Filed 05/21/2/ Case 24-10443-TMH Doc 502 Docket #0502 Date Filed: 05/31/2024

### 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 QUALITY, LLC (CASE NO. 24-10545)

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 Quality, LLC
United States Bankruptcy Court for the: District Of Delaware
Case number (if known): 24-10545 (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 busines  ☐ None	s							
Identify the beginning and may be a calendar year	ending	dates of the debtor's fi	scal y	ear, which		Sources of revenue Check all that apply	(befo	s revenue re deductions and isions)
From the beginning of the fiscal year to filing date:	From	1/1/2024 MM / DD / YYYY	to	Filing date	☑	Operating a business Other	\$ _	58,534.00
For prior year:	From	MM / DD / YYYY	to	MM / DD / YYYY		Operating a business Other	\$_	
For the year before that:	From	MM / DD / YYYY	to	MM / DD / YYYY		Operating a business Other	\$	

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Debtor: Petersen Health Quality, LLC Case number (if known): 24-10545

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	MM / DD / YYYY	_ to	Filing date		\$
For prior year:	From	MM / DD / YYYY	- to	MM / DD / YYYY		\$
For the year before that:	From	MM / DD / YYYY	_ to	MM / DD / YYYY		\$

Nam	ne						
	List Certain Tra	ansfers Made	Before Filing	or Bankruptc	у		
erta	ain pavments or	transfers to o	reditors within	n 90 davs befo	ore filing this case		
				-	_	ar amalayaa a	omnonaction within 00 days h
ling	this case unless	the aggregate	value of all pro	perty transferre	ed to that creditor is less thar		ompensation, within 90 days b s amount may be adjusted on
nd e	every 3 years afte	er that with res	pect to cases fil	ed on or after	the date of adjustment.)		
No	one						
	Creditor's name	and address		Dates	Total amount or value		ns for payment or transfer all that apply
3.1	See SOFA 3 Atta	achment			\$		Secured debt
	Creditor's Name						Unsecured loan repayments
						П	Suppliers or vendors
	Street			_		_	
							Services
				-			Other
	City	State	ZIP Code	_			
	City	State	ZIF Code				
	Country			_			
	•			•	ear before filing this case the		•
!	Payments or other control of the con	transfers, inclusigned by an incount may be a not include anys; general part	uding expense nsider unless the djusted on 4/01 payments listeners of a partners of a	reimbursement ne aggregate v /25 and every ed in line 3. Ins ership debtor a	s, made within 1 year before alue of all property transferre 3 years after that with respe iders include officers, directo	filing this cased to or for the ct to cases file irs, and anyon	e on debts owed to an insider benefit of the insider is less th d on or after the date of e in control of a corporate deb
;	Payments or other control of the con	transfers, inclusigned by an incount may be a not include anys; general part	uding expense nsider unless the djusted on 4/01 payments listeners of a partners of a	reimbursement ne aggregate v /25 and every ed in line 3. Ins ership debtor a	s, made within 1 year before alue of all property transferre 3 years after that with respe iders include officers, directo	filing this cased to or for the ct to cases file irs, and anyon	e on debts owed to an insider benefit of the insider is less th
;	Payments or other payments or guaranteed or co \$7,575. (This am adjustment.) Do and their relative any managing as None	transfers, inclusigned by an incument may be a not include any s; general part gent of the deb	uding expense nsider unless the djusted on 4/01 payments listeners of a partners tor. 11 U.S.C. §	reimbursement ne aggregate v /25 and every ed in line 3. Ins ership debtor a § 101(31).	is, made within 1 year before alue of all property transferre 3 years after that with respe- iders include officers, director and their relatives; affiliates of	filing this cased to or for the ct to cases file firs, and anyon the debtor an	e on debts owed to an insider benefit of the insider is less th d on or after the date of e in control of a corporate deb d insiders of such affiliates; ar
;	Payments or other List payments or guaranteed or co \$7,575. (This amadjustment.) Do and their relative any managing age	transfers, inclusing the signed by an incomment include any s; general part gent of the deb	uding expense nsider unless the djusted on 4/01 payments listed ners of a partner tor. 11 U.S.C. §	reimbursement ne aggregate v /25 and every ed in line 3. Ins ership debtor a	s, made within 1 year before alue of all property transferre 3 years after that with respe iders include officers, directo	filing this cased to or for the ct to cases file firs, and anyon the debtor an	e on debts owed to an insider benefit of the insider is less th d on or after the date of e in control of a corporate deb
	Payments or other payments or guaranteed or co \$7,575. (This am adjustment.) Do and their relative any managing ac    None   Insider's Name a	transfers, inclusing an incomment of the debut of the deb	uding expense insider unless the djusted on 4/01 payments listed ners of a partner tor. 11 U.S.C. §	reimbursement ne aggregate v /25 and every ed in line 3. Ins ership debtor a § 101(31).	rs, made within 1 year before alue of all property transferre 3 years after that with respectives include officers, directiond their relatives; affiliates of a Total amount or value	filing this cased to or for the ct to cases file firs, and anyon the debtor an	e on debts owed to an insider benefit of the insider is less th d on or after the date of e in control of a corporate deb d insiders of such affiliates; ar
	Payments or other content of the con	transfers, inclusing an incomment of the debut of the deb	uding expense insider unless the djusted on 4/01 payments listed ners of a partner tor. 11 U.S.C. §	reimbursement ne aggregate v /25 and every ed in line 3. Ins ership debtor a § 101(31).	is, made within 1 year before alue of all property transferre 3 years after that with respe- iders include officers, director and their relatives; affiliates of	filing this cased to or for the ct to cases file firs, and anyon the debtor an	e on debts owed to an insider benefit of the insider is less th d on or after the date of e in control of a corporate deb d insiders of such affiliates; ar
	Payments or other content of the con	transfers, inclusing an incomment of the debut of the deb	uding expense insider unless the djusted on 4/01 payments listed ners of a partner tor. 11 U.S.C. §	reimbursement ne aggregate v /25 and every ed in line 3. Ins ership debtor a § 101(31).	rs, made within 1 year before alue of all property transferre 3 years after that with respectives include officers, directiond their relatives; affiliates of a Total amount or value	filing this cased to or for the ct to cases file firs, and anyon the debtor an	e on debts owed to an insider benefit of the insider is less th d on or after the date of e in control of a corporate deb d insiders of such affiliates; ar
4.1	Payments or other content of the con	transfers, inclusing an incomment of the debut of the deb	uding expense insider unless the djusted on 4/01 payments listed ners of a partner tor. 11 U.S.C. §	reimbursement ne aggregate v /25 and every ed in line 3. Ins ership debtor a § 101(31).	rs, made within 1 year before alue of all property transferre 3 years after that with respectives include officers, directiond their relatives; affiliates of a Total amount or value	filing this cased to or for the ct to cases file firs, and anyon the debtor an	e on debts owed to an insider benefit of the insider is less th d on or after the date of e in control of a corporate deb d insiders of such affiliates; ar
14.1	Payments or other content of the con	transfers, inclusing an incomment of the debut of the deb	uding expense insider unless the djusted on 4/01 payments listed ners of a partner tor. 11 U.S.C. §	reimbursement ne aggregate v /25 and every ed in line 3. Ins ership debtor a § 101(31).	rs, made within 1 year before alue of all property transferre 3 years after that with respectives include officers, directiond their relatives; affiliates of a Total amount or value	filing this cased to or for the ct to cases file firs, and anyon the debtor an	e on debts owed to an insider benefit of the insider is less th d on or after the date of e in control of a corporate deb d insiders of such affiliates; ar
4.1	Payments or other content of the con	transfers, inclusing an incomment of the debut of the deb	uding expense insider unless the djusted on 4/01 payments listed ners of a partner tor. 11 U.S.C. §	reimbursement ne aggregate v /25 and every ed in line 3. Ins ership debtor a § 101(31).	rs, made within 1 year before alue of all property transferre 3 years after that with respectives include officers, directiond their relatives; affiliates of a Total amount or value	filing this cased to or for the ct to cases file firs, and anyon the debtor an	e on debts owed to an insider benefit of the insider is less th d on or after the date of e in control of a corporate deb d insiders of such affiliates; ar
1 1 1 1 1 1 1 1	Payments or other content of the con	transfers, inclusing an incomment of the debut of the deb	uding expense insider unless the djusted on 4/01 payments listed ners of a partner tor. 11 U.S.C. §	reimbursement ne aggregate v /25 and every ed in line 3. Ins ership debtor a § 101(31).	rs, made within 1 year before alue of all property transferre 3 years after that with respectives include officers, directiond their relatives; affiliates of a Total amount or value	filing this cased to or for the ct to cases file firs, and anyon the debtor an	e on debts owed to an insider benefit of the insider is less th d on or after the date of e in control of a corporate deb d insiders of such affiliates; ar
1 1 1 1 1 1 1 1	Payments or oth List payments or guaranteed or co \$7,575. (This am adjustment.) Do and their relative any managing as None Insider's Name a Please reference information related Payments/Transfe Insider's Name Street	transfers, inclusing an incomment of the debt of the d	uding expense nsider unless the djusted on 4/01 payments listed ners of a partner tor. 11 U.S.C. §	reimbursement ne aggregate v /25 and every ed in line 3. Ins ership debtor a § 101(31).	rs, made within 1 year before alue of all property transferre 3 years after that with respectives include officers, directiond their relatives; affiliates of a Total amount or value	filing this cased to or for the ct to cases file firs, and anyon the debtor an	e on debts owed to an insider benefit of the insider is less th d on or after the date of e in control of a corporate deb d insiders of such affiliates; ar
4.1	Payments or oth List payments or guaranteed or co \$7,575. (This am adjustment.) Do and their relative any managing as None Insider's Name a Please reference information related Payments/Transfe Insider's Name Street	transfers, inclusing an incomment of the debt of the d	uding expense insider unless the djusted on 4/01 in payments listed ners of a partner tor. 11 U.S.C. §	reimbursement ne aggregate v /25 and every ed in line 3. Ins ership debtor a § 101(31).	rs, made within 1 year before alue of all property transferre 3 years after that with respectives include officers, directiond their relatives; affiliates of a Total amount or value	filing this cased to or for the ct to cases file firs, and anyon the debtor an	e on debts owed to an insider benefit of the insider is less th d on or after the date of e in control of a corporate deb d insiders of such affiliates; ar

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Debtor:	Petersen Health Quality, LLC		Case number	(if known):	24-10545
	Name			<del>-</del>	
5. F	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

ditor's Name and	and Address Description of the Property			Date	Value of property
Creditor's Name					<b>\$</b> \$
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.

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

btor:		.0443-TIVIT DUC 30	02 Filed 05/31/24 Page 6 of 26  Case number (if known): 24-10545	;	
	Name				
rt 3	Legal Actions or Assignment	nts			
ı	egal actions, administrative pro	ceedings, court actions, exe	ecutions, attachments, or governmental audits		
	ist the legal actions, proceedings, nvolved in any capacity—within 1 y		ediations, and audits by federal or state agencies in wh	ich the	debtor was
	□ None	real before filling this ease.			
	Case title	Nature of case	Court or agency's name and address	Sta	atus of case
	7.1 See SOFA 7 Attachment				Pending
			Name		On appeal
				_ □	Concluded
			Street		
	Case number			_	
			City State ZIP Code		
			Country		
			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.

☑N	one							
	Custodian's nam	ne and addre	ss	Description of the Property		Value		
8.1					\$	3		
	Custodian's name				_	Court name and address	_	
				Case title				
	Street			_		Name		
					_			
				Case number		Street		
	City	State	ZIP Code					
		·						
	Country			Date of order or assignment		City	State	ZIP Code

Country

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Debtor: Petersen Health Quality, LLC Case number (if known): 24-10545

Name

Part 4:	Certain	Gifts and	Charitable	Contribution
Part 4:	Certain	Gitts and	Charitable	Contributio

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

	Recipient's nam	e and addre	ess	Description of the gifts or contributions	Dates given	Value
.1						\$
	Creditor's Name					
-	Street			_		
-	City	State	ZIP Code	_		
	Country			_		
	Recipient's relat	ionship to de	ebtor			

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Petersen Health Quality, LLC

Name

Part 5: Certain Losses

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

□ None Amount of payments received for the loss If you have received payments to cover the loss, for example, from insurance, government Description of the property lost and how the compensation, or tort liability, list Date of loss Value of property lost loss occurred the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets - Real and Personal Property). None 10/2023 Undetermined

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

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Petersen Health Quality, LLC Debtor: Case number (if known):

Name

Part 6: **Certain Payments or Transfers** 

### 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
1.1				\$
	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.

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

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Debtor: Petersen Health Quality, LLC Case number (if known): 24-10545

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.

,	Who received tra	ınsfer?		Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
.1 _						\$
4	Address					
-	Street					
	City	State	ZIP Code			
-	Country	<del></del>				
ı	Relationship to D	Debtor				

ZIP Code

City

Country

State

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Debtor: Petersen Health Quality, LLC Case number (if known):

Name

Part 8:	Health	Care	Bankruptcie	٤
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### 15. Health Care bankruptcies

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

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

Facility Nam	e and Addre	ess	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 Countryview Facility Name			Skilled Nursing Facility	174	
52 Old Route	45		Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.	How are records kept?	
Street				Check all that apply:	
			_	Electronically	
Louisville	IL	62858		☑ Paper	
City	State	ZIP Code	-		
Country			_		

Case 24-10443-TMH Doc 502 Filed 05/31/24 Page 13 of 26 Debtor: Petersen Health Quality, LLC Case number (if known): Name Personally Identifiable Information Part 9: 16. Does the debtor collect and retain personally identifiable information of customers? □ No. Medical and Billing Information Does the debtor have a privacy policy about that information? □ No Yes 17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit? □ No. Go to Part 10. ☑ Yes. Does the debtor serve as plan administrator? ☑ No. Go to Part 10. ☐ Yes. Fill in below: Employer identification number of the plan Name of plan

EIN:

17.1

□ No

Has the plan been terminated?

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Debtor: Petersen Health Quality, LLC Case number (if known): 24-10545

Name

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

#### 18. Closed financial accounts

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

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

☑ None

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

### 19. Safe deposit boxes

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

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

Page 15 of 26 Case 24-10443-TMH Doc 502 Filed 05/31/24 Petersen Health Quality, LLC Case number (if known): 24-10545 Debtor: Name 20. Off-premises storage List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business. ☐ None Does debtor still have it? Facility name and address Names of anyone with access to it Description of the contents 20.1 See Global Notes □ No Name ☐ Yes Street

Address

ZIP Code

City

Country

State

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Debtor: Petersen Health Quality, LLC Case number (if known): 24-10545

Name

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

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

□ None

	Owner's name	and addre	ess	Location of the property	Description of the property	Value
1.1	See Global Note	es				\$
	Street			-		
	City	State	ZIP Code	<del>-</del> -		
	Country			-		

ebtor:	Peter	Case 24-10	443-TMH	Doc 502	Filed 05/31	/24 Page 17 of 26 Case number (if known): 24-1054	5
	Name	<u> </u>				· ,	
Part 1	2:	Details About Environmenta	I Information	1			
For th	e purp	pose of Part 12, the following d	efinitions app	ly:			
		onmental law means any statut dless of the medium affected (a				n, contamination, or hazardous	material,
		neans any location, facility, or prly owned, operated, or utilized		ding disposal sites	s, that the debtor no	w owns, operates, or utilizes or	that the debtor
		dous material means anything milarly harmful substance.	that an enviro	onmental law defir	nes as hazardous or	toxic, or describes as a pollutar	nt, contaminant,
Repo	rt all r	notices, releases, and procee	edings know	n, regardless of	when they occurred	d.	
22. H	as the	e debtor been a party in any	judicial or a	dministrative pro	ceeding under any	environmental law? Include s	settlements and orders
5	☑ No						
	□ Yes	s. Provide details below.					
		Case title	Court or	agency name and	address	Nature of the case	Status of case
	22.1						☐ Pending
			Name				☐ On appeal
						=	☐ Concluded
			Street				
		Case Number				-	
			City	State	ZIP Code	-	
			Country			-	
23. I	Jac ai	ny govornmental unit otherw	vise notified t	the debter that th	o dobtor may bo li	able or potentially liable unde	r or in violation of
		vironmental law?	ise notinea t	ile debior that ti	le debior may be in	able of potentially hable unde	or in violation of
	☑ No	)					
	□ Ye	es. Provide details below.					
		Site name and address		Governmental u	ınit name and	Environmental law, if kno	own Date of notice
	23.1						
		Name		Name			

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Case number (if known):

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

✓ No

 $\ \square$  Yes. Provide details below.

te name a	nd address		Governme	ental unit nam	e and address	Environmental law, if kno	wn Date of notice
me			Name				
eet			Street				
	01-1-	710.0 - 4-	Oite	Class	710.0 - 4-		
у	State	ZIP Code	City	State	ZIP Code		
r	ne	ne eet	pet	ne Name Street	ne Name  Street	Name Street	Name Street

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Petersen Health Quality, LLC

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.

☑ N	lone						
	Business name and address			Describe the nature of the business	<b>Employer Identification number</b> Do not include Social Security number or ITIN.		
25.1					EIN:		
	Name				Dates business exis	sted	
					From	То	
	Street						
	City	State	ZIP Code				
	Country						

#### 26. Books, records, and financial statements

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

☐ None
--------

Name and Addre	ess		Dates of service	
Petersen Health	Care Management, LLC		From	То
Name				
830 West Trailcre	eek Dr.			
Street			_	
Peoria	IL	61614		
City	State	ZIP Code	_	
Country			_	

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

□ None

Name and Add	ress		Dates	s of service			
Petersen Health	care Management, N	Mark Petersen	From	12/22/2011	To	Present	
Name							
830 West Trailc	reek Dr.						
Street							
Peoria	IL	61614					
City	State	ZIP Code					
Country							

Filed 05/31/24 Case 24-10443-TMH Doc 502 Page 20 of 26 Petersen Health Quality, LLC Case number (if known): Debtor: Name 26b.2 Ginoli & Company 2002 Present From То Name 7625 N University St. Street Peoria IL 61614 City State ZIP Code Country 26b.3 Clifton, Larson, Allen 2012 Present From То Name 301 SW Adams St. Street Suite 1000 Peoria IL 61602 State ZIP Code City Country 26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed. □ None If any books of account and records are unavailable, explain why Name and address 26c.1 Getzler Henrich and Associates Name 295 Madison Ave Street Floor 20 New York NY 10023 City State ZIP Code Country If any books of account and records are Name and address unavailable, explain why 26c.2 Ginoli & Company Name 7625 N University St. Street Peoria IL 61614 State ZIP Code City

Country

Filed 05/31/24 Case 24-10443-TMH Doc 502 Page 21 of 26 Petersen Health Quality, LLC Case number (if known). Debtor: Name If any books of account and records are Name and address unavailable, explain why 26c.3 Petersen Healthcare Management, Mark Petersen Name 830 West Trailcreek Dr. Street IL Peoria 61614 City State ZIP Code Country If any books of account and records are Name and address unavailable, explain why 26c.4 Clifton, Larson, Allen Name 301 SW Adams St. Street Suite 1000 Peoria IL 61602 City State ZIP Code Country 26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case. ☐ None Name and address Name Street

State

ZIP Code

City

Country

Debtor:	Pete	Cas ersen Health Quality, L		0443-TMH	Doc 502	Filed	05/31/	24 Page 2 Case number (if knot	22 of 26 vn): 24-1054	5
	Name	е								
27. lı	nvent	tories								
H	lave a	any inventories of th	e debtor's	property been ta	aken within 2 yea	ars before	filing this	case?		
[	☑ No	)								
Γ	٦ Yو	es. Give the details a	ahout the t	wo most recent ir	oventories					
	0	o. Give the detaile		We most recent in	Workerioo.		D-1f	The deller		
		Name of the perso	n who sup	ervised the takin	g of the inventor	ry	Date of The dollar amount and basis (continuentory other basis) of each inventory			
								\$		
		Name and address	of the ne	rson who has no	ssession of inve	ntory				
		records		<b>,</b>		,				
	27.1	Name								
		Name								
		Street								
		City	State	Ž	ZIP Code					
		Country								
		ne debtor's officers e in control of the					s, member	rs in control, cor	ntrolling shar	reholders, or other
		Name		Address				Position and Na interest	ture of any	% of interest, if any
	28.1	Mark B. Petersen		830 West	Trailcreek Dr., F	Peoria, IL	61614	Member		1%
	28.2	SABL, LLC		830 West	Trailcreek Dr., F	Peoria, IL	61614	Manager		99%
i		ntrol of the debtor,								partners, members
	□ Ye	es. Identify below.								
		Name		Address			Position	n and Nature of	Period durin	ng which position or

29.1 \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_

Debtor:	Peter	C sen Health Qual	Case 24-10443-T lity, LLC	MH Do	c 502	Filed 0		Page 23 number (if known):	
	Name								
30.	Payme	nts, distribut	ions, or withdrawals cr	edited or giv	en to insid	ers			
	bonuse		filing this case, did the dets on loans, stock redem				in any form, ir	ncluding salary	, other compensation, draws,
	□ No								
	☑ Yes	s. Identify belo	OW.						
		Name and ad	dress of recipient		Amount of or descript value of pr	tion and	Dates		Reason for providing the value
	30.1	See SOFA Qu	uestion 4						
		Name							
		Street							
		City	State	ZIP Code					
		Country							
		Relationship	to debtor						
31.	Within	6 years befo	ore filing this case, has	the debtor b	een a mem	ber of any	y consolidate	ed group for t	ax purposes?
	☑ No								
	☐ Yes	s. Identify belo	ow.						
	1	Name of the pa	arent corporation			Employe	r Identification	n number of th	e parent corporation
	31.1					EIN:			
	-								
32.	Withi	n 6 years befo	ore filing this case, has	the debtor	as an emplo	oyer been	responsible	for contribut	ing to a pension fund?
	☑ No	)							
	□ Ye	es. Identify belo	ow.						
		Name of the	pension fund		Eı	mployer Id	lentification n	umber of the p	ension fund
	32 1				EI	N:			

# Part 14: Signature and Declaration Case 24-10443-TMH Doc 502 Filed 05/31/24 Page 24 of 26

Yes

WARNING Bankı	ruptcy fraud is a serio	ous crime. Making a false statement, conce	aling property, or	obtaining money or property by fraud in
connection with a b	oankruptcy case can re	esult in fines up to \$500,000 or imprisonme	ent for up to 20 ye	ars, or both.
18 U.S.C.§§ 152, 1	1341, 1519, and 3571.			
I have examined the	e information in this S	Statement of Financial Affairs and any attac	chments and have	a reasonable belief that the information is true and correct.
I declare under pen	nalty of perjury that the	e foregoing is true and correct.		
_	MM / DD / YYYY			
x /s/David R	. Campbell		Printed name	David R. Campbell
Signature of in	individual signing on b	pehalf of the debtor		
Position or rel	lationship to debtor	Authorized Signatory		
Are additional pa	ages to Statement	t of Financial Affairs for Non-Individ	uals Filing for E	Bankruptcy (Official Form 207) attached?
₽ No				

## Case 24-10443-TMH Doc 502 Filed 05/31/24 Page 25 of 26

### In re: Petersen Health Quality, LLC Case No. 24-10545

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)
Community Support Systems	618 West Main Street		Teutopolis	IL	62467	12/20/2023	\$1,380.08	Vendor
Community Support Systems	618 West Main Street		Teutopolis	IL	62467	12/20/2023	\$1,380.08	Vendor
Community Support Systems	618 West Main Street		Teutopolis	IL	62467	2/12/2024	\$4,066.80	Vendor
Community Support Systems	618 West Main Street		Teutopolis	IL	62467	2/12/2024	\$4.066.80	Vendor

## Case 24-10443-TMH Doc 502 Filed 05/31/24 Page 26 of 26

### In re: Petersen Health Quality, LLC Case No. 24-10545 Attachment 7

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

Estate of Midred M. Downs, deceased, v. Petersen Health Quality, LLC, an Illinois Limited Liability Company dib/a Arcola Haalth Care Center and Arcola HCO, LLC, an Illinois Limited Liability Company dib/a Arcola Health Care Center Rose Hendricks, as Independent Administrator of the Estate of Ola Williams, Deceased, v. Petersen Health Care Center, Petersen Health	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)
Rosie Hendricks, as Independent Administrator of the Estate of Ola Williams, Deceased, v Petersen Health Quality, LLC, an Illinois Limited Liability Company d/b/a Berment Health Care Management, Inc., an Illinois Corporation and Guyla Leason, RN  SELECT REHABILITATION, LLC PLAINTIFF V. MIDWEST HEALTH OPERATIONS, LLC; PETERSEN HEALTH CARE - FARMER CITY, LLC; PETERSEN HEALTH CARE- ILLINI, LLC; PETERSEN HEALTH CARE - VESTSIDE, LLC; PETERSEN HEALTH CARE- ILLINI, LLC; PETERSEN HEALTH ENTERRISES, LLC; PETERSEN HEALTH CARE, INC.; PETERSEN HEALTH ENTERRISES, LLC; PETERSEN HEALTH NETWORK, LLC; PETERSEN HEALTH ENTERRISES, LLC; PETERSEN HEALTH OPERATIONS III, LLC; PETERSEN HEALTH OPERATIONS, LLC; PETERSEN HEALTH OPERATIONS III, LLC; PETERSEN HEALTH OPERATIONS, LLC; PETERSEN HEALTH OPERATIONS III, LLC; PETERSEN HEALTH OPERATIONS, LLC; PETERSEN HEALTH OPERATIONS III, LLC; PETERSEN HEALTH OPERATIONS, LLC; PETERSEN HEALTH OPERATIONS III, LLC; PETERSEN HEALTH OPERATIONS, LLC; PETERSEN HEALTH OPERATIONS III, LC; PETERSEN HEALTH OLC; CASEY HCO, LLC; CHARL ESTON HCO, LLC; COLLINSVILLE HCO, LLC; CUMBERLAND HCO, LLC; EASTVIEW HCO, LLC; EFFINGHAM HCO, LLC; HOUBBERLAND HCO, LLC; EASTVIEW HCO, LLC; EFFINGHAM HCO, LLC; PETERSEN HEALTH BUSINESS, LLC; PETERSEN HEALTH JUNICTION, LLC; PETERSEN HEALTH RESOURCES, LLC; PETERSEN HEALTH & WELLNESS, LLC; PIPER HCO, LLC; PETERSEN HEALTH RESOURCES, LLC; PETERSEN HEALTH JUNICTION, LLC; PETERSEN HEALTH RESOURCES, LLC; PETERSEN HEALTH LINCTION, LLC; PETERSEN HEALTH RESOURCES, LLC; PETERSEN HEALTH LINCTION, LLC; PETERSEN HEALTH RESOURCES, LLC; PETERSEN HEALTH BUSINESS, LLC; PETERSEN HEALTH JUNICTION, LLC; PETERSEN HEALTH RESOURCES, LLC; PETERSEN HEALTH LINCTION, LLC; PETERSEN HEALTH RESOURCES, LLC; PETERSEN HEALTH LINCTION, LLC; PETERSEN HEALTH RESOURCES, LLC; PETERSEN HEALTH LINCTION, LLC; PETERSEN HEALTH RESOURCES, LLC; PETERSEN HEALTH BUSINESS, L	d/b/a Arcola Health Care Center and Arcola HCO, LLC, an Illinois Limited Liability Company d/b/a Arcola	2021-1-9	NHCA - Pressure injury	6th Judicial Circuit Court of III	401 S Center	Tuscola		61953	Pending
HEALTH CARE - FARMER CITY, LLC; PETERSEN HEALTH CARE - ILLINI, LLC; PETERSEN HEALTH CARE - OZARK, LLC; PETERSEN HEALTH CARE - WESTSIDE; LLC; PETERSEN HEALTH CARE - ROSEVILLE, LLC; PETERSEN HEALTH CARE V, LLC; PETERSEN HEALTH CARE VII, LLC; PETERSEN HEALTH CARE, INC; PETERSEN HEALTH HEALTH CARE VII, LLC; PETERSEN HEALTH CARE, INC; 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; CHARL ESTON HCO, LLC; COLLINSVILLE HCO, LLC; CUMBERLAND HCO, LLC; CASEY HCO, LLC; ESTIVIEW HCO, LLC; EFFINGHAM HCO, LLC; HAVANA HCO, LLC; KEWANEE HCO, LLC; MCLEANSBORO HCO, LLC; NORTH AURORA HCO, LLC; CECTUR HCO, LLC; MCLEANSBORO HCO, LLC; NORTH AURORA HCO, LLC; PETERSEN HEALTH BUSINESS, LLC; PETERSEN HEALTH JUNCTION, LLC; PETERSEN HEALTH RESOURCES, LLC; PETERSEN HEALTH JUNCTION, LLC; PETERSEN HEALTH RESOURCES, LLC; PETERSEN HEALTH & WELLNESS, LLC; PIPER HCO, LLC; PLEASANT VIEW HCO, LLC; CECTY HCO, LLC; ROSINGS HCO, LLC; ROSICLARE HCO, LLC; SYALL HCO, LLC; SULLIVAN HCO, LLC; SWANSEA HCO, LLC; TARKIO HCO, LLC; TUSCOLA	Rosie Hendricks, as Independent Administrator of the Estate of Ola Williams, Deceased, v Petersen Health Quality, LLC, an Illinois Limited Liability Company d/b/a Bement Health Care Center, Petersen Health Care		WD/SA/NHCA pressure	10th Judicial Circuit Court of					T chaing
HCO, LLC; TWIN HCO; VANDALIA HCO, LLC; WATSEKA HCO, LLC; AND WESTSIDE HCO, LLC, DEFENDANTS  2024-LA-0000030 Undeterminable  III 61602 Pending	HEALTH CARE - FARMER CITY, LLC; PETERSEN HEALTH CARE • ILLINI, LLC; PETERSEN HEALTH CARE • OZARK, LLC; PETERSEN HEALTH CARE • .WESTSIDE, LLC; PETERSEN HEALTH CARE • .WESTSIDE, LLC; PETERSEN HEALTH CARE .WESTSIDE, LLC; PETERSEN HEALTH CARE .ROSEVILLE, LLC; PETERSEN HEALTH CARE V, LLC; PETERSEN HEALTH CARE VII, LLC; PETERSEN HEALTH CARE .INC.; PETERSEN HEALTH DOPERATIONS III, LLC; PETERSEN HEALTH OPERATIONS III, LLC; PETERSEN HEALTH CO, LLC; COLLINSVILLE HCO, LLC; EBEMENT HCO, LLC; CASEY HCO, LLC; CHARL ESTON HCO, LLC; EFFINGHAM HCO, LLC; HAND HCO, LLC; EDEROND HCO, LLC; MCZENSBORO 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; PARIFIE CITY HCO, LLC; ROBINGS HCO, LLC; ROSICLARE HCO, LLC; SHALD SYND SHAND GRI LA HCO, LLC; SWANSEA HCO, LLC; TARKIO HCO, LLC; TUSCOLA HCO, LLC; TUNN HCO; VANDALLA HCO, LLC; WATSEKA HCO, LLC; AND WESTSIDE HCO, LLC; TUSCOLA HCO, LLC; TWIN HCO; VANDALLA HCO, LLC; WATSEKA HCO, LLC; AND WESTSIDE HCO, LLC; LCC, LLC; CASEY HCO, LLC; CANDALLA HCO, LLC; CAND		Lindstorminable	10th Judicial Circuit Court of	224 Main St. Sto. 245	Provin		64602	Danding

## 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 QUALITY, LLC (CASE NO. 24-10545)

\_

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 Quality, LLC
United States Bankruptcy Court for the: District Of Delaware
Case number (if known): 24-10545 (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 bus  ☐ None	siness							
	Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year							revenue e deductions and ions)
From the beginning of fiscal year to filing dat		1/1/2024 MM / DD / YYYY	to	Filing date	<b>☑</b>	Operating a business Other	_ \$	58,534.00
For prior year:	From	MM / DD / YYYY	to	MM / DD / YYYY		Operating a business Other	\$	
For the year before tha	at: From	MM / DD / YYYY	to	MM / DD / YYYY		Operating a business Other	\$	

Case 24-10443-TMH Doc 502-1 Filed 05/31/24 Page 3 of 26 Petersen Health Quality, LLC

Debtor: Case number (if known):

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	MM / DD / YYYY	_ to	Filing date		\$
For prior year:	From	MM / DD / YYYY	to-	MM / DD / YYYY		\$
For the year before that:	From	MM / DD / YYYY	_ to	MM / DD / YYYY		\$

Cert	tain payments or transfers to creditors wi	thin 90 days be	fore filing this case		
iling	payments or transfers-including expense rei g this case unless the aggregate value of all every 3 years after that with respect to case	property transfer	red to that creditor is less than		
□ N	None				
	Creditor's name and address	Dates	Total amount or value		ns for payment or transfer all that apply
3.	1 See SOFA 3 Attachment		\$		Secured debt
	Creditor's Name				Unsecured loan repayments
					Suppliers or vendors
	Street				Services
					Other
	City State ZIP Code				
	Payments or other transfers of property  List payments or transfers, including expen- guaranteed or cosigned by an insider unles	se reimbursemer	nts, made within 1 year before t	filing this case	e on debts owed to an insider o
	Payments or other transfers of property  List payments or transfers, including expenguaranteed or cosigned by an insider unles \$7,575. (This amount may be adjusted on adjustment.) Do not include any payments and their relatives; general partners of a pa any managing agent of the debtor. 11 U.S.6	se reimbursemer s the aggregate /01/25 and every isted in line 3. In rtnership debtor	nts, made within 1 year before for the value of all property transferred y 3 years after that with respect siders include officers, directors	filing this case I to or for the t to cases file s, and anyone	e on debts owed to an insider of benefit of the insider is less that d on or after the date of e in control of a corporate debt
	Payments or other transfers of property  List payments or transfers, including expenguaranteed or cosigned by an insider unles \$7,575. (This amount may be adjusted on 4 adjustment.) Do not include any payments and their relatives; general partners of a pa	se reimbursemer s the aggregate /01/25 and every isted in line 3. In rtnership debtor	nts, made within 1 year before for the value of all property transferred y 3 years after that with respect siders include officers, directors	filing this case I to or for the t to cases file s, and anyone	e on debts owed to an insider of benefit of the insider is less that d on or after the date of e in control of a corporate debt
	Payments or other transfers of property  List payments or transfers, including expenguaranteed or cosigned by an insider unless \$7,575. (This amount may be adjusted on adjustment.) Do not include any payments and their relatives; general partners of a paany managing agent of the debtor. 11 U.S.C.  None  Insider's Name and Address	se reimbursemer s the aggregate /01/25 and every isted in line 3. In rtnership debtor	nts, made within 1 year before for the value of all property transferred y 3 years after that with respect siders include officers, directors	filing this case I to or for the t to cases file s, and anyone the debtor an	e on debts owed to an insider of benefit of the insider is less that d on or after the date of e in control of a corporate debt
4.1	Payments or other transfers of property  List payments or transfers, including expenguaranteed or cosigned by an insider unles \$7,575. (This amount may be adjusted on adjustment.) Do not include any payments and their relatives; general partners of a pa any managing agent of the debtor. 11 U.S.6	se reimbursemers the aggregate /01/25 and every isted in line 3. In the state of th	nts, made within 1 year before to value of all property transferred y 3 years after that with respect siders include officers, directors and their relatives; affiliates of the side of th	filing this case I to or for the t to cases file s, and anyone the debtor an	e on debts owed to an insider of benefit of the insider is less that d on or after the date of e in control of a corporate debte d insiders of such affiliates; and
4.1	Payments or other transfers of property  List payments or transfers, including expenguaranteed or cosigned by an insider unles \$7,575. (This amount may be adjusted on adjustment.) Do not include any payments and their relatives; general partners of a paany managing agent of the debtor. 11 U.S.6  None  Insider's Name and Address  Please reference Global Notes for additional information related to Intercompany Payments/Transfers	se reimbursemers the aggregate /01/25 and every isted in line 3. In the state of th	nts, made within 1 year before to value of all property transferred y 3 years after that with respect siders include officers, directors and their relatives; affiliates of the Total amount or value	filing this case I to or for the t to cases file s, and anyone the debtor an	e on debts owed to an insider of benefit of the insider is less that d on or after the date of e in control of a corporate debte d insiders of such affiliates; and
4.1	Payments or other transfers of property  List payments or transfers, including expenguaranteed or cosigned by an insider unles \$7,575. (This amount may be adjusted on adjustment.) Do not include any payments and their relatives; general partners of a paany managing agent of the debtor. 11 U.S.C.  None  Insider's Name and Address  Please reference Global Notes for additional information related to Intercompany Payments/Transfers  Insider's Name	se reimbursemers the aggregate /01/25 and every isted in line 3. In the state of th	nts, made within 1 year before to value of all property transferred y 3 years after that with respect siders include officers, directors and their relatives; affiliates of the Total amount or value	filing this case I to or for the t to cases file s, and anyone the debtor an	e on debts owed to an insider of benefit of the insider is less that d on or after the date of e in control of a corporate debte d insiders of such affiliates; and
4.1	Payments or other transfers of property  List payments or transfers, including expenguaranteed or cosigned by an insider unles \$7,575. (This amount may be adjusted on adjustment.) Do not include any payments and their relatives; general partners of a paany managing agent of the debtor. 11 U.S.C.  None  Insider's Name and Address  Please reference Global Notes for additional information related to Intercompany Payments/Transfers  Insider's Name	se reimbursemers the aggregate /01/25 and every isted in line 3. In the state of th	nts, made within 1 year before to value of all property transferred y 3 years after that with respect siders include officers, directors and their relatives; affiliates of the Total amount or value	filing this case I to or for the t to cases file s, and anyone the debtor an	e on debts owed to an insider of benefit of the insider is less that d on or after the date of e in control of a corporate debte d insiders of such affiliates; and
4.1	Payments or other transfers of property  List payments or transfers, including expenguaranteed or cosigned by an insider unles \$7,575. (This amount may be adjusted on 4 adjustment.) Do not include any payments and their relatives; general partners of a paany managing agent of the debtor. 11 U.S.C.  None  Insider's Name and Address  Please reference Global Notes for additional information related to Intercompany Payments/Transfers  Insider's Name	se reimbursemers the aggregate /01/25 and every isted in line 3. In the state of th	nts, made within 1 year before to value of all property transferred y 3 years after that with respect siders include officers, directors and their relatives; affiliates of the Total amount or value	filing this case I to or for the t to cases file s, and anyone the debtor an	e on debts owed to an insider of benefit of the insider is less that d on or after the date of e in control of a corporate debte d insiders of such affiliates; and

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Debtor: Petersen Health Quality, LLC Case number (# known): 24-1054

	Case 24-10443-TMH	Doc 502-1	Filed 05/31/24	Page 5	of 26	
Debtor:	Petersen Health Quality, LLC		Case nu	mber (if known):	24-10545	
	Name					
5. R	epossessions, 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

ditor's Name and Address			Description of the Property	Date	Value of property
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.

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

ebtor:		10443-1 IVIA DUC 50	2-1 Filed 05/31/24 Page 6 of 26  Case number (if known): 24-10!	
	Name			
rt 3	Legal Actions or Assignm	ents		
ı	_egal actions, administrative p	roceedings, court actions, ex	ecutions, attachments, or governmental audits	
	List the legal actions, proceedings		ediations, and audits by federal or state agencies in	which the debtor was
	□ None	year before filling time ease.		
	Case title	Nature of case	Court or agency's name and address	Status of case
	7.1 See SOFA 7 Attachment			□ Pending
			Name	☐ On appea
				Conclude
			Street	
	Case number			
			City State ZIP Coo	le
			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 n	name and addr	ess	Description of the Property		Value		
1				\$			
Custodian's name	)			Court name and address			
			Case title				
Street					Name		
			Case number		Street		
City	State	ZIP Code					
Country			Date of order or assignment		City	State	ZIP Code
					Country		

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Debtor: Petersen Health Quality, LLC Case number (if known):

Name

Part 4: Certa	ain Gifts and	Charitable	Contributions
---------------	---------------	------------	---------------

List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value 9. of the gifts to that recipient is less than \$1,000

	Recipient's name	and addre	ss	Description of the gifts or contributions	Dates given	Value
.1						\$
	Creditor's Name					
	Street			-		
	City	State	ZIP Code	-		
	Country			_		
	Recipient's relation	onship to de	btor			

Case 24-10443-TMH Doc 502-1 Filed 05/31/24 Page 8 of 26 Debtor: Petersen Health Quality, LLC Case number (if known): Name Part 5: **Certain Losses** All losses from fire, theft, or other casualty within 1 year before filing this case. □ None Amount of payments received for the loss If you have received payments to cover the loss, for example, from insurance, government Description of the property lost and how the compensation, or tort liability, list Date of loss Value of property lost loss occurred the total received. List unpaid claims on Official

Form 106A/B (Schedule A/B: Assets – Real and Personal

Property).

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

None 10/2023 \$ Undetermined

Case 24-10443-TMH Doc 502-1 Filed 05/31/24 Page 9 of 26

Debtor: Petersen Health Quality, LLC Case number (if known): 24-105

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 o	r who received	I the transfer?	If not money, describe any property transferred	Dates	Total amount or value
1.1						\$
	Address					
	Street					
	City	State	ZIP Code	-		
	Country			-		
	Email or website	e address				
	Who made the p	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.

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

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

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Debtor: Petersen Health Quality, LLC Case number (if known): 24-10545

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.

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

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Debtor: Petersen Health Quality, LLC Case number (if known): 24-10545

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

From \_\_\_\_\_\_ To \_\_\_\_\_\_

Street

ZIP Code

City

Country

State

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Debtor: Petersen Health Quality, LLC Case number (if known):

Name

## 15. Health Care bankruptcies

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

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

	Facility Name	and Addres	s	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		
5.1	Countryview To	errace		Skilled Nursing Facility	174		
	Facility Name						
	52 Old Route 4	15		Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.	How are records kept?		
	Street				Check all that apply:		
					☐ Electronically		
	Louisville	IL	62858		☑ Paper		
	City	State	ZIP Code	-			
	Country			-			

Case 24-10443-TMH Doc 502-1 Filed 05/31/24 Page 13 of 26 Debtor: Petersen Health Quality, LLC Case number (if known): Name Personally Identifiable Information Part 9: 16. Does the debtor collect and retain personally identifiable information of customers? Medical and Billing Information Does the debtor have a privacy policy about that information? □ No Yes 17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit? ☐ No. Go to Part 10. ☑ Yes. Does the debtor serve as plan administrator? ☑ No. Go to Part 10. ☐ Yes. Fill in below: Employer identification number of the plan Name of plan 17.1 EIN:

Has the plan been terminated?

□ No□ Yes

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Debtor: Petersen Health Quality, LLC Case number (if known): 24-10545

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

#### 19. Safe deposit boxes

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

✓ None

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

Case 24-10443-TMH Doc 502-1 Filed 05/31/24 Page 15 of 26 Debtor: Petersen Health Quality, LLC Case number (if known): Name 20. Off-premises storage List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business. ☐ None Does debtor still have it? Facility name and address Names of anyone with access to it Description of the contents 20.1 See Global Notes □ No Name ☐ Yes Street

Address

ZIP Code

City

Country

State

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Debtor: Petersen Health Quality, LLC Case number (if known): 24-10545

Name

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

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

□ None

	Owner's name and address			Location of the property	Description of the property		Value
21.1	See Global Note	es				_ \$ _	
	Street						
	City	State	ZIP Code				
	Country			-			

Debtor:	Peter	Case 24-104	43-TMH	Doc 502-1		/24 Page 17 Case number (if known):	of 26 24-10545				
	Name										
Part 1	12:	Details About Environmental	Information	n							
For th	e purp	pose of Part 12, the following d	efinitions app	oly:							
•	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.										
		dous material means anything milarly harmful substance.	that an envir	onmental law define	es as hazardous or to	oxic, or describes as	a pollutant, co	ntaminant,			
Repo	rt all r	notices, releases, and procee	dings know	n, regardless of wh	hen they occurred.						
22. F	las the	e debtor been a party in any	judicial or a	dministrative proc	eeding under any e	environmental law?	Include settle	ments and orders.			
[	☑ No										
[	□ Yes	s. Provide details below.									
		Case title	Court or	agency name and ad	ldress	Nature of the case		Status of case			
	22.1						[	Pending			
			Name				[	☐ On appeal			
			Street				[	Concluded			
			Street								
		Case Number									
			City	State	ZIP Code						
			Country								
		ny governmental unit otherw vironmental law?	ise notified	the debtor that the	debtor may be liab	ole or potentially lia	ble under or i	n violation of			
	☑ No	)									
	□ Ye	es. Provide details below.									
		Site name and address		Governmental un address	it name and	Environmental la	aw, if known	Date of notice			
	23.1										
		Name		Name							
		Street		Street		_					

Case 24-10443-TMH Doc 502-1 Filed 05/31/24 Page 18 of 26 Debtor: Petersen Health Quality, LLC Case number (if known):

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

✓ No

 $\ \square$  Yes. Provide details below.

Site name and address			Governme	ental unit nam	e and address	Environmental law, if kno	wn Date of notice
me			Name				
eet			Street				
	01-1-	710.0 - 4-	Oite	Class	710.0 - 4-		
у	State	ZIP Code	City	State	ZIP Code		
r	ne	ne eet	ne	ne Name Street	ne Name  Street	Name Street	Name Street

Case 24-10443-TMH Doc 502-1 Filed 05/31/24 Page 19 of 26 Petersen Health Quality, LLC Debtor: Case number (if known): Name Details About the Debtor's Business or Connections to Any Business Other businesses in which the debtor has or has had an interest List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case.Include this information even if already listed in the Schedules. ✓ None **Employer Identification number Business name and address** Describe the nature of the business Do not include Social Security number or ITIN. 25.1 EIN: Name Dates business existed То Street City State ZIP Code Country 26. Books, records, and financial statements 26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case. □ None Name and Address Dates of service 26a.1 Petersen Health Care Management, LLC From To 830 West Trailcreek Dr. Street Peoria IL 61614 City State ZIP Code Country List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial 26b. statement within 2 years before filing this case. □ None

Name and Add	ress		Dates	Dates of service					
Petersen Health	ncare Management, I	Mark Petersen	From	12/22/2011	То	Present			
Name									
830 West Trailo	reek Dr.								
Street									
Peoria	IL	61614							
City	State ZIP 0	ZIP Code							
Country									

Case 24-10443-TMH Doc 502-1 Page 20 of 26 Filed 05/31/24 Petersen Health Quality, LLC Debtor: Case number (if known): Name 26b.2 Ginoli & Company 2002 Present From То Name 7625 N University St. Street Peoria IL 61614 City State ZIP Code Country 26b.3 Clifton, Larson, Allen 2012 Present From То Name 301 SW Adams St. Street Suite 1000 Peoria IL 61602 State ZIP Code City Country 26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed. □ None If any books of account and records are unavailable, explain why Name and address 26c.1 Getzler Henrich and Associates Name 295 Madison Ave Street Floor 20 New York NY 10023 City State ZIP Code Country If any books of account and records are Name and address unavailable, explain why 26c.2 Ginoli & Company Name 7625 N University St. Street Peoria IL 61614 State ZIP Code City

Country

Case 24-10443-TMH Doc 502-1 Filed 05/31/24 Page 21 of 26 Petersen Health Quality, LLC Debtor: Case number (if known): Name If any books of account and records are Name and address unavailable, explain why 26c.3 Petersen Healthcare Management, Mark Petersen Name 830 West Trailcreek Dr. Street IL Peoria 61614 City State ZIP Code Country If any books of account and records are Name and address unavailable, explain why 26c.4 Clifton, Larson, Allen Name 301 SW Adams St. Street Suite 1000 Peoria IL 61602 City State ZIP Code Country 26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case. □ None Name and address Name Street City State ZIP Code Country

Debtor	: Pete	ersen Health	Case 24 Quality, LLC	4-10443	3-TMH	Doc 502-1	. File	d 05/31 	./24 Page Case number (if know	22 of 26	5
	Name	е									
27.	Invent	tories									
	Have a	any invento	ories of the de	ebtor's pro	perty been t	aken within 2 yea	ars before	filing this o	case?		
	☑ No	)									
☐ Yes. Give the details about the two most recent inventories.											
		Name of t	the person w	ho supervi	sed the taki	ng of the invento	ry	Date of Inventory	The dollar amount and basis (cost, market, o other basis) of each inventory		
									\$		
	Name and address of the person who has possession of inventory records										
	27.1										
		Name									
	Street										
		City	St	ate		ZIP Code					
		Country									
						embers, genera		s, member	s in control, con	trolling shar	eholders, or other
		Name			Address				Position and Natinterest	ure of any	% of interest, if any
	28.1	Mark B. P	etersen		830 Wes	t Trailcreek Dr., F	Peoria, IL	61614	Member		1%
	28.2	SABL, LLC	С		830 Wes	t Trailcreek Dr., F	Peoria, IL	61614	Manager		99%
29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general part in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?								partners, members			
	☑ No	0									
	□ Ye	es. Identify	below.								
		Name		Ad	dress			Position any inte	n and Nature of erest	Period durin	ng which position or held

29.1 \_\_\_\_\_ From \_\_\_\_ To \_\_\_\_

Debtor:	Peter	Ca: sen Health Qualit	se 24-10443-TMF ty, LLC	H Doc	502-1	Filed		Page 2 umber (if known):	3 of 26 24-10545	
	Name									
30.	Payme	nts, distributi	ons, or withdrawals cred	lited or giv	en to insid	ers				
	Within bonuse	1 year before fi s, loans,credits	iling this case, did the deb s on loans, stock redempti	tor provide ons, and op	an insider wotions exerc	vith value i ised?	in any form, inc	luding salary	, other compe	nsation, draws,
	☑ Yes	s. Identify belov	W.							
		Name and add	lress of recipient		Amount of or descript value of pr	ion and	Dates		Reason for p	roviding the value
	30.1	See SOFA Que								
		Name								
		Street								
		City	State	P Code						
		Country								
		Relationship to								
31.	Within	6 vears befor	re filing this case, has th	e debtor b	een a mem	ber of any	v consolidated	d aroup for t	ax purposes'	?
	✓ No	,	<b>3</b>				,	3 - 1		
		. Idea Chales								
		s. Identify belov								
	ı	Name of the pa	rent corporation				r Identification	number of th	e parent corp	oration
	31.1					EIN:				
32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to								ing to a pens	ion fund?	
	☑ No	)								
	□ Ye	s. Identify belo	w.							
		Name of the p	pension fund		Er	mployer Id	lentification nu	mber of the p	ension fund	
	20.4				EI	N:				

# Part 14: Case 24-10443-TMH Doc 502-1 Filed 05/31/24 Page 24 of 26

Yes

WA	RNING Ba	ankruptcy fraud is a seri	ous crime. Making a false stateme	nt, concealing property, or	obtaining money or property by fraud in
con	nection with	a bankruptcy case can	result in fines up to \$500,000 or im	prisonment for up to 20 ye	ears, or both.
18 L	J.S.C.§§ 152	2, 1341, 1519, and 3571	l.		
l ha	ve examined	d the information in this	Statement of Financial Affairs and	any attachments and have	e a reasonable belief that the information is true and correct.
l de	clare under	penalty of perjury that th	ne foregoing is true and correct.		
Exe	cuted on	05/31/2024			
		MM / DD / YYYY			
×	/s/David	d R. Campbell		Printed name	David R. Campbell
	Signature	of individual signing on	behalf of the debtor		
	Position or	relationship to debtor	Authorized Signatory		
	additiona	I pages to Statemen	nt of Financial Affairs for Non	-Individuals Filing for I	Bankruptcy (Official Form 207) attached?

## Case 24-10443-TMH Doc 502-1 Filed 05/31/24 Page 25 of 26

### In re: Petersen Health Quality, LLC Case No. 24-10545

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)
Community Support Systems	618 West Main Street		Teutopolis	IL	62467	12/20/2023	\$1,380.08	Vendor
Community Support Systems	618 West Main Street		Teutopolis	IL	62467	12/20/2023	\$1,380.08	Vendor
Community Support Systems	618 West Main Street		Teutopolis	IL	62467	2/12/2024	\$4,066.80	Vendor
Community Support Systems	618 West Main Street		Teutopolis	IL	62467	2/12/2024	\$4,066.80	Vendor

## Case 24-10443-TMH Doc 502-1 Filed 05/31/24 Page 26 of 26

## In re: Petersen Health Quality, LLC Case No. 24-10545 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)
Estate of Mildred M. Downs, deceased, v. Petersen Health Quality, LLC, an Illinois Limited Liability Company d/b/a Arcola Health Care Center and Arcola HCO, LLC, an Illinois Limited Liability Company d/b/a Arcola Health Care Center	2021-L-9	NHCA - Pressure injury	6th Judicial Circuit Court of III	401 S. Center	Tuscola	IL	61953	Pending
Rosie Hendricks, as Independent Administrator of the Estate of Ola Williams, Deceased, v Petersen Health Quality, LLC, an Illinois Limited Liability Company d/b/a Bement Health Care Center, Petersen Health Care Management, Inc., an Illinois Corporation and Guyla Leason, RN	2019-L-101	WD/SA/NHCA pressure injuries	10th Judicial Circuit Court of	324 Main St. Ste. 215	Peoria	IL	61602	
SELECT REHABILITATION, LLC PLAINTIFF V. MIDWEST HEALTH OPERATIONS, LLC; PETERSEN HEALTH CARE - FARMER CITY, LLC; PETERSEN HEALTH CARE- ILLINI, LLC; PETERSEN HEALTH CARE - OZARK, LLC; PETERSEN HEALTH CARE - WESTSIDE, LLC; PETERSEN HEALTH CARE - WESTSIDE, LLC; PETERSEN HEALTH CARE - ROSEVILLE, LLC; PETERSEN HEALTH CARE V, LLC; PETERSEN HEALTH CARE VI, LLC; PETERSEN HEALTH OPERATIONS III, LLC; PETERSEN HEALTH OPERATIONS, LLC; PETERSEN HEALTH OPERATIONS III, LLC; PETERSEN HEALTH OPERATIONS, LLC; PETERSEN HEALTH QUALITY, LLC; PETERSEN MANAGEMENT COMPANY, LLC; SLL HEALTH SYSTEMS, INC.; ALEDO HCO, LLC; BCOL LLC; ACOLA HCO, LLC; CASEY HCO, LLC; CHARL ESTON HCO, LLC; COLLINSVILLE HCO, LLC; CUMBERLAND HCO, LLC; DECATUR HCO, LLC; EASTVIEW HCO, LLC; EFFINGHAM HCO, LLC; HOMBERLAND HCO, LLC; LEBANON HCO, LLC; LC; EASTON HCO, LLC; NORTH AURORA HCO, LLC; PETERSEN HEALTH BUSINESS, LLC; PETERSEN HEALTH JUNCTION, LLC; PETERSEN HEALTH RESOURCES, LLC; PETERSEN HEALTH & WELLNESS, LLC; PIPER HCO, LLC; ROYAL HCO, LLC; SHAND KED, LLC; PETERSEN HEALTH RESOURCES, LLC; PETERSEN HEALTH & WELLNESS, LLC; ROPALLC; ROYAL HCO, LLC; SHAND GRI LA HCO, LLC; SWANSEA HCO, LLC; TARKIO HCO, LLC; TUSCOLA HCO, LLC; TWIN HCO; VANDALIA 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	324 Main St. Ste. 215	Peoria	IL.	61602	Pendina