

B1 (Official Form 1)(04/13)

<b>United States Bankruptcy Court</b> <b>Northern District of Illinois, Eastern Division</b>		<b>Voluntary Petition</b>	
Name of Debtor (if individual, enter Last, First, Middle): <b>Alliance Home Healthcare, Inc.</b>		Name of Joint Debtor (Spouse) (Last, First, Middle):	
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):	
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all) <b>36-3978540</b>		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)	
Street Address of Debtor (No. and Street, City, and State): <b>11001 Southwest Highway</b> <b>Palos Hills, IL</b>		Street Address of Joint Debtor (No. and Street, City, and State):	
<div style="text-align: right;">ZIP Code</div> <b>60465</b>		<div style="text-align: right;">ZIP Code</div>	
County of Residence or of the Principal Place of Business: <b>Cook</b>		County of Residence or of the Principal Place of Business:	
Mailing Address of Debtor (if different from street address):		Mailing Address of Joint Debtor (if different from street address):	
<div style="text-align: right;">ZIP Code</div>		<div style="text-align: right;">ZIP Code</div>	
Location of Principal Assets of Business Debtor (if different from street address above):			
<b>Type of Debtor</b> (Form of Organization) (Check one box) <input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input checked="" type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)		<b>Nature of Business</b> (Check one box) <input checked="" type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other	
<b>Chapter 15 Debtors</b> Country of debtor's center of main interests:  Each country in which a foreign proceeding by, regarding, or against debtor is pending:		<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding	
<b>Tax-Exempt Entity</b> (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		<b>Nature of Debts</b> (Check one box) <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.	
<b>Filing Fee</b> (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		<b>Chapter 11 Debtors</b> Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input checked="" type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 ( <i>amount subject to adjustment on 4/01/16 and every three years thereafter</i> ). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).	
<b>Statistical/Administrative Information</b> <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.		THIS SPACE IS FOR COURT USE ONLY	
<b>Estimated Number of Creditors</b> <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> OVER 100,000			
<b>Estimated Assets</b> <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input checked="" type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion			
<b>Estimated Liabilities</b> <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input checked="" type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion			

## Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

**Alliance Home Healthcare, Inc.**

### All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)

Location

Where Filed: **Northern District of Illinois, Eastern Division**

Case Number:

**14-25269**

Date Filed:

**7/09/14**

Location

Where Filed:

Case Number:

Date Filed:

### Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)

Name of Debtor:

Case Number:

Date Filed:

**- None -**

District:

Relationship:

Judge:

#### Exhibit A

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.

#### Exhibit B

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).

**X**

Signature of Attorney for Debtor(s)

(Date)

#### Exhibit C

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.

☒ No.

#### Exhibit D

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☐ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.

#### Information Regarding the Debtor - Venue

(Check any applicable box)

- ☒ Debtor has been domiciled or has had a residence, 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.
- ☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.
- ☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

#### Certification by a Debtor Who Resides as a Tenant of Residential Property

(Check all applicable boxes)

- ☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

\_\_\_\_\_  
(Name of landlord that obtained judgment)

\_\_\_\_\_  
(Address of landlord)

- ☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and
- ☐ Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.
- ☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

## Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

**Alliance Home Healthcare, Inc.**

### Signatures

#### Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X** \_\_\_\_\_  
Signature of Debtor

**X** \_\_\_\_\_  
Signature of Joint Debtor

\_\_\_\_\_  
Telephone Number (If not represented by attorney)

\_\_\_\_\_  
Date

#### Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

**X** \_\_\_\_\_  
Signature of Foreign Representative

\_\_\_\_\_  
Printed Name of Foreign Representative

\_\_\_\_\_  
Date

#### Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

\_\_\_\_\_  
Printed Name and title, if any, of Bankruptcy Petition Preparer

\_\_\_\_\_  
Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

\_\_\_\_\_  
Address

**X** \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

\_\_\_\_\_  
Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

\_\_\_\_\_  
If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

\_\_\_\_\_  
*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.*

#### Signature of Attorney\*

**X** **/s/ Stephen J. Costello** \_\_\_\_\_  
Signature of Attorney for Debtor(s)

**Stephen J. Costello 6187315**

\_\_\_\_\_  
Printed Name of Attorney for Debtor(s)

**Costello & Costello**

\_\_\_\_\_  
Firm Name

**19 N. Western Ave. (RT 31)  
Carpentersville, IL 60110**

\_\_\_\_\_  
Address

**Email: steve@costellolaw.com**

**847-428-4544 Fax: 847-428-4694**

\_\_\_\_\_  
Telephone Number

**February 11, 2015**

\_\_\_\_\_  
Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

#### Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X** **/s/ Reginaldo Sulit** \_\_\_\_\_  
Signature of Authorized Individual

**Reginaldo Sulit**

\_\_\_\_\_  
Printed Name of Authorized Individual

**Secretary**

\_\_\_\_\_  
Title of Authorized Individual

**February 11, 2015**

\_\_\_\_\_  
Date

B4 (Official Form 4) (12/07)

**United States Bankruptcy Court**  
**Northern District of Illinois, Eastern Division**

In re **Alliance Home Healthcare, Inc.**

Debtor(s)

Case No.  
Chapter

**11**

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	(5) <i>Amount of claim [if secured, also state value of security]</i>
<b>A Plus Therapy, LLC</b> <b>1113 W. Berwyn Avenue</b> <b>Chicago, IL 60640-2301</b>	<b>A Plus Therapy, LLC</b> <b>1113 W. Berwyn Avenue</b> <b>Chicago, IL 60640-2301</b>	<b>Services</b>		<b>28,511.69</b>
<b>A.D. Maxim Consulting, LLC</b> <b>900 Wilshire Drive</b> <b>Suite 351</b> <b>Troy, MI 48084</b>	<b>A.D. Maxim Consulting, LLC</b> <b>900 Wilshire Drive</b> <b>Suite 351</b> <b>Troy, MI 48084</b>	<b>Services</b>		<b>23,159.70</b>
<b>Aerotek Professional Services</b> <b>3689 Collection Center Drive</b> <b>Chicago, IL 60693</b>	<b>Aerotek Professional Services</b> <b>3689 Collection Center Drive</b> <b>Chicago, IL 60693</b>	<b>Services</b>		<b>24,013.52</b>
<b>Alliance Rehab, Inc.</b> <b>28100 Torch Parkway</b> <b>Suite 600</b> <b>Warrenville, IL 60555</b>	<b>Alliance Rehab, Inc.</b> <b>28100 Torch Parkway</b> <b>Suite 600</b> <b>Warrenville, IL 60555</b>	<b>Services</b>		<b>23,966.19</b>
<b>Caring Therapeutics, P.C.</b> <b>10723 Winterset Drive</b> <b>Orland Park, IL 60467</b>	<b>Caring Therapeutics, P.C.</b> <b>10723 Winterset Drive</b> <b>Orland Park, IL 60467</b>	<b>Services</b>		<b>33,340.00</b>
<b>Choice Therapy Services, LTD</b> <b>21437 Prarie Ridge Drive</b> <b>Mokena, IL 60448</b>	<b>Choice Therapy Services, LTD</b> <b>21437 Prarie Ridge Drive</b> <b>Mokena, IL 60448</b>	<b>Services</b>		<b>39,448.45</b>
<b>Citibusiness Card Processing Center</b> <b>Des Moines, IA 50363-0001</b>	<b>Citibusiness Card Processing Center</b> <b>Des Moines, IA 50363-0001</b>	<b>Charges</b>		<b>25,443.50</b>
<b>CK Medical Associates, Ltd</b> <b>1201 South Prarie Avenue</b> <b>Unit 1203</b> <b>Chicago, IL 60605</b>	<b>CK Medical Associates, Ltd</b> <b>1201 South Prarie Avenue</b> <b>Unit 1203</b> <b>Chicago, IL 60605</b>	<b>Services</b>		<b>37,500.00</b>
<b>Dalisay A. Sulit</b> <b>33 Ruffled Feathers Drive</b> <b>Lemont, IL 60439</b>	<b>Dalisay A. Sulit</b> <b>33 Ruffled Feathers Drive</b> <b>Lemont, IL 60439</b>			<b>1,203,996.00</b>
<b>Heritage Technology Solutions</b> <b>13600 South Kenton Avenue</b> <b>Crestwood, IL 60445</b>	<b>Heritage Technology Solutions</b> <b>13600 South Kenton Avenue</b> <b>Crestwood, IL 60445</b>	<b>Services</b>		<b>13,772.95</b>

B4 (Official Form 4) (12/07) - Cont.

In re **Alliance Home Healthcare, Inc.**

Case No. \_\_\_\_\_

Debtor(s)

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

(Continuation Sheet)

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	(5) <i>Amount of claim [if secured, also state value of security]</i>
Illinois Department of Employment S P.O. Box 19300 Springfield, IL 62794-9300	Illinois Department of Employment S P.O. Box 19300 Springfield, IL 62794-9300	Payroll related unemployment insurance		12,876.01
Illinois Department of Revenue P.O. Box 19006 Springfield, IL 62794-9006	Illinois Department of Revenue P.O. Box 19006 Springfield, IL 62794-9006	Payroll taxes		201,588.04
Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346	Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346	Payroll taxes		1,371,716.28
Krieg Devault LLP One Indiana Square Suite 2800 Indianapolis, IN 46204-2079	Krieg Devault LLP One Indiana Square Suite 2800 Indianapolis, IN 46204-2079	Services		71,725.80
Medline Industries, Inc. Dept 14400 Palatine, IL 60055-4400	Medline Industries, Inc. Dept 14400 Palatine, IL 60055-4400	Purchases		12,324.07
Merrill Lynch One North Wacker Drive Suite 1950 Chicago, IL 60606	Merrill Lynch One North Wacker Drive Suite 1950 Chicago, IL 60606	Unfunded pension contributions for 2010. 2011 through 2014 yet to be determined.		166,000.00
Reginaldo Sulit 535 N. Michigan Ave Unit 1814 Chicago, IL 60611	Reginaldo Sulit 535 N. Michigan Ave Unit 1814 Chicago, IL 60611			261,000.00
Reynaldo C. Sulit 33 Ruffled Feathers Drive Lemont, IL 60439	Reynaldo C. Sulit 33 Ruffled Feathers Drive Lemont, IL 60439			661,000.00
South Suburbs Therapy Services 9234 Bundoran Drive Orland Park, IL 60462	South Suburbs Therapy Services 9234 Bundoran Drive Orland Park, IL 60462	Services		11,390.00
Standard Bank and Trust Company c/o James B. Carroll & Associates 7800 W. 95th Street, 2nd Floor Hickory Hills, IL 60457	Standard Bank and Trust Company c/o James B. Carroll & Associates 7800 W. 95th Street, 2nd Floor Hickory Hills, IL 60457	All assets of company, This amount is the total of two loans guaranteed by the debtor of \$1,600,000 and \$13,000,000		14,600,000.00  (3,519,972.00 secured)

B4 (Official Form 4) (12/07) - Cont.

In re **Alliance Home Healthcare, Inc.**

Debtor(s)

Case No. \_\_\_\_\_

**LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS**

(Continuation Sheet)

**DECLARATION UNDER PENALTY OF PERJURY  
ON BEHALF OF A CORPORATION OR PARTNERSHIP**

I, the Secretary of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date **February 11, 2015**

Signature **/s/ Reginaldo Sulit**  
**Reginaldo Sulit**  
**Secretary**

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

**United States Bankruptcy Court**  
**Northern District of Illinois, Eastern Division**

In re **Alliance Home Healthcare, Inc.**,  
Debtor

Case No. \_\_\_\_\_

Chapter **11**

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	<b>Yes</b>	<b>1</b>	<b>0.00</b>		
B - Personal Property	<b>Yes</b>	<b>4</b>	<b>3,519,972.00</b>		
C - Property Claimed as Exempt	<b>No</b>	<b>0</b>			
D - Creditors Holding Secured Claims	<b>Yes</b>	<b>1</b>		<b>14,600,000.00</b>	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	<b>Yes</b>	<b>2</b>		<b>1,573,304.32</b>	
F - Creditors Holding Unsecured Nonpriority Claims	<b>Yes</b>	<b>8</b>		<b>2,764,208.03</b>	
G - Executory Contracts and Unexpired Leases	<b>Yes</b>	<b>1</b>			
H - Codebtors	<b>Yes</b>	<b>1</b>			
I - Current Income of Individual Debtor(s)	<b>No</b>	<b>0</b>			<b>N/A</b>
J - Current Expenditures of Individual Debtor(s)	<b>No</b>	<b>0</b>			<b>N/A</b>
Total Number of Sheets of ALL Schedules		<b>18</b>			
Total Assets			<b>3,519,972.00</b>		
Total Liabilities				<b>18,937,512.35</b>	

**United States Bankruptcy Court**  
**Northern District of Illinois, Eastern Division**

In re **Alliance Home Healthcare, Inc.**,  
Debtor

Case No. \_\_\_\_\_

Chapter **11**

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	
Student Loan Obligations (from Schedule F)	
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	
TOTAL	

**State the following:**

Average Income (from Schedule I, Line 12)	
Average Expenses (from Schedule J, Line 22)	
Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14 )	

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column		
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		
4. Total from Schedule F		
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		



In re Alliance Home Healthcare, Inc. Case No. \_\_\_\_\_  
Debtor

## SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

**Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
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None

Sub-Total > **0.00** (Total of this page)

Total > **0.00**

(Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property

In re **Alliance Home Healthcare, Inc.**

Case No. \_\_\_\_\_

Debtor

## SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

**Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand		<b>General Operating Checking account at Standard Bank</b>	-	<b>0.00</b>
		<b>Payroll account at Standard Bank</b>	-	<b>0.00</b>
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.	X			
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.	X			
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.	X			
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			

Sub-Total > **0.00**  
(Total of this page)

3 continuation sheets attached to the Schedule of Personal Property

In re **Alliance Home Healthcare, Inc.**

Case No. \_\_\_\_\_

Debtor

## SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	<b>X</b>			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	<b>X</b>			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	<b>X</b>			
14. Interests in partnerships or joint ventures. Itemize.	<b>X</b>			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	<b>X</b>			
16. Accounts receivable.		<b>Accounts Receivable (estimated number)</b>	-	<b>562,500.00</b>
		<b>Loan payable due from Argem, LLC (\$1,348,261 uncollectable)</b>	-	<b>0.00</b>
		<b>Loan receivable from Hilton Hotel</b>	-	<b>2,930,124.00</b>
		<b>Possible due from Medicare of \$347,000 but number remains unknown.</b>	-	<b>Unknown</b>
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	<b>X</b>			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	<b>X</b>			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	<b>X</b>			

Sub-Total > **3,492,624.00**  
(Total of this page)

Sheet 1 of 3 continuation sheets attached to the Schedule of Personal Property

In re **Alliance Home Healthcare, Inc.**

Case No. \_\_\_\_\_

Debtor

## SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	<b>X</b>			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	<b>X</b>			
22. Patents, copyrights, and other intellectual property. Give particulars.	<b>X</b>			
23. Licenses, franchises, and other general intangibles. Give particulars.	<b>X</b>			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	<b>X</b>			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		<b>1997 Toyota Land Cruiser</b>	-	<b>5,000.00</b>
26. Boats, motors, and accessories.	<b>X</b>			
27. Aircraft and accessories.	<b>X</b>			
28. Office equipment, furnishings, and supplies.		<b>Office equipment including computer systems and phone systems.</b>	-	<b>8,348.00</b>
		<b>Office Furniture</b>	-	<b>4,000.00</b>
29. Machinery, fixtures, equipment, and supplies used in business.	<b>X</b>			
30. Inventory.		<b>Inventory of medical supplies</b>	-	<b>10,000.00</b>
31. Animals.	<b>X</b>			
32. Crops - growing or harvested. Give particulars.	<b>X</b>			

Sub-Total > **27,348.00**  
(Total of this page)

Sheet **2** of **3** continuation sheets attached to the Schedule of Personal Property

In re **Alliance Home Healthcare, Inc.**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
33. Farming equipment and implements.	<b>X</b>			
34. Farm supplies, chemicals, and feed.	<b>X</b>			
35. Other personal property of any kind not already listed. Itemize.	<b>X</b>			

Sheet **3** of **3** continuation sheets attached to the Schedule of Personal Property

Sub-Total > **0.00**  
(Total of this page)  
Total > **3,519,972.00**

(Report also on Summary of Schedules)

B6D (Official Form 6D) (12/07)

In re **Alliance Home Healthcare, Inc.**

Case No. \_\_\_\_\_

Debtor

## SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T C	D A T E C L A I M W A S I N C U R R E D, N A T U R E O F L I E N, A N D D E S C R I P T I O N A N D V A L U E O F P R O P E R T Y S U B J E C T T O L I E N	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M W I T H O U T D E D U C T I N G V A L U E O F C O L L A T E R A L	U N S E C U R E D P O R T I O N, I F A N Y
Account No.			<b>2005</b>					
<b>Standard Bank and Trust Company c/o James B. Carroll &amp; Associates 7800 W. 95th Street, 2nd Floor Hickory Hills, IL 60457</b>	<b>X</b>		<b>blanket lien on all assets</b>					
			<b>All assets of company, This amount is the total of two loans guaranteed by the debtor of \$1,600,000 and \$13,000,000</b>					
			Value \$ <b>3,519,972.00</b>				<b>14,600,000.00</b>	<b>11,080,028.00</b>
Account No.								
			Value \$					
Account No.								
			Value \$					
Account No.								
			Value \$					
Subtotal (Total of this page)							<b>14,600,000.00</b>	<b>11,080,028.00</b>
Total (Report on Summary of Schedules)							<b>14,600,000.00</b>	<b>11,080,028.00</b>

0 continuation sheets attached

In re **Alliance Home Healthcare, Inc.**

Case No. \_\_\_\_\_

Debtor

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

### TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

#### ☐ Domestic support obligations

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

#### ☐ Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

#### ☐ Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

#### ☐ Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

#### ☐ Certain farmers and fishermen

Claims of certain farmers and fishermen, up to \$6,150\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

#### ☐ Deposits by individuals

Claims of individuals up to \$2,775\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

#### ☒ Taxes and certain other debts owed to governmental units

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

#### ☐ Commitments to maintain the capital of an insured depository institution

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

#### ☐ Claims for death or personal injury while debtor was intoxicated

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re **Alliance Home Healthcare, Inc.**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**  
(Continuation Sheet)

**Taxes and Certain Other Debts  
Owed to Governmental Units**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No. <b>xxxxx8540</b>			<b>2013-2014</b>					
<b>Illinois Department of Revenue P.O. Box 19006 Springfield, IL 62794-9006</b>		-	<b>Payroll taxes</b>					<b>6,095.16</b>
							<b>201,588.04</b>	<b>195,492.88</b>
Account No.			<b>2012-2014</b>					
<b>Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346</b>		-	<b>Payroll taxes</b>					<b>0.00</b>
							<b>1,371,716.28</b>	<b>1,371,716.28</b>
Account No.								
Account No.								
Account No.								

Sheet **1** of **1** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Priority Claims

Subtotal  
(Total of this page)

**1,573,304.32** **6,095.16**  
**1,567,209.16**

Total  
(Report on Summary of Schedules)

**1,573,304.32** **6,095.16**  
**1,567,209.16**



In re **Alliance Home Healthcare, Inc.**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T O R	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.			<b>2014 Services</b>				
<b>A Plus Therapy, LLC 1113 W. Berwyn Avenue Chicago, IL 60640-2301</b>		-					<b>28,511.69</b>
Account No.			<b>2014 Services</b>				
<b>A.D. Maxim Consulting, LLC 900 Wilshire Drive Suite 351 Troy, MI 48084</b>		-					<b>23,159.70</b>
Account No.			<b>2014 Services</b>				
<b>Actuaries &amp; Benefits Consultant 4590 N. State Rd. 75 North Salem, IN 46165</b>		-					<b>5,400.00</b>
Account No.			<b>2014 Services</b>				
<b>Aerotek Professional Services 3689 Collection Center Drive Chicago, IL 60693</b>		-					<b>24,013.52</b>
Subtotal (Total of this page)							<b>81,084.91</b>

7 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

In re **Alliance Home Healthcare, Inc.**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>2014 Services</b>				
<b>Alliance Rehab, Inc. 28100 Torch Parkway Suite 600 Warrenville, IL 60555</b>	-					<b>23,966.19</b>
Account No. <b>xxxx xxx:x-2003</b>		<b>2014 Charges</b>				
<b>American Express Box 0001 Los Angeles, CA 90096-8000</b>	-					<b>10,842.26</b>
Account No. <b>****1008</b>		<b>2014 Charges</b>				
<b>American Express Box 0001 Los Angeles, CA 90096-8000</b>	-					<b>1,760.37</b>
Account No. <b>xxxx-xxxx-xxxx-7095</b>		<b>2014 Charges</b>				
<b>Capital One P.O. Box 6492 Carol Stream, IL 60197-6492</b>	-					<b>6,839.85</b>
Account No.		<b>2014 Services</b>				
<b>Caring Therapeutics, P.C. 10723 Winterset Drive Orland Park, IL 60467</b>	-					<b>33,340.00</b>
Sheet no. <u>1</u> of <u>7</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal (Total of this page)</b>
						<b>76,748.67</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Alliance Home Healthcare, Inc.**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>2014 Services</b>				
<b>Choice Therapy Services, LTD 21437 Prarie Ridge Drive Mokena, IL 60448</b>	-					<b>39,448.45</b>
Account No.		<b>Malpractice claim</b>				
<b>Christine Fuller c/o Law Offices of Steven J. Malman 205 Weste Randolph, Suite 619 Chicago, IL 60606</b>	-			X	X	<b>0.00</b>
Account No. <b>xxxx-xxxx-xxxx-0136</b>		<b>2014 Charges</b>				
<b>Citibusiness Card Processing Center Des Moines, IA 50363-0001</b>	-					<b>25,443.50</b>
Account No. <b>xxxx-xxxx-xxxx-9660</b>		<b>2014 Services</b>				
<b>Citibusiness Card P.O. Box 688901 Des Moines, IA 50368-8901</b>	-					<b>7,957.85</b>
Account No.		<b>2014 Services</b>				
<b>CK Medical Associates, Ltd 1201 South Prarie Avenue Unit 1203 Chicago, IL 60605</b>	-					<b>37,500.00</b>
Sheet no. <b>2</b> of <b>7</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>110,349.80</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Alliance Home Healthcare, Inc.**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>2014</b>				
<b>Cut Above Landscaping</b> <b>670 Vandustrial Drive</b> <b>Westmont, IL 60559</b>	-	<b>Services</b>				<b>9,595.00</b>
Account No.		<b>2014</b>				
<b>Dalisay A. Sulit</b> <b>33 Ruffled Feathers Drive</b> <b>Lemont, IL 60439</b>	-					<b>1,203,996.00</b>
Account No. <b>xxxxxxxx3154</b>		<b>2014</b>				
<b>Decision Health</b> <b>P.O. Box 9405</b> <b>Gaithersburg, MD 20898-9405</b>	-	<b>Services</b>				<b>1,215.83</b>
Account No. <b>xx-xxLC01</b>		<b>2014</b>				
<b>Gerimedix Midwest</b> <b>405 University Drive</b> <b>Arlington Heights, IL 60004</b>	-	<b>Services</b>				<b>7,756.57</b>
Account No.		<b>2014</b>				
<b>Healthcare Staffing Inc</b> <b>558 Cleveland Drive</b> <b>Bolingbrook, IL 60440</b>	-	<b>Services</b>				<b>3,589.58</b>
Sheet no. <u>3</u> of <u>7</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>1,226,152.98</b>

B6F (Official Form 6F) (12/07) - Cont.

In re **Alliance Home Healthcare, Inc.**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>x9654</b>  <b>Heritage Technology Solutions</b> <b>13600 South Kenton Avenue</b> <b>Crestwood, IL 60445</b>	-	<b>2014</b> <b>Services</b>				<b>13,772.95</b>
Account No.  <b>Horizon Physical Therapy</b> <b>6441 S. Pulaski Rd.</b> <b>Chicago, IL 60629</b>	-	<b>2014</b> <b>Services</b>				<b>8,960.00</b>
Account No. <b>xxxx973-0</b>  <b>Illinois Department of Employment S</b> <b>P.O. Box 19300</b> <b>Springfield, IL 62794-9300</b>	-	<b>2014</b> <b>Payroll related unemployment insurance</b>				<b>12,876.01</b>
Account No. <b>xxxx#xxxx x0001</b>  <b>Krieg Devault LLP</b> <b>One Indiana Square</b> <b>Suite 2800</b> <b>Indianapolis, IN 46204-2079</b>	-	<b>2012-2014</b> <b>Services</b>				<b>71,725.80</b>
Account No. <b>xxx9474</b>  <b>Medline Industries, Inc.</b> <b>Dept 14400</b> <b>Palatine, IL 60055-4400</b>	-	<b>2014</b> <b>Purchases</b>				<b>12,324.07</b>
Sheet no. <u>4</u> of <u>7</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						<b>119,658.83</b>

In re **Alliance Home Healthcare, Inc.**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
Account No. <b>xxx-x5X79</b>		-	<b>2012-2014</b> <b>Unfunded pension contributions for 2010.</b> <b>2011 through 2014 yet to be determined.</b>				<b>166,000.00</b>	
<b>Merrill Lynch</b> <b>One North Wacker Drive</b> <b>Suite 1950</b> <b>Chicago, IL 60606</b>								
Account No.		-	<b>2014</b> <b>Services</b>				<b>6,025.00</b>	
<b>North American Rehab Services Ltd</b> <b>4920 N. Central Avenue</b> <b>Suite 1C</b> <b>Chicago, IL 60630</b>								
Account No. <b>xxxx-xxxx-xxxx-6851</b>		-	<b>2014</b> <b>Purchases</b>				<b>2,511.61</b>	
<b>Office Depot Credit Plan</b> <b>P O Box 689020</b> <b>Des Moines, Ia 50368-9020</b>								
Account No.		-	<b>2014</b> <b>Services</b>				<b>11,143.00</b>	
<b>OT Services of Illinois LLC</b> <b>4685 Old Oaks Drive 3C</b> <b>Lisle, IL 60532</b>								
Account No.		-	<b>2014</b> <b>Services</b>				<b>7,650.00</b>	
<b>Physical Therapy Consultants, Ltd</b> <b>6006 W. 159th Street</b> <b>Bldg A, Unit B</b> <b>Oak Forest, IL 60452</b>								
Sheet no. <u>5</u> of <u>7</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	<b>193,329.61</b>

B6F (Official Form 6F) (12/07) - Cont.

In re Alliance Home Healthcare, Inc. Case No. \_\_\_\_\_  
Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		<b>2014</b>				
<b>Professional Rehabilitation Service</b> <b>6400 W. College Drive</b> <b>Suite 100</b> <b>Palos Heights, IL 60463</b>	-	<b>Services</b>				<b>2,945.00</b>
Account No.		<b>2014</b>				
<b>Reginaldo Sulit</b> <b>535 N. Michigan Ave</b> <b>Unit 1814</b> <b>Chicago, IL 60611</b>	-					<b>261,000.00</b>
Account No.		<b>2014</b>				
<b>Reynaldo C. Sulit</b> <b>33 Ruffled Feathers Drive</b> <b>Lemont, IL 60439</b>	-					<b>661,000.00</b>
Account No. <b>xxxx-xxxx-xxxx-6067</b>		<b>2014</b>				
<b>Sam's Club Discover GECRB</b> <b>PO Box 960013</b> <b>Orlando, FL 32896-0013</b>	-	<b>Charges</b>				<b>9,693.23</b>
Account No.		<b>2014</b>				
<b>South Suburbs Therapy Services</b> <b>9234 Bundoran Drive</b> <b>Orland Park, IL 60462</b>	-	<b>Services</b>				<b>11,390.00</b>
Sheet no. <u>6</u> of <u>7</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>946,028.23</b>

B6F (Official Form 6F) (12/07) - Cont.

In re Alliance Home Healthcare, Inc., Case No. \_\_\_\_\_  
Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
<b>U.S. Department of Labor Employee Benefits Security Administ 230 South Dearborn, Ste 2160 Chicago, IL 60604</b>	-		<b>Notice purposes only</b>			<b>0.00</b>
Account No.						
<b>VITAL REHABILITATION ASSOCIATION I 5820 W. Irving Park Road Chicago, IL 60634</b>	-		<b>2014 Services</b>			<b>10,855.00</b>
Account No.						
Account No.						
Account No.						
Sheet no. <u>7</u> of <u>7</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						<b>10,855.00</b>
						Total (Report on Summary of Schedules)
						<b>2,764,208.03</b>



In re **Alliance Home Healthcare, Inc.**

Case No. \_\_\_\_\_

Debtor

## SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code,  
of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest.  
State whether lease is for nonresidential real property.  
State contract number of any government contract.

In re **Alliance Home Healthcare, Inc.**

Case No. \_\_\_\_\_

Debtor

## SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
<b>Argem, LLC</b>	<b>Standard Bank and Trust Company c/o James B. Carroll &amp; Associates 7800 W. 95th Street, 2nd Floor Hickory Hills, IL 60457</b>
<b>Dalisay A. Sulit 11001 Southwest Highway Palos Hills, IL 60465</b>	<b>Standard Bank and Trust Company c/o James B. Carroll &amp; Associates 7800 W. 95th Street, 2nd Floor Hickory Hills, IL 60457</b>
<b>Orbitz Group, LLC</b>	<b>Standard Bank and Trust Company c/o James B. Carroll &amp; Associates 7800 W. 95th Street, 2nd Floor Hickory Hills, IL 60457</b>
<b>Reginald Sulit 11001 Southwest Highway Palos Hills, IL 60465</b>	<b>Standard Bank and Trust Company c/o James B. Carroll &amp; Associates 7800 W. 95th Street, 2nd Floor Hickory Hills, IL 60457</b>
<b>Reynaldo C. Sulit 11001 Southwest Highway Palos Hills, IL 60465</b>	<b>Standard Bank and Trust Company c/o James B. Carroll &amp; Associates 7800 W. 95th Street, 2nd Floor Hickory Hills, IL 60457</b>

**United States Bankruptcy Court**  
**Northern District of Illinois, Eastern Division**

In re **Alliance Home Healthcare, Inc.**

Debtor(s)

Case No.  
Chapter

**11**

**DECLARATION CONCERNING DEBTOR'S SCHEDULES**

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the Secretary of the corporation named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of **20** sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **February 11, 2015**

Signature **/s/ Reginaldo Sulit**  
**Reginaldo Sulit**  
**Secretary**

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

B7 (Official Form 7) (04/13)

**United States Bankruptcy Court  
Northern District of Illinois, Eastern Division**

In re **Alliance Home Healthcare, Inc.**

Debtor(s)

Case No.

Chapter

**11**

**STATEMENT OF FINANCIAL AFFAIRS**

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

*DEFINITIONS*

*"In business."* A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

*"Insider."* The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate 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(2), (31).

**1. Income from employment or operation of business**

None

☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
<b>\$500,000.00</b>	<b>2015 YTD: Debtor Business Income</b>
<b>\$4,142,838.00</b>	<b>2014: Debtor Business Income</b>
<b>\$4,875,826.00</b>	<b>2013 Debtor Business income</b>

**2. Income other than from employment or operation of business**

None

☒

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
--------	--------

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### 3. Payments to creditors

None ☒ **Complete a. or b., as appropriate, and c.**

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
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None ☐ b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225\*. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
<b>Gerimedix Midwest</b> <b>405 University Drive</b> <b>Arlington Heights, IL 60004</b>	<b>Last 90 days</b>	<b>\$11,059.86</b>	<b>\$10,904.95</b>
<b>Alliance Rehab, Inc.</b> <b>28100 Torch Parkway</b> <b>Suite 600</b> <b>Warrenville, IL 60555</b>		<b>\$6,041.24</b>	<b>\$23,966.19</b>
<b>Quality Therapy</b>		<b>\$26,000.35</b>	<b>\$0.00</b>
<b>Internal Revenue Service</b> <b>PO Box 7346</b> <b>Philadelphia, PA 19101-7346</b>		<b>\$122,797.74</b>	<b>\$1,371,716.28</b>
<b>Illinois Department of Revenue</b> <b>P.O. Box 19006</b> <b>Springfield, IL 62794-9006</b>		<b>\$28,065.36</b>	<b>\$201,588.04</b>

None ☐ c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
<b>Argem, LLC</b>  <b>Insider/Landlord</b>	<b>Paid monthly rent of approx</b> <b>\$22,000 each month</b> <b>January 2014 through July</b> <b>2104 then \$19,000 per</b> <b>month since then.</b>	<b>\$211,168.17</b>	<b>\$0.00</b>
<b>Reginaldo Sulit</b> <b>535 N. Michigan Ave</b> <b>Unit 1814</b> <b>Chicago, IL 60611</b> <b>Secretary, shareholder and operating manager</b>	<b>Loan repayments</b>	<b>\$9,125.23</b>	<b>\$261,000.00</b>

\* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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#### 4. Suits and administrative proceedings, executions, garnishments and attachments

- None ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
<b>Flint V. Alliance Home Healthcare</b>	<b>Malpractice claim</b>	<b>Cook County, Chicago, IL</b>	
<b>Fuller V. Alliance Home Healthcare</b>	<b>Malpractice</b>	<b>Cook County, Chicago, IL</b>	
<b>A Plus Therapy, LLC v. Alliance Home Healthcare, Inc. 2014-M1-144555</b>	<b>Collection</b>	<b>Cook County, Chicago, IL</b>	
<b>Medline Industries, Inc. v. Alliance Home Healthcare 14M1-147802</b>	<b>Collection</b>	<b>Cook County, Chicago, IL</b>	<b>Judgment</b>

- None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
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#### 5. Repossessions, foreclosures and returns

- None ☒ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
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#### 6. Assignments and receiverships

- None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
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- None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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### 7. Gifts

None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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### 8. Losses

None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
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### 9. Payments related to debt counseling or bankruptcy

None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Sulalman Law Group	June 2014	\$20,284
Costello & Costello and Dizon and Young 19 N. Western Ave. (RT 31) Carpentersville, IL 60110	February 2015	\$20,000

### 10. Other transfers

None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
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None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
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### 11. Closed financial accounts

None ☐ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
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### 12. Safe deposit boxes

None ☐ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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### 13. Setoffs

None ☐ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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### 14. Property held for another person

None ☐ List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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### 15. Prior address of debtor

None ☐ If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
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### 16. Spouses and Former Spouses

None ☐ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME



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# 17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

- None ☐ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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- None ☐ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
-----------------------	---------------------------------------	----------------	-------------------

- None ☐ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
---------------------------------------	---------------	-----------------------

# 18. Nature, location and name of business

- None ☐ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

*If the debtor is a partnership*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

*If the debtor is a corporation*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
Alliance Home Healthcare		11001 Southwest Highway Palos Hills, IL 60465	provider of home health care services	1994 to present

- None ☐ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
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The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

### 19. Books, records and financial statements

- None ☐ a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS  
**Donald A. Jarvis and Company**  
**1107 S. Manheim Rd.**  
**Suite 216**  
**Westchester, IL 60154**

DATES SERVICES RENDERED  
**2005-present**

- None ☐ b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME ADDRESS  
**Brian D. Neitfeldt, Ltd**

DATES SERVICES RENDERED  
**March 2013 on behalf of Standard Bank.**

- None ☐ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME ADDRESS  
**Donald A. Jarvis and Associates**

- None ☒ d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS DATE ISSUED

### 20. Inventories

- None ☒ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY INVENTORY SUPERVISOR DOLLAR AMOUNT OF INVENTORY  
 (Specify cost, market or other basis)

- None ☒ b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

DATE OF INVENTORY NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY  
 RECORDS

### 21. Current Partners, Officers, Directors and Shareholders

- None ☒ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS NATURE OF INTEREST PERCENTAGE OF INTEREST

B7 (Official Form 7) (04/13)

None ☐ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP
<b>Dalisay A. Sulit</b> <b>33 Ruffled Feathers Drive</b> <b>Lemont, IL 60439</b>	<b>President</b>	<b>69.5 % owner of stock</b>
<b>Reynaldo C. Sulit</b> <b>33 Ruffled Feathers Drive</b> <b>Lemont, IL 60439</b>		<b>5% owner of stock</b>
<b>Reginaldo Sulit</b> <b>535 N. Michigan Avenue</b> <b>Unit 1814</b> <b>Chicago, IL 60611</b>	<b>Secretary</b>	<b>5.5% owner of stock</b>
<b>Roberto Sulit</b> <b>2003 N. Bronson</b> <b>Los Angeles, CA 90068</b>		<b>5% owner of stock</b>
<b>Rafael Sulit</b> <b>40 W. 116th St.</b> <b>New York, NY 10026-2959</b>		<b>5% owner of stock</b>
<b>Rommel A. Sulit</b> <b>5916 Rickey Drive</b> <b>Austin, TX 78757</b>		<b>5% owner of stock</b>
<b>Madonna Sulit-Rheingans</b> <b>16195 Olha Farm Way</b> <b>Homer Glen, IL 60491</b>		<b>5% owner of stock</b>

## 22 . Former partners, officers, directors and shareholders

None ☒ a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL
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None ☒ b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
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## 23 . Withdrawals from a partnership or distributions by a corporation

None ☐ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
<b>Reginaldo Sulit</b> <b>535 N. Michigan Ave</b> <b>Unit 1814</b> <b>Chicago, IL 60611</b> <b>Secretary and shareholder and manager</b>	<b>during clendar year 2014 plus 2015 YTD</b>	<b>\$39,873.08 salary and loan repayment.</b>
<b>Reynaldo C. Sulit</b> <b>33 Ruffled Feathers Drive</b> <b>Lemont, IL 60439</b> <b>Shareholder</b>	<b>During calendar year 2014 plus 2015 YTD</b>	<b>\$14,200 in loan repayment.</b>

B7 (Official Form 7) (04/13)

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Dalisay A. Sulit 33 Ruffled Feathers Drive Lemont, IL 60439 Shareholder	During calendar year 2014 plus 2015 YTD	\$10,700 loan repayment.
Maddona Rheingans Sulit  Shareholder and employee	During calendar year 2014	\$61,016 in salary.
Darren Alejos  relative of Sulits	salary 2014 and 2015 YTD	\$47,007.75
Desi Alejos  Relative of Sulits	Salary 2014 and 2015 YTD	\$47,517.65
Celestial Alejos-Freeman  relative of Sulits	salary 2014 and 2015 YTD	\$69,935.23
Angelina Navarrete  Relative of Sulits	salary 2014 and 2015 YTD	\$72,875.71
Priscilla Navarrete  relative of Sulits	salary 2014 and 2015 YTD	\$61,222.47
Evelyn Sulit  relative of Sulits	salary 2014 and 2015 YTD	\$58,615.32
Jose Sulit  relative of Sulits	salary 2014 and 2015 YTD	\$23,137.50

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**24. Tax Consolidation Group.**

None ☒ If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

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**25. Pension Funds.**

None ☒ If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

\* \* \* \* \*

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

B7 (Official Form 7) (04/13)

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I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct to the best of my knowledge, information and belief.

Date February 11, 2015

Signature /s/ Reginaldo Sulit  
**Reginaldo Sulit**  
**Secretary**

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

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

**United States Bankruptcy Court  
Northern District of Illinois, Eastern Division**

In re **Alliance Home Healthcare, Inc.**

Debtor(s)

Case No.  
Chapter

**11**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$	<u><b>20,000.00</b></u>
Prior to the filing of this statement I have received .....	\$	<u><b>20,000.00</b></u>
Balance Due .....	\$	<u><b>0.00</b></u>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☐ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☒ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached. .

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- e. [Other provisions as needed]

**Fees will be paid on an hourley basis per attached agreement and as allowed by the court. Above fees paid are a retainer only and not a flat fee.**

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: **February 11, 2015**

**/s/ Stephen J. Costello**

**Stephen J. Costello 6187315  
Costello & Costello  
19 N. Western Ave. (RT 31)  
Carpentersville, IL 60110  
847-428-4544 Fax: 847-428-4694  
steve@costellolaw.com**

**AGREEMENT TO RETAIN COUNSEL CHAPTER 11 BANKRUPTCY**

The undersigned hereby retain(s) as my Attorneys, the law firms of COSTELLO & COSTELLO and Dizon & Young, LLP, and such other attorneys as may be employed by them and I (we) hereby give (s) permission to COSTELLO & COSTELLO and Dizon & Young, LLP to hire other attorneys as co-counsel in the following legal matter:

CHAPTER 11 initial Non-refundable deposit of Attorney's fees \$20,000.00 plus an hourly rate of \$425.00 an hour plus costs. Paralegals at \$165.00 an hour.

Services NOT included: Accounting and Adversaries.

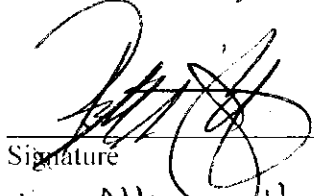
I UNDERSTAND THAT THE INITIAL \$20,000.00 IS **NON-REFUNDABLE**, and to be applied to services performed in the initial preparation of the Chapter 11 case; any fees earned for services performed after the initial filing are to be paid at an hourly rate of \$425.00 an hour. Any work performed by my associate shall be billed at \$265.00 an hour and \$165.00 an hour for our paralegal.

I have been told that a Chapter 11 is a proceeding under U.S. Bankruptcy Code, and that it may affect your credit rating. My attorney has advised me that the decision to file must be carefully considered, and that the decision is mine alone. My attorney has explained Chapter 11.

I have not been made any promises or guarantees other than my attorneys will represent me in strict compliance with the law, and to the best of their ability and knowledge. I promise to tell my attorneys and the Court the full truth and to cooperate fully with my attorneys in this legal matter, and if I do not, I agree that my attorneys may discontinue representing me.

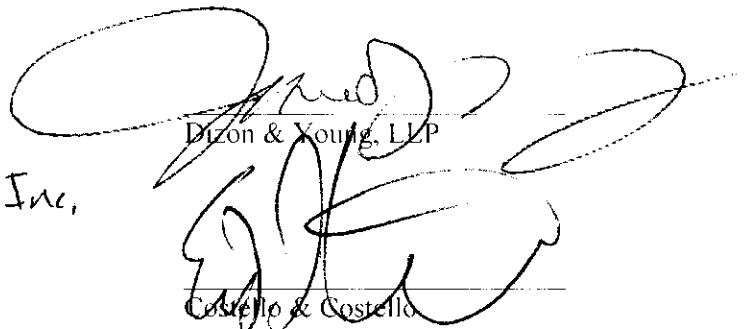
By signing below, I authorize my attorneys and their employees to fax copies of pages from my Bankruptcy Petition and Schedules, as well as the Automatic Stay to my employer and any other entities my attorneys deem necessary.

I have read and fully understand this agreement and herewith acknowledge receipt of a copy.



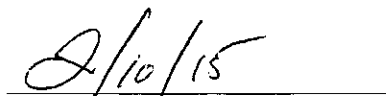
Signature

for Alliance Home Healthcare, Inc.



Dizon & Young, LLP

Signature



Date

Costello & Costello

**United States Bankruptcy Court**  
**Northern District of Illinois, Eastern Division**

In re **Alliance Home Healthcare, Inc.**,  
Debtor

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
<b>Dalisay A. Sulit</b> <b>33 Ruffled Feathers Drive</b> <b>Lemont, IL 60439</b>	<b>Common Stock</b>	<b>69.5%</b>	
<b>Madonna Sulit-Rheingans</b> <b>16195 Olha Farm Way</b> <b>Homer Glen, IL 60491</b>	<b>Common</b>	<b>5%</b>	
<b>Rafael Sulit</b> <b>40 W. 116th St</b> <b>New York, NY 10026-2959</b>	<b>Common</b>	<b>5%</b>	
<b>Reginaldo Sulit</b> <b>535 N. Michigan Ave.</b> <b>Unit 1814</b> <b>Chicago, IL 60611</b>	<b>Common</b>	<b>5.5%</b>	
<b>Reynaldo C. Sulit</b> <b>33 Ruffled Feathers Drive</b> <b>Lemont, IL 60439</b>	<b>Common</b>	<b>5%</b>	
<b>Roberto Sulit</b> <b>2003 N. Bronson</b> <b>Los Angeles, CA 90068</b>	<b>Common</b>	<b>5%</b>	
<b>Rommel Sulit</b> <b>5916 Rickey Drive</b> <b>Austin, TX 78757</b>	<b>Common</b>	<b>5%</b>	

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the Secretary 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 **February 11, 2015**

Signature **/s/ Reginaldo Sulit**  
**Reginaldo Sulit**  
**Secretary**

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

**0** continuation sheets attached to List of Equity Security Holders



**United States Bankruptcy Court  
Northern District of Illinois, Eastern Division**

In re **Alliance Home Healthcare, Inc.**

Debtor(s)

Case No.  
Chapter

**11**

**VERIFICATION OF CREDITOR MATRIX**

Number of Creditors: **53**

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: **February 11, 2015**

**/s/ Reginaldo Sulit**

**Reginaldo Sulit/Secretary**

Signer/Title

A Plus Therapy, LLC  
1113 W. Berwyn Avenue  
Chicago, IL 60640-2301

A.D. Maxim Consulting, LLC  
900 Wilshire Drive  
Suite 351  
Troy, MI 48084

Actuaries & Benefits Consultant  
4590 N. State Rd. 75  
North Salem, IN 46165

Aerotek Professional Services  
3689 Collection Center Drive  
Chicago, IL 60693

Alliance Rehab, Inc.  
28100 Torch Parkway  
Suite 600  
Warrenville, IL 60555

American Express  
Box 0001  
Los Angeles, CA 90096-8000

American Express  
Box 0001  
Los Angeles, CA 90096-8000

Anthony Bruozas & Associates, P.C.  
20004 White Pine Court  
Mokena, IL 60448

Argem, LLC

Blitt and Gaines Attys  
661 Glenn Ave  
Wheeling, IL 60090

Capital One  
P.O. Box 6492  
Carol Stream, IL 60197-6492

Caring Therapeutics, P.C.  
10723 Winterset Drive  
Orland Park, IL 60467

Choice Therapy Services, LTD  
21437 Prarie Ridge Drive  
Mokena, IL 60448

Christine Fuller  
c/o Law Offices of Steven J. Malman  
205 Weste Randolph, Suite 619  
Chicago, IL 60606

Citibusiness Card  
Processing Center  
Des Moines, IA 50363-0001

Citibusiness Card  
P.O. Box 688901  
Des Moines, IA 50368-8901

CK Medical Associates, Ltd  
1201 South Prarie Avenue  
Unit 1203  
Chicago, IL 60605

Cut Above Landscaping  
670 Vandustrial Drive  
Westmont, IL 60559

Dalisay A. Sulit  
33 Ruffled Feathers Drive  
Lemont, IL 60439

Dalisay A. Sulit  
11001 Southwest Highway  
Palos Hills, IL 60465

Decision Health  
P.O. Box 9405  
Gaithersburg, MD 20898-9405

Evans Lowenstein, Shimanovsky  
130 S. Jefferson  
Suite 350  
Chicago, IL 60661

Frederick E. Bernardo  
Raiz Law Group, LLC  
1260 Iroquois Ave., Ste 104  
Naperville, IL 60563

GC Services  
6330 Gulfton  
Houston, TX 77081

Gerimedix Midwest  
405 University Drive  
Arlington Heights, IL 60004

Healthcare Staffing Inc  
558 Cleveland Drive  
Bolingbrook, IL 60440

Heritage Technology Solutions  
13600 South Kenton Avenue  
Crestwood, IL 60445

Horizon Physical Therapy  
6441 S. Pulaski Rd.  
Chicago, IL 60629

Illinois Department of Employment S  
P.O. Box 19300  
Springfield, IL 62794-9300

Illinois Department of Revenue  
P.O. Box 19006  
Springfield, IL 62794-9006

Internal Revenue Service  
PO Box 7346  
Philadelphia, PA 19101-7346

Krieg Devault LLP  
One Indiana Square  
Suite 2800  
Indianapolis, IN 46204-2079

Medline Industries, Inc.  
Dept 14400  
Palatine, IL 60055-4400

Merrill Lynch  
One North Wacker Drive  
Suite 1950  
Chicago, IL 60606

North American Rehab Services Ltd  
4920 N. Central Avenue  
Suite 1C  
Chicago, IL 60630

Northland Group, Inc.  
P.O. Box 390846  
Minneapolis, MN 55439

Office Depot Credit Plan  
P O Box 689020  
Des Moines, Ia 50368-9020

Orbitz Group, LLC

OT Services of Illinois LLC  
4685 Old Oaks Drive 3C  
Lisle, IL 60532

Physical Therapy Consultants, Ltd  
6006 W. 159th Street  
Bldg A, Unit B  
Oak Forest, IL 60452

Pro Consulting Services, Inc.  
P.O. Box 66768  
Houston, TX 77266-6768

Professional Rehabilitation Service  
6400 W. College Drive  
Suite 100  
Palos Heights, IL 60463

Reginald Sulit  
11001 Southwest Highway  
Palos Hills, IL 60465

Reginaldo Sulit  
535 N. Michigan Ave  
Unit 1814  
Chicago, IL 60611

Reynaldo C. Sulit  
33 Ruffled Feathers Drive  
Lemont, IL 60439

Reynaldo C. Sulit  
11001 Southwest Highway  
Palos Hills, IL 60465

Sam's Club Discover GECRB  
PO Box 960013  
Orlando, FL 32896-0013

South Suburbs Therapy Services  
9234 Bundoran Drive  
Orland Park, IL 60462

Standard Bank and Trust Company  
c/o James B. Carroll & Associates  
7800 W. 95th Street, 2nd Floor  
Hickory Hills, IL 60457

The CKB Firm  
30 North LaSalle  
Suite 1520  
Chicago, IL 60602

U.S. Department of Labor  
Employee Benefits Security Adminis  
230 South Dearborn, Ste 2160  
Chicago, IL 60604

Victor J. Cacciatore, P.C.  
527 South Wells Street  
Chicago, IL 60607

VITAL REHABILITATION ASSOCIATION I  
5820 W. Irving Park Road  
Chicago, IL 60634

**United States Bankruptcy Court  
Northern District of Illinois, Eastern Division**

In re **Alliance Home Healthcare, Inc.**

Debtor(s)

Case No.  
Chapter

**11**

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Alliance Home Healthcare, Inc.** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

**ReginaldoSulit**  
**535 N. Michigan Ave.**  
**Unit 1814**  
**Chicago, IL 60611**

☐ None [*Check if applicable*]

**February 11, 2015**

Date

**/s/ Stephen J. Costello**

**Stephen J. Costello 6187315**

Signature of Attorney or Litigant

Counsel for **Alliance Home Healthcare, Inc.**

**Costello & Costello**

**19 N. Western Ave. (RT 31)**

**Carpentersville, IL 60110**

**847-428-4544 Fax:847-428-4694**

**steve@costellolaw.com**