

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF NEW MEXICO

Case number (if known) Chapter 11

Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

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). For more information, a separate document, Instructions for Bankruptcy Forms for Non-Individuals, is available.

1. Debtor's name Heartland Care, Inc.

2. All other names debtor used in the last 8 years DBA Heartland Companions and Homemakers DBA Heartland Continuing Care Center Nursing Home DBA Heartland Continuing Care Center FDBA Heartland Care of Artesia FDBA Heartland Care of Hobbs

3. Debtor's federal Employer Identification Number (EIN) 71-0908540

4. Debtor's address Principal place of business Mailing address, if different from principal place of business 1604 W. 18th St Portales, NM 88130 Roosevelt County 1604 W. 18th St Portales, NM 88130

5. Debtor's website (URL)

6. Type of debtor Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) Partnership (excluding LLP) Other. Specify:

7. Describe debtor's business

A. Check one:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Railroad (as defined in 11 U.S.C. § 101(44))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- Clearing Bank (as defined in 11 U.S.C. § 781(3))
- None of the above

B. Check all that apply

- Tax-exempt entity (as described in 26 U.S.C. §501)
- Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- Chapter 7
- Chapter 9

Chapter 11. Check all that apply:

- Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
- The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- A plan is being filed with this petition.
- Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11 (Official Form 201A) with this form.
- The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- No.
- Yes.

If more than 2 cases, attach a separate list.

District _____	When _____	Case number _____
District _____	When _____	Case number _____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- No
- Yes.

List all cases. If more than 1, attach a separate list

Debtor _____	Relationship _____
District _____	When _____ Case number, if known _____

11. Why is the case filed in this district?

Check all that apply:

- Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

No

Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard? _____

It needs to be physically secured or protected from the weather.

It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

Other _____

Where is the property? _____

Number, Street, City, State & ZIP Code

Is the property insured?

No

Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- Funds will be available for distribution to unsecured creditors.
- After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

1-49

50-99

100-199

200-999

1,000-5,000

5,001-10,000

10,001-25,000

25,001-50,000

50,001-100,000

More than 100,000

15. Estimated Assets

\$0 - \$50,000

\$50,001 - \$100,000

\$100,001 - \$500,000

\$500,001 - \$1 million

\$1,000,001 - \$10 million

\$10,000,001 - \$50 million

\$50,000,001 - \$100 million

\$100,000,001 - \$500 million

\$500,000,001 - \$1 billion

\$1,000,000,001 - \$10 billion

\$10,000,000,001 - \$50 billion

More than \$50 billion

16. Estimated liabilities

\$0 - \$50,000

\$50,001 - \$100,000

\$100,001 - \$500,000

\$500,001 - \$1 million

\$1,000,001 - \$10 million

\$10,000,001 - \$50 million

\$50,000,001 - \$100 million

\$100,000,001 - \$500 million

\$500,000,001 - \$1 billion

\$1,000,000,001 - \$10 billion

\$10,000,000,001 - \$50 billion

More than \$50 billion

Debtor **Heartland Care, Inc.**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement 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.

17. Declaration and signature of authorized representative of debtor

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
I have been authorized to file this petition on behalf of the debtor.
I have examined the information in this petition 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 **December 2, 2016**
MM / DD / YYYY

X /s/ Ranelle Tweedy
Signature of authorized representative of debtor
Title **President**

Ranelle Tweedy
Printed name

18. Signature of attorney

X /s/ Bonnie Bassan
Signature of attorney for debtor

Date **December 2, 2016**
MM / DD / YYYY

Bonnie Bassan
Printed name

Moore, Bassan & Behles, P.C.
Firm name

**3800 Osuna NE Suite 2
Albuquerque, NM 87109**
Number, Street, City, State & ZIP Code

Contact phone **505-242-1218** Email address **mbglaw@swcp.com**

7569
Bar number and State

**United States Bankruptcy Court
District of New Mexico**

In re Heartland Care, Inc. Debtor(s)

Case No. _____
Chapter 11

LIST OF EQUITY SECURITY HOLDERS

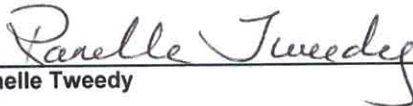
Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
Ranelle Tweedy	Preferred	1000	100%

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **President** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date December 2, 2016

Signature 
Ranelle Tweedy

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.*

Fill in this information to identify the case:

Debtor name **Heartland Care, Inc.**
 United States Bankruptcy Court for the: **DISTRICT OF NEW MEXICO**
 Case number (if known): _____

Check if this is an amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders 12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
A Quality Staffing, LLC Pacific Registered Agents, Inc. 4212 N. Grimes, Ste. 5 Hobbs, NM 88240		Judgment lien				\$42,000.00
ALSCO 404 N. University Ave. Lubbock, TX 79415		Portales				\$1,634.31
Bingham Greenebaum Doll LLP 3500 National City Tower Louisville, KY 40202						\$3,792.45
Century Link P.O. Box 29040 Phoenix, AZ 85038-9040		service for Portales and Artesia				\$1,062.82
First Insurance Funding Corp. P.O. Box 7000 Carol Stream, IL 60197						\$8,750.80
Functional Pathways of Tennessee, LLC 10133 Sherrill Blvd #200, Knoxville, TN 37932		Lawsuit filed in Knox County Chancery Court 187880-1				\$33,422.93

Debtor **Heartland Care, Inc.**
Name _____

Case number (if known) _____

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Genesis c/o Fulz, Maddox, Disckens, Attorneys 101 South Fifth Street, 27th Floor Louisville, KY 40202-3116		lawsuit				\$700,000.00
HSD NM CBA LTC Program P.O. Box 25784 Albuquerque, NM 87125						\$26,907.30
Matrixcare Bin#32 P.O. Box 1414 Minneapolis, MN 55480-1414						\$1,488.00
Names and Numbers P. O. Box 1479 Pittsburg, KS 66762		telephone book				\$5,266.76
NM Taxation & Revenue Dept. P.O. Box 8485 Albuquerque, NM 87198		CRS taxes - audit				\$1,000,000.00
Nonas Bookkeeping P.O. Box 1077 Guymon, OK 73942-1077		Hobbs and Artesia				\$12,000.00
Payday, Inc./6 5011 Indian School Rd NE Albuquerque, NM 87110						\$858.55
Pharmerica Long-Term Care, LLC P.O. Box 409251 Atlanta, GA 30384-9251						\$244,174.66
Pharmerica Long-Term Care, LLC P.O. Box 409251 Atlanta, GA 30384-9251						\$35,580.00
Synertx 7540 North 19th Suite 200 Phoenix, AZ 85021						\$23,457.43

Debtor **Heartland Care, Inc.**
Name _____

Case number (if known) _____

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Tin Smith Mechanical 2114 S Avenue I PI Portales, NM 88130						\$2,698.30
U.S. Foods, Inc. 3700 Prince St SE Albuquerque, NM 87105		Default Judgment lawsuit filed in Fifth Judicial District Court - Lea County				\$8,165.40
W.T. Denton Mech., Inc. P.O. Drawer 1239 Clovis, NM 88102-1239		Portales				\$2,349.61
Xcel Energy 414 Nicollet Mall Minneapolis, MN 55401						\$3,254.72