614	NHCA Pressure injury	Madison County Circuit Court	155 N. Main Street	Edwardsville	IL	62025	
Wayne Washington, as Independent Administrator for the Estate of Vera Washington, deceased v. Petersen Health Care II, Inc., an Illinois corporation d/b/a Watseka Rehabilitation & Health Care Center	2022-LA-161	Undeterminable	10th Judicial Circuit Court of Ill	324 Main St. Ste. 215	Peoria	IL	61602	