

IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF DELAWARE

In re

SC HEALTHCARE HOLDING, LLC *et al.*,

Debtors.<sup>1</sup>

Chapter 11

Case No. 24-10443 (TMH)

Jointly Administered

**NOTICE OF CERTAIN AMENDMENTS TO SCHEDULES OF  
ASSETS AND LIABILITIES AND STATEMENT OF FINANCIAL AFFAIRS**

**PLEASE TAKE NOTICE OF THE FOLLOWING:**

Pursuant to Rule 1009(a) of the Federal Rules of Bankruptcy Procedure, the above-captioned debtors and debtors in possession (collectively, the “Debtors”) hereby provide notice (this “Notice”) that, as set forth below, the Debtors have amended: (i) Schedule A/B, Part 11 for twenty-nine of the Debtors; (ii) Schedule A/B, Part 55 for three of the Debtors; (iii) Schedule E/F for three of the Debtors; (iv) Schedule G of seventy of the Debtors; and (v) Part 2, Question 4 of the Statements (as defined below) for twelve of the Debtors.<sup>2</sup>

**ORIGINAL SCHEDULES OF ASSETS AND LIABILITIES  
AND STATEMENT OF FINANCIAL AFFAIRS**

On May 31, 2024, the Debtors filed their Schedules of Assets and Liabilities (the “Schedules”) and Statements of Financial Affairs (the “Statements”) [Docket Nos. 380–505] with the United States Bankruptcy Court for the District of Delaware (the “Court”).

**AMENDED SCHEDULES AND STATEMENTS**

Certain of the Debtors hereby amend (i) Schedule A/B, Part 11 to identify certain intercompany receivables; (ii) Schedule A/B, Part 55 to identify certain parcels of real property that were either scheduled incorrectly or inadvertently omitted; (iii) Schedule E/F to identify intercompany payables; and (iv) Schedule G to include additional contracts identified in the Debtors’ review of their books and records; (the “Amended Schedules”). The Amended Schedules are attached hereto as **Exhibit A**. The Debtors hereby amend Part 2, Question 4 of the Statements to include transfers made to certain insiders that were not readily available to the Debtors at the

<sup>1</sup> 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](http://www.kccllc.net/Petersen).

<sup>2</sup> Attached hereto as **Schedule 1** is a list of the Debtors whose Schedules and/or Statements have been amended.



time of filing of the Statements (the “Amended Statements”). The Amended Statements are attached hereto as **Exhibit B**.

Except for the Amended Schedules and the Amended Statements, no changes have been made to the Schedules or the Statements since they were originally filed. The Amended Schedules and the Amended Statements are hereby incorporated into, and comprise an integral part of, the Schedules and the Statements.

### **AMENDED SCHEDULES BAR DATE**

On May 21, 2024, the Court entered an order [Docket No. 339], which established certain bar dates in the Debtors’ chapter 11 cases. On May 31, 2024, the Debtors filed the *Amended Notice of Entry of Bar Date Order Establishing Deadline for Filing Proofs of Claim (Including for Claims Asserted Under Section 503(b)(9) of the Bankruptcy Code) Against the Debtors* [Docket No. 379].

To the extent that parties affected by the amendments to Schedule E/F and Schedule G (each an “Affected Party”) wish to file a proof of claim in the Debtors’ chapter 11 cases with respect to these Amended Schedules, such Affected Party must do so by no later than **5:00 p.m. (Prevailing Central Time) on May 23, 2025** (the “Amended Schedules Bar Date”).

An Affected Party need not submit a duplicate proof of claim if such Affected Party has already filed a valid proof of claim prior to the applicable bar date.

### **GLOBAL NOTES**

The Amended Schedules and the Amended Statements remain subject in all respects to the *Global Notes and Statements of Limitations, Methodology, and Disclaimers Regarding the Debtors’ Schedules of Assets and Liabilities and Statements of Financial Affairs* filed with the original Schedules and Statements, as amended and/or superseded by the *Global Notes and Statements of Limitations, Methodology, and Disclaimers Regarding the Debtors’ Amended Schedules of Assets and Liabilities and Statements of Financial Affairs* appended to the Amended Schedules and the Amended Statements.

### **RESERVATION OF RIGHTS**

The Debtors reserve their rights to dispute, or to assert offsets or defenses against, any filed claim or any claim listed or reflected in the Amended Schedules and the Amended Statements as to the nature, amount, liability, classification, or otherwise. The Debtors reserve all rights to further amend or supplement the Amended Schedules and the Amended Statements. In addition, nothing contained in this Notice shall preclude the Debtors from objecting to any claim, whether scheduled or filed, on any and all grounds.

Dated: April 22, 2025  
Wilmington, Delaware

Respectfully submitted,

**YOUNG CONAWAY STARGATT & TAYLOR,  
LLP**

*/s/ Shella Borovinskaya*

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Andrew L. Magaziner (No. 5426)  
Shella Borovinskaya (No. 6758)  
Carol E. Thompson (No. 6936)  
Rodney Square  
1000 North King Street  
Wilmington, Delaware 19801  
Telephone: (302) 571-6600  
Facsimile: (302) 571-1253  
Email: amagaziner@ycst.com  
sborovinskaya@ycst.com  
cthompson@ycst.com

and

**WINSTON & STRAWN LLP**

Daniel J. McGuire (admitted *pro hac vice*)  
Gregory M. Gartland (admitted *pro hac vice*)  
35 W. Wacker Drive  
Chicago, IL 60601  
Telephone: (312) 558-5600  
Facsimile: (312) 558-5700  
Email: dmcguire@winston.com  
Email: ggartland@winston.com

and

Carrie V. Hardman (admitted *pro hac vice*)  
200 Park Avenue  
New York, New York 10166  
Telephone: (212) 294-6700  
Facsimile: (212) 294-4700  
Email: chardman@winston.com

*Counsel for the Debtors and Debtors in Possession*

**Schedule 1**

**List of Debtors Subject to Amended Schedules and Amended Statements**

**Schedule A/B, Part 11 Amendments**

CYE Girard HCO, LLC  
CYE Monmouth - PHC, Inc.  
Lebanon HCO, LLC  
Midwest Health Operations, LLC  
Petersen Health & Wellness, LLC  
Petersen Health Business, LLC  
Petersen Health Care - Farmer City, LLC  
Petersen Health Care - Illini, LLC  
Petersen Health Care - Roseville, LLC  
Petersen Health Care II, Inc.  
Petersen Health Care Management, LLC  
Petersen Health Care VIII, LLC  
Petersen Health Care, Inc.  
Petersen Health Enterprises, LLC  
Petersen Health Group, LLC  
Petersen Health Network, LLC  
Petersen Health Properties, LLC  
Petersen Health Quality, LLC  
Petersen Health Systems, Inc.  
Petersen Management Company, LLC  
Petersen MT3, LLC  
Piper HCO, LLC  
SABL, LLC  
SJL Health Systems, Inc.  
Sullivan HCO, LLC  
Tarkio HCO, LLC  
Tuscola HCO, LLC  
Westside HCO, LLC  
XCH, LLC

**Schedule A/B, Part 55 Amendments**

Knoxville & Pennsylvania, LLC  
Petersen Health Care II, Inc.  
Petersen Health Systems, Inc.

**Schedule E/F Amendments**

CYE Girard HCO, LLC  
CYE Kewanee- PHC, Inc.  
CYE Knoxville - PHC, Inc.  
CYE Monmouth - PHC, Inc.  
Effingham HCO, LLC  
El Paso - PHC, Inc  
Kewanee HCO, LLC  
Knoxville & Pennsylvania, LLC  
Legacy - PHC Inc.  
Marigold - PHC Inc.  
Midwest Health Operations, LLC  
Midwest Health Properties, LLC  
North Aurora HCO, LLC  
Petersen Health & Wellness, LLC  
Petersen Health Business, LLC  
Petersen Health Care - Farmer City, LLC  
Petersen Health Care - Illini, LLC  
Petersen Health Care - Roseville, LLC  
Petersen Health Care II, Inc.  
Petersen Health Care Management, LLC  
Petersen Health Care VIII, LLC  
Petersen Health Care, Inc.  
Petersen Health Enterprises, LLC  
Petersen Health Group, LLC  
Petersen Health Network, LLC  
Petersen Health Properties, LLC  
Petersen Health Quality, LLC  
Petersen Health Systems, Inc.  
Petersen Management Company, LLC  
Polo - PHC, Inc.  
SABL, LLC  
SJL Health Systems, Inc.  
War Drive, LLC  
XCH, LLC

**Schedule G Amendments**

Aledo HCO, LLC  
Arcola HCO, LLC  
Aspen HCO, LLC  
Bement HCO, LLC  
Betty's Garden HCO, LLC  
Casey HCO, LLC  
Collinsville HCO, LLC  
CYE Bradford HCO, LLC  
CYE Bushnell HCO, LLC

CYE Girard HCO, LLC  
CYE Knoxville HCO, LLC  
CYE Monmouth HCO, LLC  
CYE Sullivan HCO, LLC  
CYE Walcott HCO, LLC  
Decatur HCO, LLC  
Eastview HCO, LLC  
Effingham HCO, LLC  
Havana HCO, LLC  
Jonesboro, LLC  
Kewanee HCO, LLC  
Knoxville & Pennsylvania, LLC  
Lebanon HCO, LLC  
Macomb, LLC  
McLeansboro HCO, LLC  
Midwest Health Operations, LLC  
Midwest Health Properties, LLC  
North Aurora HCO, LLC  
Petersen Health & Wellness, LLC  
Petersen Health Business, LLC  
Petersen Health Care - Farmer City, LLC  
Petersen Health Care - Illini, LLC  
Petersen Health Care - Roseville, LLC  
Petersen Health Care II, Inc.  
Petersen Health Care III, LLC  
Petersen Health Care Management, LLC  
Petersen Health Care V, LLC  
Petersen Health Care VII, LLC  
Petersen Health Care XI, LLC  
Petersen Health Care, Inc.  
Petersen Health Enterprises, LLC  
Petersen Health Group, LLC  
Petersen Health Network, LLC  
Petersen Health Properties, LLC  
Petersen Health Quality, LLC  
Petersen Health Systems, Inc.  
Petersen Management Company, LLC  
Petersen MT, LLC  
Petersen MT3, LLC  
Piper HCO, LLC  
Pleasant View HCO, LLC  
Prairie City HCO, LLC  
Robings HCO, LLC  
Rosiclare HCO, LLC  
Royal HCO, LLC  
SABL, LLC

SC Healthcare Holding, LLC  
Shangri La HCO, LLC  
Shelbyville HCO, LLC  
SJL Health Systems, Inc.  
South Elgin, LLC  
Sullivan HCO, LLC  
Swansea HCO, LLC  
Tarkio HCO, LLC  
Tuscola HCO, LLC  
Twin HCO, LLC  
Vandalia HCO, LLC  
Village Kewanee HCO, LLC  
War Drive, LLC  
Watseka HCO, LLC  
Westside HCO, LLC  
XCH, LLC

**SOFA Part 2, Question 4 Amendments**

Midwest Health Operations, LLC  
Petersen Health & Wellness, LLC  
Petersen Health Care - Illini, LLC  
Petersen Health Care - Roseville, LLC  
Petersen Health Care II, Inc.  
Petersen Health Care Management, LLC  
Petersen Health Network, LLC  
Petersen Health Systems, Inc.  
Petersen Management Company, LLC  
SABL, LLC  
SJL Health Systems, Inc.  
XCH, LLC

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF DELAWARE**

**In re**

**SC HEALTHCARE HOLDING, LLC *et al.*,  
  
Debtors.<sup>1</sup>**

Chapter 11

Case No. 24-10443 (TMH)

Jointly Administered

**GLOBAL NOTES  
AND STATEMENTS OF LIMITATIONS, METHODOLOGY,  
AND DISCLAIMERS REGARDING DEBTORS' AMENDED SCHEDULES OF  
ASSETS AND LIABILITIES AND STATEMENTS OF FINANCIAL AFFAIRS**

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**INTRODUCTION**

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.<sup>2</sup>

The debtors and debtors in possession (collectively, the “Debtors” or the “Company”) in the above-captioned chapter 11 cases (these “Chapter 11 Cases”) filed 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 May 31, 2024. *See* Docket Nos. 380–505.

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<sup>1</sup> 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](http://www.kccllc.net/Petersen).

<sup>2</sup> 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.

As discussed in global notes attached to each of the originally filed Schedules and Statements (the “Global Notes”),<sup>3</sup> due in part to the Data Breach, the records of certain “insider” payments disclosed in question 4 of the Schedules were unavailable at the time Schedules and Statements were filed and were thus not represented therein.<sup>4</sup> The Debtors, as denoted in the Global Notes, engaged a third-party accounting firm which has reviewed and recreated certain missing portions of the Debtors’ books and records—relevantly, that work has yielded a more fulsome understanding of the Debtors’ “insider” payments, among other things. Accordingly, the Debtors now file these amendments to the Schedules and Statements (the “Amended Schedules and Statements”) to provide updates to the Schedules and Statements where new details have been made available.

As part of their ongoing business operations and review of their books and records, the Debtors reviewed additional contracts which have been added to Schedule G. The Debtors have also identified additional accounts receivable amounts due from non-Debtor affiliates, real property owned by certain Debtors, additional unsecured claims, and additional payments to insiders, all of which have been added in the Amended Schedules and Statements, where applicable. The Debtors have also included various one-off updates as part of the Amended Schedules and Statements where applicable and necessary.

The Amended 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 Amended Schedules and Statements are unaudited and subject to potential adjustment. In preparing the Amended Schedules and Statements, the Debtors relied on financial data derived from their books and records that was available at the time of preparation.

The Debtors have used commercially reasonable efforts to ensure the accuracy and completeness of information and data; however, subsequent information, data, or discovery may result in material changes to the Amended Schedules and Statements and inadvertent errors, omissions, or inaccuracies may exist.

The Debtors and their estates reserve all rights to further amend or supplement the Amended Schedules and Statements as may be necessary and appropriate, but expressly do not

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<sup>3</sup> Capitalized terms used herein but not otherwise defined shall have the meaning ascribed to them in the Global Notes.

<sup>4</sup> 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.

undertake any obligation to update, modify, revise, or re-categorize the information provided in the Amended 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 Amended Schedules and Statements or these *Global Notes and Statements of Limitations, Methodology, and Disclaimers Regarding Debtors' Amended Schedules of Assets and Liabilities and Statements of Financial Affairs* (these "Amended 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.

Unless specifically amended hereby, the Global Notes are incorporated by reference in full and should be read in conjunction with these Amended Global Notes. These Amended Global Notes should be referred to and reviewed in connection with any review of the Amended Schedules and Statements.

## **SPECIFIC ADDITIONAL DISCLOSURES WITH RESPECT TO AMENDED SCHEDULES AND STATEMENTS**

### **Schedule A/B**

**Item 11:** As previewed in the Global Notes, the Debtors engaged RubinBrown, LLP to review and reconcile certain historical data in their books and records. As a result of that work, the Debtors now have updated books and records and are filing these Amended Schedules and Statements to provide those updated records. As part of Rubin Brown's work, additional unpaid accounts receivable amounts were identified as due and owing to certain Debtors from various non-Debtor affiliates and Mr. Petersen. Such amounts have been added to the appropriate Debtors' accounts receivable values, where applicable, in the Amended Schedules and Statements.

**Item 55:** Upon further review and analysis of the Debtors' real property, particularly in the wake of the sale of substantially all of the Debtors' facilities, the Debtors have identified certain parcels of real property that were either scheduled incorrectly or were inadvertently not scheduled. Accordingly, the Debtors have updated Schedule A/B, item 55, where applicable, to accurately reflect their real property assets.

### **Schedule E/F**

**Part 2:** As previewed in the Global Notes, the Debtors engaged RubinBrown, LLP to review and reconcile certain historical data in their books and records. As part of Rubin Brown's work, additional nonpriority unsecured claims held by non-Debtor affiliates were identified and have been scheduled in the appropriate Debtors' Amended Schedules and Statements.

### **Schedule G**

The Debtors' business is complex, and the Data Breach made the compilation and review of the Debtors' contracts difficult and time-consuming. The amendment to Schedule G reflects the Debtors' best efforts to schedule every known executory contract in the Debtors' books and records. While every effort has been made to ensure the accuracy of Schedule G, inadvertent errors or omissions may have occurred. If the Debtors uncover additional contracts that were not included herein, 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, letters, 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.

### **Statement of Financial Affairs**

**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 deposit 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 were not readily available in the Debtors books at the time of filing the original Schedules and Statements. As discussed above, the Debtors engaged RubinBrown, LLP to review and reconcile certain historical data in their books and records and are filing these Amended Schedules and Statements to provide necessary updates. Rubin Brown's work identified instances in which payments were made to Mr. Petersen during the one-year look-back period set forth in Question 4 for various business-related reasons. Such payments have been added to the appropriate Debtors' Amended Schedules and Statements. Rubin Brown's work also identified additional payments from Debtors to non-Debtor affiliates during the one-year look-back period set forth in Question 4. Such payments have been added to the appropriate Debtors Amended Schedules and Statements and marked with an asterisk ("\*") as marked in the originally filed Schedules and Statements. Finally, in the originally filed Schedules and Statements, certain insider payments were scheduled to "undetermined" insiders. Rubin Brown's work identified the appropriate recipient insiders for those payments and accordingly, the "undetermined" payments have been removed. Rubin Brown's work also identified certain insider payments that were scheduled inadvertently and such payments have been removed from the appropriate Debtors' Amended Schedules and Statements.

*[Remainder of page left intentionally blank]*

**EXHIBIT A**

**Amended Schedules**

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF DELAWARE**

In re:

SC HEALTHCARE HOLDING, LLC, *et al.*,  
Debtors.<sup>1</sup>

Chapter 11

Case No. 24-10443 (TMH)

(Jointly Administered)

**AMENDED SCHEDULES OF ASSETS AND LIABILITIES FOR  
PETERSEN HEALTH CARE II, INC. (CASE NO. 24-10502)**

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Amended Herein:

- Schedule A/B: Assets Real and Personal Property Part 9: Real property
- Schedule A/B: Assets Real and Personal Property Part 11: All other assets
- Schedule E/F: Creditors Who Have Unsecured
- Schedule G: Executory Contracts and Unexpired Leases
- Summary of Assets and Liabilities for Non-Individuals

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**Fill in this information to identify the case:**

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

United States Bankruptcy Court for the: District of Delaware

Case number (if known): 24-10502 (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* .....

\$ 12,429,737.11

**1c. Total of all property:**Copy line 92 from *Schedule A/B* .....

\$ 12,429,737.11

**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* .....

\$ 220.00

**3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F* .....

+ \$ 2,272,952.44

**4. Total liabilities**

Lines 2 + 3a + 3b .....

\$ 2,273,172.44

**Fill in this information to identify the case:**

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

United States Bankruptcy Court for the: District of Delaware

Case number (if known): 24-10502 (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 <u>Huntington</u>	<u>Government</u>	<u>4391</u>	\$	0.00
3.2 <u>Huntington</u>	<u>Operating</u>	<u>9797</u>	\$	2,877.89
3.3 <u>PNC Bank</u>	<u>Commercial</u>	<u>3071</u>	\$	0.00
3.4 <u>PNC Bank</u>	<u>Government</u>	<u>2263</u>	\$	0.00
3.5 <u>PNC Bank</u>	<u>Operating</u>	<u>3952</u>	\$	0.00
3.6 <u>CIBC</u>	<u>Operating</u>	<u>3023</u>	\$	11,715.20

**4. Other cash equivalents (Identify all)**4.1 None \$ \_\_\_\_\_**5. Total of Part 1**

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

\$ 14,593.09

Debtor: Petersen Health Care II, Inc.

Case number (if known): 24-10502

Name

**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 \$ 11,255.52

8.2 Prepaid Management Fees \$ 410,241.00

**9. Total of Part 2.**

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

\$ 421,496.52

Debtor: Petersen Health Care II, Inc.

Case number (if known): 24-10502

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	\$ 30,573.25	- \$	=..... →	\$ 30,573.25

*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.

\$ 30,573.25

Debtor: Petersen Health Care II, Inc.

Case number (if known): 24-10502

Name

**Part 4: Investments****13. Does the debtor own any investments?**

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

Valuation method used  
for current value

Current value of debtor's interest

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

Name of fund or stock:

14.1 None \$

**15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture**

Name of entity:

% of ownership:

15.1 Petersen 23, LLC	100.00%	\$	Undetermined
15.2 Petersen 26, LLC	100.00%	\$	Undetermined
15.3 Petersen 27, LLC	100.00%	\$	Undetermined
15.4 Petersen 29, LLC	100.00%	\$	Undetermined
15.5 Petersen 30, LLC	100.00%	\$	Undetermined
15.6 Petersen Management Company, LLC	100.00%	\$	Undetermined
15.7 Petersen MT, LLC	100.00%	\$	Undetermined
15.8 SABL, LLC	31.88%	\$	Undetermined
15.9 SC Healthcare Holding, LLC	31.88%	\$	Undetermined

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

Describe:

16.1 None \$

**17. Total of Part 4.**

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

\$ 0.00

Debtor: Petersen Health Care II, Inc.

Case number (if known): 24-10502

Name

**Part 5: Inventory, excluding agriculture assets**

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

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

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

23. Total of Part 5.

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

\$ 0.00

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

- ☐ No
- ☐ Yes

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

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

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

- ☐ No
- ☐ Yes

Debtor: Petersen Health Care II, Inc.

Case number (if known): 24-10502

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 Care II, Inc.

Case number (if known): 24-10502

Name

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

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

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

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
---------------------	--	---	------------------------------------

## 39. Office furniture

39.1 Total FFE from Balance Sheet	\$ 573.44	Net Book Value	\$ 573.44
-----------------------------------	-----------	----------------	-----------

## 40. Office fixtures

40.1 See Schedule A/B 39	\$		\$
--------------------------	----	--	----

## 41. Office equipment, including all computer equipment and communication systems equipment and software

41.1 See Schedule A/B 39	\$		\$
--------------------------	----	--	----

42. Collectibles *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

42.1 None	\$		\$
-----------	----	--	----

## 43. Total of Part 7.

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

\$ 573.44
-----------

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

- ☒ No
- ☐ Yes

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

- ☒ No
- ☐ Yes

Debtor: Petersen Health Care II, Inc.

Case number (if known): 24-10502

Name

**Part 8: Machinery, equipment, and vehicles****46. Does the debtor own or lease any machinery, equipment, or vehicles?**

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

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

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

47.1 See Schedule A/B 47 Attachment \$ Undetermined \$ 137,302.50

**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.

\$ 137,302.50
---------------

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

- ☒ No
- ☐ Yes

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

- ☒ No
- ☐ Yes

Debtor: Petersen Health Care II, Inc.

Case number (if known): 24-10502

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	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
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.				
55.1 See Amended Schedule A/B 55 Attachment		\$ 113,902.24		\$ Undetermined

**56. Total of Part 9.**

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

\$ 0.00

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

- ☒ No
- ☐ Yes

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

- ☒ No
- ☐ Yes

Debtor: Petersen Health Care II, Inc.

Case number (if known): 24-10502

Name

**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 None	\$		\$
61. Internet domain names and websites			
61.1 None	\$		\$
62. Licenses, franchises, and royalties			
62.1 None	\$		\$
63. Customer lists, mailing lists, or other compilations			
63.1 Customer / patient list	\$ 0.00		\$ Undetermined
64. Other intangibles, or intellectual property			
64.1 None	\$		\$
65. Goodwill			
65.1 None	\$		\$

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$ 0.00

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☐ No
- ☒ Yes

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

- ☒ No
- ☐ Yes

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

- ☒ No
- ☐ Yes

Debtor: Petersen Health Care II, Inc.

Case number (if known): 24-10502

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 Employee Advances / Loans	\$ 335.00	- \$ Undetermined	=..... → \$ 335.00
71.2 None	\$	- \$	=..... → \$

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

Description (for example, federal, state, local)	—	Tax year	\$
72.1 None			

**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 See AMENDED A/B 77 Attachment \$ 11,824,863.31

**78. Total of Part 11.**

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

\$ 11,825,198.31

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

- ☒ No
- ☐ Yes

Debtor: Petersen Health Care II, Inc.

Case number (if known): 24-10502

Name

**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. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1.</i>	\$ 14,593.09	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	\$ 421,496.52	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	\$ 30,573.25	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	\$ 0.00	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	\$ 0.00	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	\$ 0.00	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	\$ 573.44	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	\$ 137,302.50	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....</i> →		\$ 0.00
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	\$ 0.00	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	\$ 11,825,198.31	
91. <b>Total.</b> Add lines 80 through 90 for each column.....91a.	\$ 12,429,737.11	\$ 0.00
92. <b>Total of all property on Schedule A/B.</b> Lines 91a + 91b = 92. ....		\$ 12,429,737.11

**Fill in this information to identify the case:**

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

United States Bankruptcy Court for the: District of Delaware

Case number (if known): 24-10502 (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
\$ 220.00	\$ 220.00

## 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

City

IL

State

60675

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
<b>3.1 Nonpriority creditor's name and mailing address</b>			<b>As of the petition filing date, the claim is:</b> \$ 271,421.58
Charleston HCO, LLC			<i>Check all that apply.</i>
Creditor Name			<input type="checkbox"/> Contingent
Creditor's Notice name			<input type="checkbox"/> Unliquidated
718 Eighteenth Street			<input type="checkbox"/> Disputed
Address			<b>Basis for the claim:</b>
			Inter Company Loan
Charleston	IL	61920	
City	State	ZIP Code	
Country			
<b>Date or dates debt was incurred</b>			<b>Is the claim subject to offset?</b>
As of 3/31/2024			<input checked="" type="checkbox"/> No
<b>Last 4 digits of account number</b>			<input type="checkbox"/> Yes
Amended herein: added			

<b>3.2 Nonpriority creditor's name and mailing address</b>			<b>As of the petition filing date, the claim is:</b> \$ 241,559.34
Cumberland HCO, LLC			<i>Check all that apply.</i>
Creditor Name			<input type="checkbox"/> Contingent
Creditor's Notice name			<input type="checkbox"/> Unliquidated
300 North Marietta Street			<input type="checkbox"/> Disputed
Address			<b>Basis for the claim:</b>
			Inter Company Loan
Greenup	IL	62428	
City	State	ZIP Code	
Country			
<b>Date or dates debt was incurred</b>			<b>Is the claim subject to offset?</b>
As of 3/31/2024			<input checked="" type="checkbox"/> No
<b>Last 4 digits of account number</b>			<input type="checkbox"/> Yes
Amended herein: added			

Debtor: Petersen Health Care II, Inc.

Case number (if known):

24-10502

Name

## 3.3 Nonpriority creditor's name and mailing address

Law Office of Jeffrey Krumpe

Creditor Name

Creditor's Notice name

110 SW Jefferson

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

## 3.4 Nonpriority creditor's name and mailing address

Law Office of Steven J. Malman

Creditor Name

Creditor's Notice name

W Randolph St

Address

Suite 1700

Chicago

IL

60606

City

State

ZIP Code

Country

## Date or dates debt was incurred

5/10/2017

Last 4 digits of account  
number

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

275,000.00

Check all that apply.

☐ Contingent☒ Unliquidated☒ Disputed

## Basis for the claim:

Litigation

## Is the claim subject to offset?

☒ No☐ Yes

Debtor: Petersen Health Care II, Inc.

Case number (if known):

24-10502

Name

## 3.5 Nonpriority creditor's name and mailing address

Levin &amp; Perconti

Creditor Name

Creditor's Notice name

60 W. Randolph Street

Address

4th Floor

Chicago

IL

60601

City

State

ZIP Code

Country

## Date or dates debt was incurred

2/27/2018

## Last 4 digits of account

number

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

Check all that apply.

☐ Contingent☒ Unliquidated☒ Disputed

## Basis for the claim:

Litigation

## 3.6 Nonpriority creditor's name and mailing address

Levin, Riback, Adelman &amp; Flangel

Creditor Name

Creditor's Notice name

10 N Dearborn

Address

Floor 11

Chicago

IL

60602

City

State

ZIP Code

Country

## Date or dates debt was incurred

10/1/2018

## Last 4 digits of account

number

As of the petition filing date, the claim is: \$ 190,000.00

Check all that apply.

☐ Contingent☒ Unliquidated☒ Disputed

## Basis for the claim:

Litigation

## Is the claim subject to offset?

☒ No☐ Yes

Debtor: Petersen Health Care II, Inc.

Case number (if known):

24-10502

Name

## 3.7 Nonpriority creditor's name and mailing address

Petersen Health Operations, LLC

Creditor Name

Creditor's Notice name

830 W Trailcreek Dr.

Address

Peoria

IL

61614

City

State

ZIP Code

Country

## Date or dates debt was incurred

As of 3/31/2024

Last 4 digits of account  
number

Amended herein: added

As of the petition filing date, the claim is: \$ 828,971.52

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

## Basis for the claim:

Inter Company Loan

## 3.8 Nonpriority creditor's name and mailing address

Thelaw Officesof Steven J. Malman

Creditor Name

Creditor's Notice name

W Randolph St

Address

Suite 1700

Chicago

IL

60606

City

State

ZIP Code

Country

## Date or dates debt was incurred

12/5/2018

Last 4 digits of account  
number

As of the petition filing date, the claim is: \$ 100,000.00

Check all that apply.

☐ Contingent☒ Unliquidated☒ Disputed

## Basis for the claim:

Litigation

## Is the claim subject to offset?

☒ No☐ Yes

Debtor: Petersen Health Care II, Inc.

Case number (if known):

24-10502

Name

## 3.9 Nonpriority creditor's name and mailing address

Thelaw Officesof Steven J. Malman

Creditor Name

Creditor's Notice name

W Randolph St

Address

Suite 1700

Chicago

IL

60606

City

State

ZIP Code

Country

## Date or dates debt was incurred

12/1/2017

## Last 4 digits of account

number

As of the petition filing date, the claim is: \$ 216,000.00

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

☐ Not Listed.Explain

Notice Name

Street

City

State

ZIP Code

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.	\$ 220.00
5b. Total claims from Part 2	5b. +	\$ 2,272,952.44
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	\$ 2,273,172.44

**Fill in this information to identify the case:**

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

United States Bankruptcy Court for the: District of Delaware

Case number (if known): 24-10502 (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 State what the contract or lease is for and the nature of the debtor's interest**

Nxstage Home Hemodialysis Coordination Agreement

Affiliated Home Dialysis, LLC

Name

Attn Steve Bucher

Notice Name

2500 N. Main St., STE 1-A

Address

**State the term remaining****List the contract number of any government contract**

East Peoria

IL

61611

City

State

ZIP Code

Country

*Amended herein: added***2.2 State what the contract or lease is for and the nature of the debtor's interest**

Hospice and Nursing Facility Collaborative Care Agreement

Beacon of Hope Hospice, Inc.

Name

Notice Name

1020 West 35th Street

Address

**State the term remaining****List the contract number of any government contract**

Davenport

IA

52806

City

State

ZIP Code

Country

*Amended herein: added*

Debtor: Petersen Health Care II, Inc.

Case number (if known): 24-10502

Name

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

Mobile Imaging Service Agreement

BioTech X-ray, Inc

Name

Attn Tamara Schwartz, President

Notice Name

1065 Executive Parkway Ste.220

**State the term remaining**

Address

**List the contract number of any government contract**

St. Louis

MO

63141-6367

City

State

ZIP Code

Country

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

Mobile Service Agreement

BioTech X-ray, Inc

Name

Attn Tamara Schwartz, President

Notice Name

1065 Executive Parkway Ste.220

**State the term remaining**

Address

**List the contract number of any government contract**

St. Louis

MO

63141-6367

City

State

ZIP Code

Country

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

Service Agreement

BioTech X-ray, Inc

Name

Attn Tamara Schwartz, President

Notice Name

1065 Executive Parkway Ste.220

**State the term remaining**

Address

**List the contract number of any government contract**

St. Louis

MO

63141-6367

City

State

ZIP Code

Country

*Amended herein: added*

Debtor: Petersen Health Care II, Inc.

Case number (if known): 24-10502

Name

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

Mobile Imaging Services Agreement

BioTech X-ray, Inc.

Name

Attn Tamara Schwartz, President

Notice Name

1065 Executive Parkway, Ste. 220

State the term remaining

Address

List the contract number of any government contract

St. Louis

MO

63141-6367

City

State

ZIP Code

Country

Amended herein: added

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

Renewal Customer Service Agreement

Call One Inc.

Name

Notice Name

225 West Wacker Drive 8th Floor

State the term remaining

Address

List the contract number of any government contract

Chicago

IL

60606

City

State

ZIP Code

Country

Amended herein: added

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

Nursing Facility Hospice Services Agreement

Community Hospice of America, LLC d/b/a Hospice Compassus NWIL

Name

Attn Margaret Carlson

Notice Name

Hospice Compassus NWIL

State the term remaining

Address

755 N Henderson St

List the contract number of any government contract

Galesburg

IL

61401

City

State

ZIP Code

Country

Debtor: Petersen Health Care II, Inc.

Case number (if known): 24-10502

Name

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

Psychological Services Agreement

Deer Oaks Mid-West, L.L.C.

Name

Notice Name

7272 Wurzbach Road, Suite 601

Address

State the term remaining

List the contract number of any government contract

San Antonio

TX

78240

City

State

ZIP Code

Country

Amended herein: added

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

Addendum to Contract Between Provider and Nursing Facility

Deer Oaks Mid-West, LLC

Name

Deborah Theis - Quality Assurance &amp; Compliance Officer

Notice Name

7272 Wurzbach Road, Suite 601

Address

State the term remaining

List the contract number of any government contract

San Antonio

TX

78240

City

State

ZIP Code

Country

Amended herein: added

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

Psychological Services Agreement

Deer Oaks Mid-West, LLC

Name

Notice Name

7272 Wurzbach Road, Suite 601

Address

State the term remaining

List the contract number of any government contract

San Antonio

TX

78240

City

State

ZIP Code

Country

Amended herein: added

Debtor: Petersen Health Care II, Inc.

Case number (if known): 24-10502

Name

2.12 **State what the contract or lease is for and the nature of the debtor's interest**Amendment of Solicitation/Modification of ContractDepartment of Veterans Affairs

Name

Attn Fay Chiappone, Contract Specialist

Notice Name

NCO 23 - Minneapolis**State the term remaining**

Address

708 S. Third St., Suite 200E**List the contract number of any government contract**MinneapolisMN55415

City

State

ZIP Code

Country*Amended herein: added*2.13 **State what the contract or lease is for and the nature of the debtor's interest**Amendment No. 3 to Pharmacy Products and Services AgreementEnloe Drugs, LLC

Name

OMNICARE OF DECATUR

Notice Name

796 N. SUNNYSIDE ROAD**State the term remaining**

Address

**List the contract number of any government contract**DecaturIL62522-1156

City

State

ZIP Code

Country*Amended herein: added*2.14 **State what the contract or lease is for and the nature of the debtor's interest**Laboratory Services AgreementGamma Healthcare, Inc.

Name

Notice Name1717 West Maud**State the term remaining**

Address

**List the contract number of any government contract**Poplar BluffMO63901

City

State

ZIP Code

Country*Amended herein: added*

Debtor: Petersen Health Care II, Inc.

Case number (if known): 24-10502

Name

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

Radiology Services Agreement

Gamma HealthCare, Inc.

Name

Notice Name

1717 West Maud St.

Address

State the term remaining

List the contract number of any government contract

Poplar Bluff

MO

63901

City

State

ZIP Code

Country

Amended herein: added

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

Lease and Service Agreement

Gateway ProClean Inc.

Name

Notice Name

2081 Exchange Drive

Address

State the term remaining

List the contract number of any government contract

St. Charles

MO

63303

City

State

ZIP Code

Country

Amended herein: added

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

Lease and Service Agreement

Gateway ProClean, Inc

Name

Notice Name

2081 Exchange Drive

Address

State the term remaining

List the contract number of any government contract

St. Charles

MO

63303

City

State

ZIP Code

Country

Amended herein: added

Debtor: Petersen Health Care II, Inc.

Case number (if known):

24-10502

Name

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

Lease and Service Agreement

Gateway ProClean, Inc.

Name

Notice Name

2081 Exchange Drive

Address

State the term remaining

List the contract number of any government contract

St. Charles

MO

63303

City

State

ZIP Code

Country

Amended herein: added

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

Lease and Service Agreement and Credit Application

Gateway ProClean, Inc.

Name

Notice Name

2081 Exchange Drive

Address

State the term remaining

List the contract number of any government contract

St. Charles

MO

63303

City

State

ZIP Code

Country

Amended herein: added

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

Purchasing Agreement

Gem Medical Supplies, LLC

Name

Notice Name

730 Anthony Trail

Address

State the term remaining

List the contract number of any government contract

Northbrook

IL

60062

City

State

ZIP Code

Country

Amended herein: added

Debtor: Petersen Health Care II, Inc.

Case number (if known): 24-10502

Name

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

Therapy Services Agreement

Kindred Rehab Services, Inc. dba RehabCare

Name

President, RehabCare

Notice Name

680 South Fourth Street

State the term remaining

Address

List the contract number of any government contract

Louisville

KY

40202

City

State

ZIP Code

Country

Amended herein: added

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

Amended and Restated Therapy Services Agreement

Kindred Rehab Services, LLC

Name

Attn VP, Finance

Notice Name

Rehab Care

State the term remaining

Address

680 South Fourth Street

List the contract number of any government contract

Louisville

KY

40202

City

State

ZIP Code

Country

Amended herein: added

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

Protocol And Agreement for the Provision of Hospice Home Care Services and In-Patient Respite Care

Lincolnland Hospice of Sarah Bush Lincoln

Name

Post Acute Care Director

Notice Name

1004 Health Center Drive, Suite 202

State the term remaining

Address

List the contract number of any government contract

Mattoon

IL

61938

City

State

ZIP Code

Country

Amended herein: added

Debtor: Petersen Health Care II, Inc.

Case number (if known): 24-10502

Name

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

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

Lincolnland Hospice of Sarah Bush Lincoln

Name

Attn Post Acute Care Center

Notice Name

1004 Health Center Drive, Suite 202

**State the term remaining**

Address

**List the contract number of any government contract**

Mattoon

IL

61938

City

State

ZIP Code

Country

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

Master Contract for Biohazard Waste

MCKay's Haz-Mat Truck Service, Inc.

Name

Notice Name

PO Box 1444

**State the term remaining**

Address

**List the contract number of any government contract**

Centralia

IL

62801

City

State

ZIP Code

Country

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

Prime Vendor Product Supply Agreement

McKesson Medical-Surgical Minnesota Supply Inc.

Name

Notice Name

8121 Tenth Avenue North

**State the term remaining**

Address

**List the contract number of any government contract**

Golden Valley

MN

55427

City

State

ZIP Code

Country

*Amended herein: added*

Debtor: Petersen Health Care II, Inc.

Case number (if known): 24-10502

Name

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

Addendum to Contract

Med Management Associates of Indiana, P.C.

Name

Attn Dr. Deborah Theis

Notice Name

7272 Wurzbach Rd. #601

Address

**State the term remaining****List the contract number of any government contract**

San Antonio

TX

78240

City

State

ZIP Code

Country

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

Psychiatry Services Agreement

Med Management Associates of Indiana, P.C.

Name

Notice Name

7272 Wurzbach Rd. Suite 601

Address

**State the term remaining****List the contract number of any government contract**

San Antonio

TX

78240

City

State

ZIP Code

Country

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

Amendment to Contract

Medical Staffing Solutions, LLC

Name

Notice Name

8601 N. Kentucky Ave, Suite A

Address

**State the term remaining****List the contract number of any government contract**

Evansville

IN

47725

City

State

ZIP Code

Country

*Amended herein: added*

Debtor: Petersen Health Care II, Inc.

Case number (if known): 24-10502

Name

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

Amendment to Professional Services Agreement

Medical Staffing Solutions, LLC

Name

Notice Name

8601 N. Kentucky Ave, Suite A

**State the term remaining**

Address

**List the contract number of any government contract**

Evansville

IN

47725

City

State

ZIP Code

Country

*Amended herein: added*2.31 **State what the contract or lease is for and the nature of the debtor's interest**

Attachment 1 to Professional Services Agreement

Medical Staffing Solutions, LLC

Name

Notice Name

8601 N. Kentucky Ave, Suite A

**State the term remaining**

Address

**List the contract number of any government contract**

Evansville

IN

47725

City

State

ZIP Code

Country

*Amended herein: added*2.32 **State what the contract or lease is for and the nature of the debtor's interest**

Professional Services Agreement

Medical Staffing Solutions, LLC

Name

Attn Chief Executive Officer

Notice Name

9700 HWY 57N, Suite A

**State the term remaining**

Address

**List the contract number of any government contract**

Evansville

IN

47725

City

State

ZIP Code

Country

*Amended herein: added*

Debtor: Petersen Health Care II, Inc.

Case number (if known): 24-10502

Name

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

Settlement Agreement and Mutual Release

Midwest Care Centers, Inc.

Name

c/o Tuttera Senior Living Communities

Notice Name

7611 State Line Road, Suite 301

**State the term remaining**

Address

**List the contract number of any government contract**

Kansas City

MO

64114

City

State

ZIP Code

Country

*Amended herein: added*2.34 **State what the contract or lease is for and the nature of the debtor's interest**

Amendment No. 2 to Pharmacy Consultant Agreement

Omnicare

Name

Attn Legal

Notice Name

One CVS Drive Mail Code 1160

**State the term remaining**

Address

**List the contract number of any government contract**

Woonsocket

RI

02895

City

State

ZIP Code

Country

*Amended herein: added*2.35 **State what the contract or lease is for and the nature of the debtor's interest**

Amendment No. 5 to Pharmacy Consultant Agreement

Omnicare

Name

Attn Legal

Notice Name

One CVS Drive Mail Code 1160

**State the term remaining**

Address

**List the contract number of any government contract**

Woonsocket

RI

02895

City

State

ZIP Code

Country

*Amended herein: added*

Debtor: Petersen Health Care II, Inc.

Case number (if known): 24-10502

2.36	<b>State what the contract or lease is for and the nature of the debtor's interest</b>	Amendment No. 6 to Pharmacy Products and Services Agreement	Omnicare
			Name
			Attn Legal
			Notice Name
			One CVS Drive Mail Code 1160
	<b>State the term remaining</b>		Address
	<b>List the contract number of any government contract</b>		
		Woonsocket	RI 02895
		City	State ZIP Code
		Country	

*Amended herein: added*

2.37	<b>State what the contract or lease is for and the nature of the debtor's interest</b>	Amendment to Pharmacy Consultant Agreement	Omnicare
			Name
			Attn Legal
			Notice Name
			One CVS Drive Mail Code 1160
	<b>State the term remaining</b>		Address
	<b>List the contract number of any government contract</b>		
		Woonsocket	RI 02895
		City	State ZIP Code
		Country	

*Amended herein: added*

2.38	<b>State what the contract or lease is for and the nature of the debtor's interest</b>	Letter Amendment re: COVID-19 Vaccination Distribution Services	Omnicare
			Name
			Attn Legal
			Notice Name
			One CVS Drive Mail Code 1160
	<b>State the term remaining</b>		Address
	<b>List the contract number of any government contract</b>		
		Woonsocket	RI 02895
		City	State ZIP Code
		Country	

*Amended herein: added*

Debtor: Petersen Health Care II, Inc.

Case number (if known): 24-10502

Name

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

Pharmacy Consultant Agreement

Omnicare

Name

Attn Legal

Notice Name

One CVS Drive Mail Code 1160

**State the term remaining**

Address

**List the contract number of any government contract**

Woonsocket

RI

02895

City

State

ZIP Code

Country

*Amended herein: added*2.40 **State what the contract or lease is for and the nature of the debtor's interest**

Pharmacy Products and Services Agreement

Omnicare

Name

Attn Legal

Notice Name

One CVS Drive Mail Code 1160

**State the term remaining**

Address

**List the contract number of any government contract**

Woonsocket

RI

02895

City

State

ZIP Code

Country

*Amended herein: added*2.41 **State what the contract or lease is for and the nature of the debtor's interest**

Amendment to Pharmacy Consultant Agreement

Omnicare Pharmacy of the Midwest, LLC dba Omnicare of Kansas City

Name

Notice Name

10400 Hickman Mills Drive, Suite 200

**State the term remaining**

Address

**List the contract number of any government contract**

Kansas City

MO

64137

City

State

ZIP Code

Country

*Amended herein: added*

Debtor: Petersen Health Care II, Inc.

Case number (if known): 24-10502

Name

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

Amendment to Pharmacy Products and Services Agreement

Omnicare Pharmacy of the Midwest, LLC dba Omnicare of Kansas City

Name

Notice Name

10400 Hickman Mills Drive, Suite 200

Address

**State the term remaining**

**List the contract number of any government contract**

Kansas City

MO

64137

City

State

ZIP Code

Country

*Amended herein: added*

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

Amendment to Pharmacy Consultant Agreement

Omnicare, Inc.

Name

Attn General Counsel

Notice Name

900 Omnicare Center

Address

201 East Fourth Street

**State the term remaining**

**List the contract number of any government contract**

Cincinnati

OH

45202

City

State

ZIP Code

Country

*Amended herein: added*

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

Amendment to Pharmacy Products and Services Agreement

Omnicare, Inc.

Name

Attn General Counsel

Notice Name

900 Omnicare Center

Address

201 East Fourth Street

**State the term remaining**

**List the contract number of any government contract**

Cincinnati

OH

45202

City

State

ZIP Code

Country

*Amended herein: added*

Debtor: Petersen Health Care II, Inc.

Case number (if known): 24-10502

Name

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

Pharmacy Consultant Agreement

Omnicare, Inc.

Name

Attn General Counsel

Notice Name

900 Omnicare Center

Address

201 East Fourth Street

State the term remaining

List the contract number of any government contract

Cincinnati

OH

45202

City

State

ZIP Code

Country

Amended herein: added

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

Pharmacy Products and Services Agreement

Omnicare, Inc.

Name

Attn General Counsel

Notice Name

900 Omnicare Center

Address

201 East Fourth Street

State the term remaining

List the contract number of any government contract

Cincinnati

OH

45202

City

State

ZIP Code

Country

Amended herein: added

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

Addendum to Contract

OptimaLab, Inc.

Name

ATT Rehan Akhter

Notice Name

402 West Boughton Road

Address

State the term remaining

List the contract number of any government contract

Bolingbrook

IL

60440

City

State

ZIP Code

Country

Amended herein: added

Debtor: Petersen Health Care II, Inc.

Case number (if known): 24-10502

Name

2.48 **State what the contract or lease is for and the nature of the debtor's interest**Revised Laboratory Services AgreementOptimaLab, Inc.

Name

Attn Rehan Akhter

Notice Name

402 West Boughton Road

Address

**State the term remaining****List the contract number of any government contract**Bolingbrook

City

IL

State

60440

ZIP Code

Country*Amended herein: added*2.49 **State what the contract or lease is for and the nature of the debtor's interest**Transfer AgreementOSF Healthcare System

Name

President

Notice Name

OSF Saint Luke Medical Center

Address

1051 W. South Street**State the term remaining****List the contract number of any government contract**Kewanee

City

IL

State

61443

ZIP Code

Country*Amended herein: added*2.50 **State what the contract or lease is for and the nature of the debtor's interest**Facility AgreementPassages Hospice, LLC

Name

Notice Name515 Warrenville Rd

Address

**State the term remaining****List the contract number of any government contract**Lisle

City

IL

State

60532

ZIP Code

Country*Amended herein: added*

Debtor: Petersen Health Care II, Inc.

Case number (if known): 24-10502

Name

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

Independent Contractor Agreement

Podiatry Plus PC

Name

Notice Name

6560 West Higgins

Address

**State the term remaining****List the contract number of any government contract**

Chicago

IL

60656

City

State

ZIP Code

Country

*Amended herein: added*2.52 **State what the contract or lease is for and the nature of the debtor's interest**

Billing

Presto-X

Name

Notice Name

4521 Leavenworth Street

Address

**State the term remaining****List the contract number of any government contract**

Omaha

NE

68106-1437

City

State

ZIP Code

Country

*Amended herein: added*2.53 **State what the contract or lease is for and the nature of the debtor's interest**

Multi-Facility Supply and Services Agreement

Pulmonary Exchange, Ltd. aka PEL/VIP

Name

Attn Raymond Kalinsky

Notice Name

9840 SW Hwy.

Address

**State the term remaining****List the contract number of any government contract**

Oak Lawn

IL

60453

City

State

ZIP Code

Country

*Amended herein: added*

Debtor: Petersen Health Care II, Inc.

Case number (if known): 24-10502

Name

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

Rental Agreement

RecoverCare, LLC

Name

Attn General Counsel

Notice Name

1920 Stanley Gault Pkwy, Suite 100

**State the term remaining**

Address

**List the contract number of any government contract**

Louisville

KY

40223

City

State

ZIP Code

Country

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

Rental Agreement

RecoverCare, LLC

Name

Attn General Counsel

Notice Name

1920 Stanley Gault Pkwy, Suite 100

**State the term remaining**

Address

**List the contract number of any government contract**

Louisville

KY

40223

City

State

ZIP Code

Country

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

Rental Agreement

RecoverCare, LLC

Name

Attn General Counsel

Notice Name

1920 Stanley Gault Pkwy Suite 100

**State the term remaining**

Address

**List the contract number of any government contract**

Louisville

KY

40223

City

State

ZIP Code

Country

*Amended herein: added*

Debtor: Petersen Health Care II, Inc.

Case number (if known): 24-10502

Name

2.57 **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 Stanlet Gault Pkwy, Suite 100

Address

State the term remaining

List the contract number of any government contract

Louisville

KY

40223

City

State

ZIP Code

Country

Amended herein: added

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

Therapy Services Agreement

RehabCare Group East, Inc.

Name

President, RehabCare

Notice Name

680 South Fourth Street

Address

State the term remaining

List the contract number of any government contract

Louisville

KY

40202

City

State

ZIP Code

Country

Amended herein: added

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

Therapy Services Agreement

RehabCare Group East, Inc. d/b/a RehabCare

Name

President, RehabCare

Notice Name

680 South Fourth Street

Address

State the term remaining

List the contract number of any government contract

Louisville

KY

40202

City

State

ZIP Code

Country

Amended herein: added

Debtor: Petersen Health Care II, Inc.

Case number (if known): 24-10502

Name

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

Therapy Services Agreement

RehabCare Group East, Inc. dba RehabCare

Name

President, RehabCare

Notice Name

680 South Fourth Street

Address

State the term remaining

List the contract number of any government contract

Louisville

KY

40202

City

State

ZIP Code

Country

Amended herein: added

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

Amended and Restated Therapy Services Agreement

RehabCare Group East, LLC

Name

Attn VP, Finance

Notice Name

680 South Fourth Street

Address

State the term remaining

List the contract number of any government contract

Louisville

KY

40202

City

State

ZIP Code

Country

Amended herein: added

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

Second Amended and Restated and Reaffirmed Guaranty Agreement

RehabCare Group East, LLC

Name

Attn Chief Financial Officer

Notice Name

680 South Fourth Street

Address

State the term remaining

List the contract number of any government contract

Louisville

KY

40202

City

State

ZIP Code

Country

Amended herein: added

Debtor: Petersen Health Care II, Inc.

Case number (if known): 24-10502

Name

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

Peritoneal Dialysis Coordination Agreement

Renal Life Link, Inc.

Name

Attn General Counsel

Notice Name

DaVita, Inc.

Address

601 Hawaii St.

**State the term remaining****List the contract number of any government contract**

El Segundo

CA

90245

City

State

ZIP Code

Country

*Amended herein: added*2.64 **State what the contract or lease is for and the nature of the debtor's interest**

Peritoneal Dialysis Coordination Agreement

Renal Life Link, Inc. a Subsidiary of DaVita, Inc.

Name

Attn General Counsel

Notice Name

601 Hawaii St

Address

**State the term remaining****List the contract number of any government contract**

El Segundo

CA

90245

City

State

ZIP Code

Country

*Amended herein: added*2.65 **State what the contract or lease is for and the nature of the debtor's interest**

Business Internet Access, Video and Music Service Agreement

Rifkin Acquisition Partners, LLC

Name

Notice Name

12405 Powerscourt Drive

Address

**State the term remaining****List the contract number of any government contract**

St. Louis

MO

63131

City

State

ZIP Code

Country

*Amended herein: added*

Debtor: Petersen Health Care II, Inc.

Case number (if known): 24-10502

Name

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

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

Sarah Bush Lincoln Health Center d/b/a Lincolnland Hospice  
Name

Attn Post Acute Care Director

Notice Name

1004 Health Center Drive, Suite 202

Address

**State the term remaining****List the contract number of any government contract***Amended herein: added*2.67 **State what the contract or lease is for and the nature of the debtor's interest**

Protocol and Agreement of Hospice Services

Sarah Bush Lincoln Health Center d/b/a Sarah Bush Lincoln Hospice  
Name

Attn Post Acute Care Director

Notice Name

Sarah Bush Lincoln Hospice

Address

1004 Health Center Drive, Suite 202

**State the term remaining****List the contract number of any government contract***Amended herein: added*2.68 **State what the contract or lease is for and the nature of the debtor's interest**

Amendment to Pharmaceutical Product Rebate Agreement

Smith &amp; Nephew, Inc.

Name

Attn Company Secretary

Notice Name

1450 E. Brooks Road

Address

**State the term remaining****List the contract number of any government contract***Amended herein: added*

Memphis

TN

38116

City

State

ZIP Code

Country

Debtor: Petersen Health Care II, Inc.

Case number (if known): 24-10502

Name

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

Rebate Agreement

Smith &amp; Nephew, Inc.

Name

Attn Company Secretary

Notice Name

1450 E. Brooks Road

Address

State the term remaining

List the contract number of any government contract

Memphis

TN

38116

City

State

ZIP Code

Country

Amended herein: added

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

EpicCare Link Site Level Agreement

Southern Illinois Hospital Services

Name

Attention Rex P. Budde

Notice Name

1239 E. Main St.

Address

State the term remaining

List the contract number of any government contract

Carbondale

IL

62902

City

State

ZIP Code

Country

Amended herein: added

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

Clinical Services Agreement

SSM Regional Health Services

Name

Attn Contracts

Notice Name

SSM Health Care Corporation

Address

10101 Woodfield Lane

State the term remaining

List the contract number of any government contract

St. Louis

MO

63132

City

State

ZIP Code

Country

Amended herein: added

Debtor: Petersen Health Care II, Inc.

Case number (if known): 24-10502

Name

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

Agreement to Provide Hospice Services

St. Anthony's Memorial Hospital, of the Hospital Sisters of the Third Order of St. Francis

Name

Notice Name

503 N. Maple St.

Address

State the term remaining

List the contract number of any government contract

Effingham

IL

62401

City

State

ZIP Code

Country

Amended herein: added

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

Patient Transfer Agreement

St. Elizabeth's Hospital of the Hospital Sisters of the Third Order of St. Francis

Name

Notice Name

1 St Elizabeth's Blvd

Address

State the term remaining

List the contract number of any government contract

O'Fallon

IL

62269

City

State

ZIP Code

Country

Amended herein: added

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

BTN Service Agreement

United Communication System, Inc.

Name

Notice Name

123 N Wacker Drive 7th Floor

Address

State the term remaining

List the contract number of any government contract

Chicago

IL

60606

City

State

ZIP Code

Country

Amended herein: added

Debtor: Petersen Health Care II, Inc.

Case number (if known): 24-10502

Name

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

BTN Service Agreement

United Communication System, Inc. d/b/a Call One  
Name

Notice Name

123 N Wacker Drive 7th Floor

Address

**State the term remaining****List the contract number of any government contract**

Chicago

IL

60606

City

State

ZIP Code

Country

*Amended herein: added*2.76 **State what the contract or lease is for and the nature of the debtor's interest**

BTN Service Agreement

United Communication Systems, Inc. d/b/a Call One  
Name

Notice Name

123 North Wacker Floor 7

Address

**State the term remaining****List the contract number of any government contract**

Chicago

IL

60606

City

State

ZIP Code

Country

*Amended herein: added*2.77 **State what the contract or lease is for and the nature of the debtor's interest**

BTN Service Agreement

United Communications Systems, Inc. d/b/a Call One  
Name

Notice Name

123 North Wacker Floor 7

Address

**State the term remaining****List the contract number of any government contract**

Chicago

IL

60606

City

State

ZIP Code

Country

*Amended herein: added*

Debtor: Petersen Health Care II, Inc.

Case number (if known): 24-10502

Name

2.78 **State what the contract or lease is for and the nature of the debtor's interest**Letter Agreement re: Nursing Facility Agreement  
Dated or Amended January 1, 2013

Vitas Healthcare Corporation Midwest

Name

Notice Name

105 Marquette Street, Suite A

Address

**State the term remaining****List the contract number of any government contract**

LaSalle

IL

61301

City

State

ZIP Code

Country

*Amended herein: added*2.79 **State what the contract or lease is for and the nature of the debtor's interest**

Agreement for Nursing Facility Services

Vitas Healthcare Corporation of Illinois

Name

Attn General Manager

Notice Name

105 Marquette Street, Suite A

Address

**State the term remaining****List the contract number of any government contract**

LaSalle

IL

61301

City

State

ZIP Code

Country

*Amended herein: added*2.80 **State what the contract or lease is for and the nature of the debtor's interest**Agreement for Nursing Facility, Inpatient and  
Inpatient Respite Services

Vitas Healthcare Corporation of Illinois

Name

Attn General Manager

Notice Name

105 Marquette Street Suite A

Address

**State the term remaining****List the contract number of any government contract**

LaSalle

IL

61301

City

State

ZIP Code

Country

*Amended herein: added*

Debtor: Petersen Health Care II, Inc.

Case number (if known): 24-10502

Name

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

Agreement for Nursing Facility, Inpatient and Inpatient Respite Services

Vitas Healthcare Corporation of Illinois

Name

Attn General Manager

Notice Name

105 Marquette Street Suite A

**State the term remaining**

Address

**List the contract number of any government contract**

LaSalle

IL

61301

City

State

ZIP Code

Country

*Amended herein: added*2.82 **State what the contract or lease is for and the nature of the debtor's interest**

Contract for Developmental Training Between Facility &amp; Developmental Training Program

Vitas Healthcare Corporation of Illinois

Name

Attn General Manager

Notice Name

105 Marquette Street Suite A

**State the term remaining**

Address

**List the contract number of any government contract**

LaSalle

IL

61301

City

State

ZIP Code

Country

*Amended herein: added*2.83 **State what the contract or lease is for and the nature of the debtor's interest**

Letter Agreement re: Nursing Facility Agreement and Participation in the Medicare or Medicaid Programs

Vitas Healthcare Corporation of Illinois

Name

Notice Name

105 Marquette Street Suite A

**State the term remaining**

Address

**List the contract number of any government contract**

LaSalle

IL

61301

City

State

ZIP Code

Country

*Amended herein: added*

Debtor: Petersen Health Care II, Inc.

Case number (if known): 24-10502

Name

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

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

Vitas Healthcare Corporation of Illinois

Name

Notice Name

105 Marquette Street, Suite A

Address

**State the term remaining**

**List the contract number of any government contract**

LaSalle

IL

61301

City

State

ZIP Code

Country

*Amended herein: added*

**Fill in this information to identify the case:**

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

United States Bankruptcy Court for the: District of Delaware

Case number (if known): 24-10502 (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* Schedule A/B: Assets-Real and Personal Property, Schedule E/F: Creditors Who Have Unsecured Claims, Schedule G: Executory Contracts and Unexpired Leases, Summary of Assets and Liabilities for Non-Individuals
- ☐ *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 04/22/2025

MM / DD / YYYY

✕ / s / David R. Campbell

\_\_\_\_\_  
Signature of individual signing on behalf of debtor

David R. Campbell

\_\_\_\_\_  
Printed name

Authorized Signatory

\_\_\_\_\_  
Position or relationship to debtor

## In re: Petersen Health Care II, Inc.

## Case No. 24-10502

Schedule A/B 47

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

Year	Make	Model	Identification Number (i.e. VIN, HIN or N-number)	Net book value of debtor's interest (where available)	Valuation method used for current value	Current value of debtor's interest
2005	Chevy Uplander	AB82999	1GNDV23L95D225352	Undetermined		Undetermined
2006	Ford CNVTR GER	DL56819	1FTNE24WX6HA76837	Undetermined	Cost	\$12,200.00
2006	Ford E250	DK98627	1FTNE24WX6HB01736	Undetermined	Cost	\$12,200.00
2006	Ford E250	DL33562	1FTNE24W56HB01739	Undetermined	Cost	\$12,200.00
2006	Ford E250	DL56529	1FTNE24W36HB01724	Undetermined	Cost	\$12,200.00
2006	Ford E250	DL56722	1FTNE24W16DA40526	Undetermined		Undetermined
2006	Ford E250	DL57338	1FTNE24W56HB01725	Undetermined	Cost	\$12,200.00
2006	Ford E250	DL83554	1FTNE24W16HB01740	Undetermined	Cost	\$12,200.00
2006	Ford E250	DN92719	1FTNE24W86DA40524	Undetermined		Undetermined
2007	Ford E- 250	DM79982	1FTNS24W07DB39798	Undetermined		Undetermined
2007	Ford E150	DL56724	1FTNE14W67DA73470	Undetermined	Cost	\$14,700.00
2007	Ford E250	DK98871	1FTNE24W17DA37949	Undetermined	Cost	\$16,402.00
2008	Chrysler Town & Country	AM62559	2A8HR54PX8R654236	Undetermined	Cost	\$5,000.00
2008	Ford E 250	97550S-B	1FTNS24W38DA39888	Undetermined		Undetermined
2008	Ford E-250	EG85291	1FTNS24WX8DA70605	Undetermined		Undetermined
2009	Ford E150 Van	DG56461	1FTNE14WX9DA18829	Undetermined		Undetermined
2009	Ford E150 Van	DL74896	1FTNE14W69DA18830	Undetermined		Undetermined
2009	Ford E350 Super Duty Extended	279190D	1FTSS34L09DA37905	Undetermined		Undetermined
2010	Ford	DM80044	1FTNE1EW4ADA89446	Undetermined		Undetermined
2010	Ford E150	DL23903	1FTNE1EW2ADA38088	Undetermined	Cost	\$28,000.50
2010	Ford E350 Van	DJ84271	1FTSS3EL8ADA23284	Undetermined		Undetermined
2010	Ford E350 Van	DL56725	1FTSS3EL6ADA23283	Undetermined		Undetermined
2010	Ford E350 Van	DL56972	1FTSS3EL7ADA23308	Undetermined		Undetermined
2012	Ford E-250 Extended	DL56975	1FTNS2EW1CDA82035	Undetermined		Undetermined
2012	Ford E-250 Extended	DL82697	1FTNS2EW6CDA38824	Undetermined		Undetermined
			<b>TOTAL:</b>	<b>Undetermined</b>	<b>TOTAL:</b>	<b>\$137,302.50</b>

## In re: Petersen Health Care II, Inc.

## Case No. 24-10502

AMENDED Schedule A/B 55

Real property

Description of property	Location of property	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	Amended
Land	CYE Sullivan Lot 1 Parcel # 08-08-11-403-001	Owned	Undetermined		Undetermined	Amended herein - added
Land	CYE Sullivan Lot 10 Parcel # 08-08-11-403-010	Owned	Undetermined		Undetermined	Amended herein - added
Land	CYE Sullivan Lot 11 Parcel # 08-08-11-403-011	Owned	Undetermined		Undetermined	Amended herein - added
Land	CYE Sullivan Lot 12 Parcel # 08-08-11-403-012	Owned	Undetermined		Undetermined	Amended herein - added
Land	CYE Sullivan Lot 13 Parcel # 08-08-11-403-013	Owned	Undetermined		Undetermined	Amended herein - added
Land	CYE Sullivan Lot 14 Parcel # 08-08-11-403-014	Owned	Undetermined		Undetermined	Amended herein - added
Land	CYE Sullivan Lot 15 Parcel # 08-08-11-403-015	Owned	Undetermined		Undetermined	Amended herein - added
Land	CYE Sullivan Lot 16 Parcel # 08-08-11-403-016	Owned	Undetermined		Undetermined	Amended herein - added
Land	CYE Sullivan Lot 17 Parcel # 08-08-11-403-017	Owned	Undetermined		Undetermined	Amended herein - added
Land	CYE Sullivan Lot 18 Parcel # 08-08-11-403-018	Owned	Undetermined		Undetermined	Amended herein - added
Land	CYE Sullivan Lot 19 Parcel # 08-08-11-403-019	Owned	Undetermined		Undetermined	Amended herein - added
Land	CYE Sullivan Lot 2 Parcel # 08-08-11-403-002	Owned	Undetermined		Undetermined	Amended herein - added
Land	CYE Sullivan Lot 20 Parcel # 08-08-11-403-020	Owned	Undetermined		Undetermined	Amended herein - added
Land	CYE Sullivan Lot 21 Parcel # 08-08-11-403-021	Owned	Undetermined		Undetermined	Amended herein - added
Land	CYE Sullivan Lot 22 Parcel # 08-08-11-403-022	Owned	Undetermined		Undetermined	Amended herein - added
Land	CYE Sullivan Lot 23 Parcel # 08-08-11-403-023	Owned	Undetermined		Undetermined	Amended herein - added
Land	CYE Sullivan Lot 24 Parcel # 08-08-11-403-024	Owned	Undetermined		Undetermined	Amended herein - added
Land	CYE Sullivan Lot 25 Parcel # 08-08-11-403-025	Owned	Undetermined		Undetermined	Amended herein - added
Land	CYE Sullivan Lot 4 Parcel # 08-08-11-403-004	Owned	Undetermined		Undetermined	Amended herein - added
Land	CYE Sullivan Lot 5 Parcel # 08-08-11-403-005	Owned	Undetermined		Undetermined	Amended herein - added
Land	CYE Sullivan Lot 8 Parcel # 08-08-11-403-008	Owned	Undetermined		Undetermined	Amended herein - added
Land	CYE Sullivan Lot 9 Parcel # 08-08-11-403-009	Owned	Undetermined		Undetermined	Amended herein - added
Simple Blessings	203 East Monroe Street, Casey, IL 62420	Owned	\$113,902.24		Undetermined	
		<b>TOTAL:</b>	\$113,902.24	<b>TOTAL:</b>	<b>Undetermined</b>	

**In re: Petersen Health Care II, Inc.****Case No. 24-10502**

AMENDED Schedule A/B 77

Other property of any kind not already listed

Other property of any kind not already listed		
	Current value of debtor's interest	Amendment
Inter Company Loan - Mark Petersen	\$419,628.41	Amended herein - added
Inter Company Loan - Mark Petersen	\$5,088,700.55	Amended herein - added
Inter Company Loan - Petersen Companies LLC	\$4,217,648.93	Amended herein - added
Inter Company Loan - Petersen Hotels, LLC	\$1,100,000.00	Amended herein - added
Inter Company Loan - Plaza West Development, LLC	\$800,000.00	Amended herein - added
Inter Company Loan - Twenty Four Corp, LLC	\$198,885.42	Amended herein - added
<b>TOTAL:</b>	<b>\$11,824,863.31</b>	

**EXHIBIT B**

**Amended Statements**

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF DELAWARE**

In re:

SC HEALTHCARE HOLDING, LLC, *et al.*,  
Debtors.<sup>1</sup>

Chapter 11

Case No. 24-10443 (TMH)

(Jointly Administered)

**AMENDED STATEMENT OF FINANCIAL AFFAIRS FOR  
PETERSEN HEALTH CARE II, INC. (CASE NO. 24-10502)**

Amended Herein:

- SOFA Question 4 - Payments/transfers to insiders within 1 year

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<sup>1</sup> 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](http://www.kccllc.net/Petersen).

**Fill in this information to identify the case:**

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

United States Bankruptcy Court for the: District Of Delaware

Case number (if known): 24-10502 (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 1/1/2024 to Filing date MM / DD / YYYY	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other	\$ 49,990.00
For prior year:	From 1/1/2023 to 12/31/2023 MM / DD / YYYY	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other	\$ 299,822.70
For the year before that:	From 1/1/2022 to 12/31/2022 MM / DD / YYYY	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other	\$ 235,807.59

Debtor: Petersen Health Care II, Inc.

Case number (if known): 24-10502

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)
<b>From the beginning of the fiscal year to filing date:</b>	From _____ to Filing date MM / DD / YYYY	_____	\$ _____
<b>For prior year:</b>	From _____ to _____ MM / DD / YYYY MM / DD / YYYY	_____	\$ _____
<b>For the year before that:</b>	From _____ to _____ MM / DD / YYYY MM / DD / YYYY	_____	\$ _____

Debtor: Petersen Health Care II, Inc.

Case number (if known): 24-10502

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		\$	<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
Street			
City State ZIP Code			
Country			

**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 Amended SOFA 4 Attachment Insider's Name		\$	
Street			
City State ZIP Code			
Country			
Relationship to Debtor			

Debtor: Petersen Health Care II, Inc.

Case number (if known): 24-10502

Name

**5. Repossessions, foreclosures, and returns**

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

☒ None

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

**6. Setoffs**

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

☒ None

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

Debtor: Petersen Health Care II, Inc.

Case number (if known): 24-10502

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
City State ZIP Code	Case number	Street
Country	Date of order or assignment	City State ZIP Code
		Country

Debtor: Petersen Health Care II, Inc.

Case number (if known): 24-10502

Name

**Part 4: Certain Gifts and Charitable Contributions**

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

☒ None

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

Debtor: Petersen Health Care II, Inc.

Case number (if known): 24-10502

Name

**Part 5: Certain Losses****10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☐ None

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

Debtor: Petersen Health Care II, Inc.

Case number (if known): 24-10502

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				\$
	<b>Address</b>			
	Street			
	City	State	ZIP Code	
	Country			
	<b>Email or website address</b>			
	<b>Who made the payment, if not debtor?</b>			

**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				\$
	<b>Trustee</b>			

Debtor: Petersen Health Care II, Inc.

Case number (if known): 24-10502

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			\$
<b>Address</b>			
Street			
City	State	ZIP Code	
Country			
<b>Relationship to Debtor</b>			

Debtor: Petersen Health Care II, Inc.

Case number (if known): 24-10502

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	_____	From _____	To _____
	Street _____		
	_____		
	City _____ State _____ ZIP Code _____		
	Country _____		

Debtor: Petersen Health Care II, Inc.

Case number (if known): 24-10502

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 Simple Blessings Facility Name		210
203 East Monroe Street Street	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.	How are records kept? Check all that apply: <input type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper
Casey IL 62420 City State ZIP Code		
Country		

Debtor: Petersen Health Care II, Inc.

Case number (if known): 24-10502

Name

**Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**☐ No.☒ Yes. State the nature of the information collected and retained. Medical and Billing Information

Does the debtor have a privacy policy about that information?

☐ No☒ Yes**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**☐ No. Go to Part 10.☒ Yes. Does the debtor serve as plan administrator?☒ No. Go to Part 10.☐ Yes. Fill in below:

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

Has the plan been terminated?

☐ No☐ Yes

Debtor: Petersen Health Care II, Inc.

Case number (if known): 24-10502

Name

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

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

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

☐ None

Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1 See SOFA 18 Attachment Name _____  Street _____  City _____ State _____ ZIP Code _____  Country _____	XXXX- _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <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 _____  Street _____  City _____ State _____ ZIP Code _____  Country _____	_____	_____	<input type="checkbox"/> No   <input type="checkbox"/> Yes

**Address**

\_\_\_\_\_

Debtor: Petersen Health Care II, Inc.

Case number (if known): 24-10502

Name

**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

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

20.1 See Global Notes

☐ No

Name

☐ Yes

Street

City

State

ZIP Code

Address

Country

Debtor: Petersen Health Care II, Inc.

Case number (if known): 24-10502

Name

**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

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

☐ None

	Owner's name and address	Location of the property	Description of the property	Value
21.1	See Global Notes			\$
	Name			
	Street			
	City	State	ZIP Code	
	Country			

Debtor: Petersen Health Care II, Inc.

Case number (if known): 24-10502

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		<input type="checkbox"/> Pending
	Street		<input type="checkbox"/> On appeal
			<input type="checkbox"/> Concluded
<b>Case Number</b>			
	City State ZIP Code		
	Country		

**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**☒ No☐ Yes. Provide details below.

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

Debtor: Petersen Health Care II, Inc.

Case number (if known): 24-10502

Name

**24. Has the debtor notified any governmental unit of any release of hazardous material?**☒ No☐ Yes. Provide details below.

24.1

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

Debtor: Petersen Health Care II, Inc.

Case number (if known): 24-10502

Name

**Part 13: Details About the Debtor's Business or Connections to Any Business****25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☐ None

Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1 See SOFA 25 Attachment		EIN:
Name		Dates business existed
Street		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

Name and Address	Dates of service
26a.1 Petersen Health Care Management, LLC	From To
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

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

Debtor: Petersen Health Care II, Inc.

Case number (if known): 24-10502

Name

26b.2 Ginoli &amp; 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 &amp; Company

Name

7625 N University St.

Street

Peoria

IL

61614

City

State

ZIP Code

Country

Debtor: Petersen Health Care II, Inc.

Case number (if known): 24-10502

Name

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

26c.3 Petersen Healthcare Management, Mark Petersen

Name

830 West Trailcreek Dr.

Street

Peoria

IL

61614

City

State

ZIP Code

Country

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

26c.4 Clifton, Larson, Allen

Name

301 SW Adams St.

Street

Suite 1000

Peoria

IL

61602

City

State

ZIP Code

Country

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

☐ None
**Name and address**

Name

Street

City

State

ZIP Code

Country

Debtor: Petersen Health Care II, Inc.

Case number (if known): 24-10502

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
		\$
<b>Name and address of the person who has possession of inventory records</b>		
27.1		
Name		
Street		
City State ZIP Code		
Country		

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

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

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

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

Debtor: Petersen Health Care II, Inc.

Case number (if known): 24-10502

Name

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

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

☐ No☒ Yes. Identify below.

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

**31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?**☒ No☐ Yes. Identify below.

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

**32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?**☒ No☐ Yes. Identify below.

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

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.

18 U.S.C. §§ 152, 1341, 1519, and 3571.

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

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

Executed on 04/22/2025  
MM / DD / YYYY

**x** / s / David R. Campbell \_\_\_\_\_

Printed name David R. Campbell \_\_\_\_\_

Signature of individual signing on behalf of the debtor

Position or relationship to debtor Authorized Signatory \_\_\_\_\_

**Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?**

☐ No

☒ Yes

In re: Petersen Health Care II, Inc.

Case No. 24-10502

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)
CT Corporation	830 West Trailcreek Dr		Peoria	IL	61614	3/19/2024	\$13,278.00	Certificate of Good Standing
Greenup IGA	PO Box 336		Greenup	IL	62428	1/3/2024	\$1,334.26	Vendor
Greenup IGA	PO Box 336		Greenup	IL	62428	1/3/2024	\$1,334.26	Vendor
Greenup IGA	PO Box 336		Greenup	IL	62428	1/11/2024	\$1,522.65	Vendor
Greenup IGA	PO Box 336		Greenup	IL	62428	1/11/2024	\$1,522.65	Vendor
Greenup IGA	PO Box 336		Greenup	IL	62428	2/28/2024	\$1,411.63	Vendor
Greenup IGA	PO Box 336		Greenup	IL	62428	2/28/2024	\$1,411.63	Vendor
Greenup IGA	PO Box 336		Greenup	IL	62428	3/14/2024	\$1,408.99	Vendor
Greenup IGA	PO Box 336		Greenup	IL	62428	3/14/2024	\$1,408.99	Vendor
PHC	830 West Trailcreek Dr		Peoria	IL	61614	1/2/2024	\$7,857.83	Loan Payment
PHC	830 West Trailcreek Dr		Peoria	IL	61614	1/16/2024	\$356.17	Loan Payment
PHC	830 West Trailcreek Dr		Peoria	IL	61614	1/18/2024	\$1,035.55	Loan Payment
PHC	830 West Trailcreek Dr		Peoria	IL	61614	2/1/2024	\$7,857.83	Loan Payment
PHC	830 West Trailcreek Dr		Peoria	IL	61614	2/13/2024	\$356.17	Loan Payment
PHC	830 West Trailcreek Dr		Peoria	IL	61614	2/16/2024	\$1,035.55	Loan Payment
PHC	830 West Trailcreek Dr		Peoria	IL	61614	2/26/2024	\$1,576.31	Loan Payment
PHC	830 West Trailcreek Dr		Peoria	IL	61614	3/1/2024	\$7,857.83	Loan Payment
PHC	830 West Trailcreek Dr		Peoria	IL	61614	3/13/2024	\$356.17	Loan Payment
PHC	830 West Trailcreek Dr		Peoria	IL	61614	3/18/2024	\$1,035.55	Loan Payment

In re: Petersen Health Care II, Inc.

Case No. 24-10502

AMENDED 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	Amended
**Please reference Global Notes for additional information related to Intercompany Payments/Transfers									
CYE Girard HCO, LLC*	1016 West North Street	Girard	IL	62640	2/27/2024	\$60,000.00	Wire to	Related Entity	
CYE Girard HCO, LLC*	1016 West North Street	Girard	IL	62640	2/27/2024	\$60,000.00	Wire to	Related Entity	
Mark B. Petersen	830 West Trailcreek Dr.	Peoria	IL	61614	4/21/2023	\$14,520.41	ID&C (TNT)	Owner	Amended Herein - Added
Mark B. Petersen	830 West Trailcreek Dr.	Peoria	IL	61614	11/13/2023	\$37,009.00	MBP BB	Owner	Amended Herein - Added
Mark B. Petersen	830 West Trailcreek Dr.	Peoria	IL	61614	11/13/2023	\$58,099.00	MBP PNC	Owner	Amended Herein - Added
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	7/24/2023	\$100,000.00	Wire to	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	8/30/2023	\$200,000.00	Wire to	Related Entity	
Petersen Health Care Management, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	12/5/2023	\$80,000.00	Wire to	Related Entity	
Petersen Health Network, LLC*	701 Shadwell Avenue	Flora	IL	62839	4/24/2023	\$200,000.00	Wire to	Related Entity	
Petersen Management Company, LLC*	232 Given Street	Flora	IL	62839	5/2/2023	\$50,000.00	Intercompany Transfer	Related Entity	
Petersen Management Company, LLC*	232 Given Street	Flora	IL	62839	5/10/2023	\$130,000.00	Intercompany Transfer	Related Entity	
Petersen Management Company, LLC*	232 Given Street	Flora	IL	62839	6/26/2023	\$500,000.00	Intercompany Transfer	Related Entity	
Petersen Management Company, LLC*	232 Given Street	Flora	IL	62839	9/27/2023	\$160,000.00	Intercompany Transfer	Related Entity	
Petersen Management Company, LLC*	232 Given Street	Flora	IL	62839	10/27/2023	\$25,000.00	Intercompany Transfer	Related Entity	
Petersen Management Company, LLC*	232 Given Street	Flora	IL	62839	10/30/2023	\$100,000.00	Intercompany Transfer	Related Entity	
Petersen Management Company, LLC*	232 Given Street	Flora	IL	62839	11/29/2023	\$25,000.00	Intercompany Transfer	Related Entity	
Petersen Management Company, LLC*	232 Given Street	Flora	IL	62839	11/29/2023	\$130,000.00	Intercompany Transfer	Related Entity	
Petersen Management Company, LLC*	232 Given Street	Flora	IL	62839	12/12/2023	\$100,000.00	Intercompany Transfer	Related Entity	
Petersen Management Company, LLC*	232 Given Street	Flora	IL	62839	12/13/2023	\$110,000.00	Intercompany Transfer	Related Entity	
Petersen Management Company, LLC*	232 Given Street	Flora	IL	62839	12/22/2023	\$75,000.00	Intercompany Transfer	Related Entity	
Petersen Management Company, LLC*	232 Given Street	Flora	IL	62839	1/12/2024	\$20,000.00	Intercompany Transfer	Related Entity	
Petersen Management Company, LLC*	232 Given Street	Flora	IL	62839	1/12/2024	\$50,000.00	Intercompany Transfer	Related Entity	
Petersen Management Company, LLC*	232 Given Street	Flora	IL	62839	1/16/2024	\$72,000.00	Intercompany Transfer	Related Entity	
Petersen Management Company, LLC*	232 Given Street	Flora	IL	62839	2/12/2024	\$45,000.00	Intercompany Transfer	Related Entity	
Petersen Management Company, LLC*	232 Given Street	Flora	IL	62839	2/14/2024	\$9,900.00	Intercompany Transfer	Related Entity	
Petersen Management Company, LLC*	232 Given Street	Flora	IL	62839	2/15/2024	\$900.00	Intercompany Transfer	Related Entity	
SABL, LLC*	830 West Trailcreek Dr.	Peoria	IL	61614	9/12/2023	\$200,000.00	Wire to	Related Entity	
Twenty Four Corp, LLC	830 West Trailcreek Dr.	Peoria	IL	61614	4/13/2023	\$30,000.00	Intercompany Transfer	Related Entity	Amended Herein - Added

In re: Petersen Health Care II, Inc.

Case No. 24-10502

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)
Christopher Meyer, as independent executor of the estate of Margaret Meyer, deceased v. Petersen Health Care II, Inc., an Illinois corporation d/b/a Watseka Rehab & Hlth Care Ctr and Champaign Urbana Nursing and Rehab, LP, an Illinois Limited Partnership d/b/a Champaign Urbana Nrsng & Rehab	2018-L-135	WD/SA pressure injury	Kankakee County Circuit Court	450 East Court Street	Kankakee	IL	60901	
James Kornita, Jr, as special administrator of the estate of James Kornita, Sr., deceased v. Petersen Health Care II, Inc. d/b/a Watseka Rehabilitation & Health Care Center	2018-L-237	WD/choking	10th Judicial Circuit Court of Ill	324 Main St. Ste. 215	Peoria	IL	61602	Concluded
Jason Kellerman, as Independent Administrator of the Estate of Clyde Freeman v. Petersen Health Care II, Inc. d/b/a Watseka Rehabilitation & Health Care Center	2017-L-9	WD/fall w/ head injury	21st Circuit Court of Ill	550 South 10th Street	Watsaka	IL	60970	Concluded
Linda West, as independent executor of the Estate of Helen Coates, deceased v. Petersen Health Care II, Inc., an Illinois corporation d/b/a Watseka Rehabilitation & Health Care Center, Petersen Health Care, Inc., an Illinois corporation	2018-L-4	NHCA/WD/pressure injuries	21st Circuit Court of Ill	550 South 10th Street	Watsaka	IL	60970	Concluded
SELECT REHABILITATION, LLC PLAINTIFF V. MIDWEST HEALTH OPERATIONS, LLC; PETERSEN HEALTH CARE - FARMER CITY, LLC; PETERSEN HEALTH CARE- ILLINI, LLC; PETERSEN HEALTH CARE • OZARK, LLC; PETERSEN HEALTH CARE - WESTSIDE, LLC; PETERSEN HEALTH CARE II, INC.; PETERSEN HEALTH CARE -ROSEVILLE, LLC; PETERSEN HEALTH CARE V, LLC; PETERSEN HEALTH CARE VII, LLC; PETERSEN HEALTH CARE, INC.; PETERSEN HEALTH ENTERPRISES, LLC; PETERSEN HEALTH NETWORK, LLC; PETERSEN HEALTH OPERATIONS III, LLC; PETERSEN HEALTH OPERATIONS, LLC; PETERSEN HEALTH QUALITY, LLC; PETERSEN MANAGEMENT COMPANY, LLC; SJL HEALTH SYSTEMS, INC.; ALEDO HCO, LLC; ARCOLA HCO, LLC; ASPEN HCO, LLC; BEMENT HCO, LLC; CASEY HCO, LLC; CHARL ESTON HCO, LLC; COLLINSVILLE HCO, LLC; CUMBERLAND HCO, LLC; DECATUR HCO, LLC; EASTVIEW HCO, LLC; EFFINGHAM HCO, LLC; HAVANA HCO, LLC; KEWANEE HCO, LLC; LEBANON HCO, LLC; MCLEANSBORO HCO, LLC; NORTH AURORA HCO, LLC; PETERSEN HEALTH BUSINESS, LLC; PETERSEN HEALTH JUNCTION, LLC; PETERSEN HEALTH RESOURCES, LLC; PETERSEN HEALTH & WELLNESS, LLC; PIPER HCO, LLC; PLEASANT VIEW HCO, LLC; PRAIRIE CITY HCO, LLC; ROBINGS HCO, LLC; ROSICLARE HCO, LLC; ROYAL HCO, LLC; SHAN GRI LA HCO, LLC; SHELBYVILLE HCO, LLC; SULLIVAN HCO, LLC; SWANSEA HCO, LLC; TARKIO HCO, LLC; TUSCOLA HCO, LLC; TWIN HCO; VANDALIA HCO, LLC; WATSEKA HCO, LLC; AND WESTSIDE HCO, LLC, DEFENDANTS	2024-LA-0000030	Undeterminable	10th Judicial Circuit Court of Ill	324 Main St. Ste. 215	Peoria	IL	61602	Pending
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	2017-L-21	NHCA/WD/fall w/subdural hematoma	21st Circuit Court of Ill	550 South 10th Street	Watsaka	IL	60970	Concluded

In re: **Petersen Health Care II, Inc.****Case No. 24-10502**

Attachment 18

Closed financial accounts

Financial institution name	Address 1	Address 2	City	State	Zip	Account number (last 4 digits)	Type of account	Date closed	Last balance
Huntington	PO Box 1558 EA1W37		Columbus	OH	43216-1558	4391	Government	4/1/2024	\$24,215.89
Huntington	PO Box 1558 EA1W37		Columbus	OH	43216-1558	9797	Operating	4/1/2024	\$13,818.95
PNC	One Financial Parkway	Locator Z1-Yb42-03-1	Kalamazoo	MI	49009	3071	Commercial	3/6/2024	\$0.00
PNC	One Financial Parkway	Locator Z1-Yb42-03-1	Kalamazoo	MI	49009	2263	Government	3/6/2024	\$0.00
PNC	One Financial Parkway	Locator Z1-Yb42-03-1	Kalamazoo	MI	49009	3952	Operating	3/6/2024	\$0.00

## In re: Petersen Health Care II, Inc.

Case No. 24-10502

Attachment 25

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

Business name	Address 1	Address 2	City	State	Zip	Nature of business	Employer Identification number	Dates business existed
Petersen 23, LLC	1000 Palm Avenue		Mattoon	IL	61938	RE Owner	46-0587947	11/1/2002 - Present
Petersen 26, LLC	232 Given Street		Flora	IL	62839	RE Owner	46-0607608	11/1/2004 - Present
Petersen 27, LLC	700 E. Main Street	PO Box 249	Tuolon	IL	61483	RE Owner	46-0616994	1/1/2005 - Present
Petersen 29, LLC	#5 Doctors Park Road		Mount Vernon	IL	62864	RE Owner	46-0634866	12/1/2005 - Present
Petersen 30, LLC	1700 White Street		Mount Vernon	IL	62864	RE Owner	46-0649755	12/1/2005 - Present
Petersen Management Company, LLC	232 Given Street		Flora	IL	62839	Operator	46-1000637	11/1/2002 - Present
Petersen MT, LLC	830 West Trailcreek Dr.		Peoria	IL	61614	HUD Master Tenant	46-0997351	11/4/2011 - Present
SABL, LLC	830 West Trailcreek Dr.		Peoria	IL	61614	Operating Holdco	36-4954872	11/19/2019 - Present
SC Healthcare Holding, LLC	830 West Trailcreek Dr.		Peoria	IL	61614	RE Holdco	84-3782584	11/19/2019 - Present