

Fill in this information to identify your case:

United States Bankruptcy Court for the:

EASTERN DISTRICT OF MICHIGAN

Case number (if known) \_\_\_\_\_ Chapter 11

Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Alfa Medical Equipment & Supplies, Inc.

2. All other names debtor used in the last 8 years  
Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 20-4240626

4. Debtor's address

<b>Principal place of business</b>	<b>Mailing address, if different from principal place of business</b>
<u>13181 West 10 Mile Road</u> <u>Oak Park, MI 48237</u> Number, Street, City, State & ZIP Code	_____ P.O. Box, Number, Street, City, State & ZIP Code
<u>Oakland</u> County	<b>Location of principal assets, if different from principal place of business</b>
	_____ Number, Street, City, State & ZIP Code

5. Debtor's website (URL) \_\_\_\_\_

6. Type of debtor

Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

Partnership (excluding LLP)

Other. Specify: \_\_\_\_\_

**7. Describe debtor's business**

A. Check one:

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

B. Check all that apply

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

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

4461

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

Check one:

- Chapter 7
- Chapter 9

Chapter 11. Check all that apply:

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

Chapter 12

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

- No.
- Yes.

If more than 2 cases, attach a separate list.

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

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

- No
- Yes.

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

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

11. Why is the case filed in this district?

Check all that apply:

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

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

No

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

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

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

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

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

Other \_\_\_\_\_

Where is the property?

Number, Street, City, State & ZIP Code

Is the property insured?

No

Yes. Insurance agency \_\_\_\_\_

Contact name \_\_\_\_\_

Phone \_\_\_\_\_

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

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

14. Estimated number of creditors

1-49

50-99

100-199

200-999

1,000-5,000

5001-10,000

10,001-25,000

25,001-50,000

50,001-100,000

More than 100,000

15. Estimated Assets

\$0 - \$50,000

\$50,001 - \$100,000

\$100,001 - \$500,000

\$500,001 - \$1 million

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

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

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

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

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

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

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

More than \$50 billion

16. Estimated liabilities

\$0 - \$50,000

\$50,001 - \$100,000

\$100,001 - \$500,000

\$500,001 - \$1 million

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

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

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

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

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

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

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

More than \$50 billion

Debtor Alfa Medical Equipment & Supplies, Inc.  
Name

Case number (if known) \_\_\_\_\_

**Request for Relief, Declaration, and Signatures**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature of authorized representative of debtor**

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

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

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

Executed on February 17, 2017  
MM / DD / YYYY

/s/ Zakhar Volozin  
Signature of authorized representative of debtor  
  
Title General Manager

Zakhar Volozin  
Printed name

**18. Signature of attorney**

/s/ Jay S. Kalish  
Signature of attorney for debtor

Date February 17, 2017  
MM / DD / YYYY

Jay S. Kalish  
Printed name

Jay S. Kalish & Associates, P.C.  
Firm name

2000 Town Center  
Suite 1900  
Southfield, MI 48075  
Number, Street, City, State & ZIP Code

Contact phone (248) 932-3000 Email address JSKalish@aol.com

P26301  
Bar number and State

COPY

Form 1120S

U.S. Income Tax Return for an S Corporation

OMB No. 1545-0047

2015

Department of the Treasury  
Internal Revenue Service

Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.  
Information about Form 1120S and its separate instructions is at www.irs.gov/form1120s.

For calendar year 2015 or tax year beginning 2015, ending

<b>A</b> Selection effective date 03/07/06	<b>TYPE OR PRINT</b>	<b>Name</b> ALFA MEDICAL EQUIPMENT & SUPPLIES, INC.	<b>D</b> Employer identification number 0626
<b>B</b> Business activity code number (see instructions) 446190		<b>Number, street, and room or suite no., if P.O. box, see instructions</b> 13181 WEST 10 MILE ROAD	<b>E</b> Date incorporated 03/07/06
<b>C</b> Check if S corporation W-3 attached <input type="checkbox"/>		<b>City or town, state or province, country, and ZIP or foreign postal code</b> OAK PARK MI 48237	<b>F</b> Total sales (see instructions) \$ 29,120.

**G** Is the corporation electing to be an S corporation beginning with this tax year? Yes  No  If "Yes," attach Form 2553 if not already filed

**H** Check if: (1)  Final return (2)  Name change (3)  Address change (4)  Amended return (5)  Selection termination or revocation

**I** Enter the number of shareholders who were shareholders during any part of the tax year 1

Caution: Include only trade or business income and expenses on lines 1a through 21. See the instructions for more information.

INCOME	1a	Gross receipts or sales	1a	199,079.
	1b	Returns and allowances	1b	257.
	1c	Balance. Subtract line 1b from line 1a	1c	298,822.
	2	Cost of goods sold (attach Form 1125-A)	2	85,690.
	3	Gross profit. Subtract line 2 from line 1c	3	113,128.
	4	Net gain (loss) from Form 4797, line 17 (attach Form 4797)	4	
GROSS-UPON-BY-EBIT	5	Other income (loss) (see instructions - all statements)	5	
	6	Total income (loss). Add lines 3 through 5	6	113,128.
	7	Compensation of officers (see instructions - attach Form 1125-E)	7	23,200.
	8	Salaries and wages (less employment credits)	8	24,796.
	9	Repairs and maintenance	9	
	10	Bad debts	10	
	11	Rents	11	29,859.
	12	Taxes and licenses	12	4,539.
	13	Interest	13	
	14	Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	14	3,200.
	15	Depletion (Do not deduct oil and gas depletion)	15	
	16	Advertising	16	
	17	Pension, profit-sharing, etc. plans	17	
	18	Employee benefit programs	18	
	19	Other deductions (attach statements)	19	35,375.
20	Total deductions. Add lines 7 through 19	20	110,639.	
21	Ordinary business income (loss). Subtract line 20 from line 6	21	2,489.	
TAXES AND PAYMENTS	22a	Excess net passive income or LIFO recapture tax (see instructions)	22a	
	22b	Tax from Schedule O (Form 1120S)	22b	
	22c	Add lines 22a and 22b (see instructions for additional taxes)	22c	
	23a	2015 estimated tax payments and 2014 overpayment credited to 2015	23a	
	23b	Tax deposited with Form 7004	23b	0.
	23c	Credit for federal tax paid on fuels (attach Form 4138)	23c	
	23d	Add lines 23a through 23c	23d	0.
	24	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	24	
25	Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter amount owed	25	0.	
26	Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid	26		
27	Enter amount from line 26 credited to 2016 estimated tax	27	Refunded	

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_ Title: **PRESIDENT**

Preparer's name: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check  self-employed  P/TN

Partnership: \_\_\_\_\_ Firm's EIN: \_\_\_\_\_  
 Filer's address: \_\_\_\_\_ Phone no: \_\_\_\_\_

BAA For Paperwork Reduction Act Notice, see separate instructions. 999A0112 08/13/15 Form 1120S (2015)

**Schedule B Other Information (see instructions)**

	Yes	No
1 Check accounting method: a <input type="checkbox"/> Cash b <input checked="" type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) ▶		
2 See the instructions and enter the: a Business activity ▶ <u>SALES</u> b Product or service ▶ <u>MEDICAL EQUIP &amp; SUPPLIES</u>		
3 At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation		X
4 At the end of the tax year, did the corporation: a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below		X

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage of Stock Owned	(v) If Percentage in (iv) is 100%, Enter the Date (If any) a Qualified Subchapter S Subsidiary Election Was Made

	Yes	No
b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below		X

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum % Owned in Profit, Loss, or Capital

5a At the end of the tax year, did the corporation have any outstanding shares of restricted stock? If "Yes," complete lines (i) and (ii) below.		X
(i) Total shares of restricted stock ▶		
(ii) Total shares of non-restricted stock ▶		
b At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments? If "Yes," complete lines (i) and (ii) below.		X
(i) Total shares of stock outstanding at the end of the tax year ▶		
(ii) Total shares of stock outstanding if all instruments were exercised ▶		
6 Has this corporation filed, or is it required to file, Form 8818, Material Advisor Disclosure Statement, to provide information on any reportable transaction?		X
7 Check this box if the corporation issued publicly offered debt instruments with original issue discount. If checked, the corporation may have to file Form 8261, Information Return for Publicly Offered Original Issue Discount Instruments.		
8 If the corporation: (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation and (b) has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years (see instructions) ▶ \$		
9 Enter the accumulated earnings and profits of the corporation at the end of the tax year: \$		
10 Does the corporation satisfy both of the following conditions? a The corporation's total receipts (see instructions) for the tax year were less than \$250,000 b The corporation's total assets at the end of the tax year were less than \$250,000 If "Yes," the corporation is not required to complete Schedules L and M-1.	X	
11 During the tax year, did the corporation have any non-shareholder debt that was cancelled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt? If "Yes," enter the amount of principal reduction \$		X
12 During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions		X
13 a Did the corporation make any payments in 2015 that would require it to file Form(s) 1099? b If "Yes," did the corporation file or will it file required Form(s) 1099?		X

Schedule K-1 Shareholders' Pro Rata Share Items		Total amount	
Income (Loss)	1 Ordinary business income (loss) (page 1, line 21)	1	2,429
	2 Net rental real estate income (loss) (attach Form 8825)	2	
	3a Other gross rental income (loss)	3a	
	b Expenses from other rental activities (attach statement)	3b	
	c Other net rental income (loss). Subtract line 3b from line 3a	3c	
	4 Interest income	4	
	5 Dividends: a Ordinary dividends	5a	
	b Qualified dividends	5b	
	6 Royalties	6	
	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120S))	7	
Deductions	8a Net long-term capital gain (loss) (attach Schedule D (Form 1120S))	8a	
	b Collectible (28%) gain (loss)	8b	
	c Unrecaptured section 1250 gain (attach statement)	8c	
	9 Net section 1231 gain (loss) (attach Form 4797)	9	
10 Other income (loss) (see instructions) Type #	10		
Credits	11 Section 179 deduction (attach Form 4562)	11	
	12a Charitable contributions	12a	
	b Investment interest expense	12b	
	c Section 59(a)(2) expenditures (1) Type # (2) Amount #	12c (2)	
Foreign Tax-Actions	d Other deductions (see instructions) Type #	12d	
	13a Low-income housing credit (section 42(j)(5))	13a	
	b Low-income housing credit (other)	13b	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3105, if applicable)	13c	
	d Other rental real estate credits (see instructions) Type #	13d	
	e Other rental credits (see instructions) Type #	13e	
	f Biofuel producer credit (attach Form 6478)	13f	
g Other credits (see instructions) Type #	13g		
Alternative Minimum Tax (AMT) Items	14a Name of country of U.S. possession	14a	
	b Gross income from all sources	14b	
	c Gross income sourced at shareholder level	14c	
	Foreign gross income sourced at corporate level		
	d Passive category	14d	
	e General category	14e	
	f Other (attach statement)	14f	
	Deductions allocated and apportioned at shareholder level		
	g Interest expense	14g	
	h Other	14h	
	Deductions allocated and apportioned at corporate level to foreign source income		
	i Passive category	14i	
	j General category	14j	
k Other (attach statement)	14k		
Other information			
l Total foreign taxes (check one): <input type="checkbox"/> Paid <input type="checkbox"/> Accrued	14l		
m Reduction in taxes available for credit (attach statement)	14m		
n Other foreign tax information (attach statement)			
Items Affecting Shareholder Basis	15a Post-1985 depreciation adjustment	15a	0
	b Adjusted gain or loss	15b	
	c Depletion (other than oil and gas)	15c	
	d Oil, gas, and geothermal properties - gross income	15d	
	e Oil, gas, and geothermal properties - deductions	15e	
	f Other AMT items (attach statement)	15f	
Items Affecting Shareholder Basis	16a Tax-exempt interest income	16a	
	b Other tax-exempt income	16b	
	c Nondeductible expenses	16c	
	d Distributions (attach stmt if required) (see instrs)	16d	24,000
	e Repayment of loans from shareholders	16e	

Schedule K-1 Shareholders' Pro Rata Share Items (continued)		Total amount	
Other information	17a Investment income	17a	
	b Investment expenses	17b	
	c Dividend distributions paid from accumulated earnings and profits	17c	0
	d Other items and amounts (attach statement)		
Reconciliation	18 Income/loss reconciliation. Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 14i	18	2,429

Schedule K-1 Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1	Cash		6,571		1,776
2a	Trade notes and accounts receivable	8,594		1,241	
	b Less allowance for bad debts		8,594		1,241
3	Inventories		4,000		2,500
4	U.S. government obligations				
5	Tax-exempt securities (see instructions)				
6	Other current assets (attach stmt) - Li. & St.		19,934		20,770
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (attach statement)				
10a	Buildings and other depreciable assets	60,939		60,939	
	b Less accumulated depreciation	60,939	0	60,939	0
11a	Depletable assets				
	b Less accumulated depletion				
12	Land (net of any amortization)				
13a	Intangible assets (amortizable only)				
	b Less accumulated amortization				
14	Other assets (attach stmt) - Li. & St.		2,833		2,833
15	Total assets		41,032		29,320
Liabilities and Shareholders' Equity					
16	Accounts payable		10,766		3,177
17	Mortgages, notes, bonds payable in less than 1 year		6,500		6,350
18	Other current liabilities (attach stmt) - Li. & St.		2,451		18,629
19	Loans from shareholders				
20	Mortgages, notes, bonds payable in 1 year or more				
21	Other liabilities (attach statement)				
22	Capital stock		500		500
23	Additional paid-in capital				
24	Retained earnings		22,815		864
25	Adjustments to shareholders' equity (see stmt)				
26	Less cost of treasury stock		1,000		1,000
27	Total liabilities and shareholders' equity		41,032		29,320



**Schedule M-1** Reconciliation of Income (Loss) per Books With Income (Loss) per Return

Note. The corporation may be required to file Schedule M-3 (see instructions)

1	Net income (loss) per books	2,049	5	Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
2	Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize):		a	Tax-exempt interest \$	
3	Expenses recorded on books this year not included on Schedule K, lines 1 through 12, and 14i (itemize):		8	Deductions included on Schedule K, lines 1 through 12 and 14i, not charged against book income this year (itemize):	
a	Depreciation \$		a	Depreciation \$	
b	Travel and entertainment \$		7	Add lines 5 and 6	
	STMT 380	380	8	Income (loss) (Schedule K, in 18), L10435 in T	2,429
4	Add lines 1 through 3	2,429			

**Schedule M-2** Analysis of Accumulated Adjustments Account, Other Adjustments Account, and Shareholders' Undistributed Taxable Income Previously Taxed (see instructions)

	(a) Accumulated adjustments account	(b) Other adjustments account	(c) Shareholders' undistributed taxable income previously taxed
1	Balance at beginning of tax year	44,017	0
2	Ordinary income from page 1, line 21	2,429	
3	Other additions		
4	Less from page 1, line 21		
5	Other reductions		
6	Combine lines 1 through 5	46,446	0
7	Distributions other than dividend distributions	24,000	0
8	Balance at end of tax year. Subtract line 7 from line 6	22,446	0

Form **1125-A**

(For December 2012)  
 Department of the Treasury  
 Internal Revenue Service

**Cost of Goods Sold**

Attach to Form 1120, 1120-C, 1120-F, 11290, 1065, or 1065-B.  
 Information about Form 1125-A and its instructions is at [www.irs.gov/form1125a](http://www.irs.gov/form1125a).

OMB No. 1545-0225

Name		Employer identification number
ALFA MEDICAL EQUIPMENT & SUPPLIES, INC.		0626
1	Inventory at beginning of year	4,000.
2	Purchases	84,194.
3	Cost of labor	
4	Additional section 263A costs (attach schedule)	
5	Other costs (attach schedule)	
6	Total. Add lines 1 through 5	88,194.
7	Inventory at end of year	2,500.
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return (see instructions)	85,694.

**a** Check all methods used for valuing closing inventory:  
 (i)  Cost  
 (ii)  Lower of cost or market  
 (iii)  Other (Specify method used and attach explanation)

**b** Check if there was a write-down of subnormal goods

**c** Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970)

**d** If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO

**e** If property is produced or acquired for resale, do the rules of section 263A apply to the entity (see instructions)?  Yes  No

**f** Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation  Yes  No

BAA For Paperwork Reduction Act Notice, see Instructions.

Form 1125-A (Rev. 12-20-12)

CPG20491 12/26/12

ALFA MEDICAL EQUIPMENT & SUPPLIES, INC. ██████████0626

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Sch K-1, (MARGARITA VOLOZINA) Attachment  
Sch K-1, Supplemental Information

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STOCKHOLDER HEALTH INSURANCE PREMIUMS PAID 701.

Form **1125-E**  
 (Rev. December 2013)

**Compensation of Officers**

OMB No. 1545-0047

Department of the Treasury  
 Internal Revenue Service

• Attach to Form 1120, 1120-C, 1120-F, 1120-REIT, 1120-RPC, or 1120S.  
 • Information about Form 1125-E and its separate instructions is at [www.irs.gov/form1125e](http://www.irs.gov/form1125e).

Name ALFA MEDICAL EQUIPMENT & SUPPLIES, INC. Employer level/Portion number 0636

Note. Complete Form 1125-E only if total receipts are \$500,000 or more. See instructions for definition of total receipts.

1	(a) Name of officer	(b) Social security number	(c) Percent of time devoted to business	Percent of stock owned		(f) Amount of compensation
				(d) Common	(e) Preferred	
	MARGARITA VOLOZINA	1508	100.0 %	100.0 %		13,900.
			%	%	%	
			%	%	%	
			%	%	%	
			%	%	%	
			%	%	%	
			%	%	%	
			%	%	%	
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			%	%	%	
			%	%	%	
			%	%	%	
			%	%	%	
			%	%	%	
			%	%	%	

2 Total compensation of officers . . . . .	13,900.
3 Compensation of officers claimed on Form 1125-A or elsewhere on return . . . . .	
4 Subtract line 3 from line 2. Enter the result here and on Form 1120, page 1, line 12 or the appropriate line of your tax return . . . . .	13,900.

BAA For Paperwork Reduction Act Notice, see separate instructions. Form 1125-E (Rev. 12-2013)

2015

For calendar year 2015, or tax year beginning \_\_\_\_\_, 2015, ending \_\_\_\_\_

Final K-1  Amended K-1

671333

OMB No. 1545-0047

**Shareholder's Share of Income, Deductions, Credits, etc.** - See page 2 of form and separate instructions.

**Part I Information About the Corporation**

**A** Corporation's employer identification number  
 [REDACTED] 0625

**B** Corporation's name, address, city, state, and ZIP code  
 ALPHA MEDICAL EQUIPMENT & SUPPLIES, INC.  
 13181 WBBT 10 MILE ROAD  
 OAK PARK, MI 48237

**C** IRS Center where corporation filed return  
 Cincinnati, OH 45999-0013

**Part II Information About the Shareholder**

**D** Shareholder's identifying number  
 [REDACTED] 1508

**E** Shareholder's name, address, city, state, and ZIP code  
 MARGARITA VLOZINA  
 15075 LINCOLN, APT 634  
 OAK PARK, MI 48237

**F** Shareholder's percentage of stock ownership for tax year: 100.0000%

Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items		
1	Ordinary business income (loss)	13 Credits
		2,429.
2	Net rental real estate income (loss)	
3	Other net rental income (loss)	
4	Interest income	
5a	Ordinary dividends	
		0.
5b	Qualified dividends	14 Foreign transactions
6	Royalties	
7	Net short-term capital gain (loss)	
8a	Net long-term capital gain (loss)	
8b	Collectibles (28%) gain (loss)	
9a	Unrecaptured section 1250 gain	
9b	Net section 1231 gain (loss)	
10	Other income (loss)	15 Alternative minimum tax (AMT) items
		A D.
11	Section 179 deduction	16 Items affecting shareholder basis
		D 24,000.
12	Other deductions	
		17 Other information

\*See attached statement for additional information.

This list identifies the codes used on Schedule K-1 for all shareholders and provides summarized reporting information for shareholders who file Form 1040. For detailed reporting and filing information, see the separate Shareholder's Instructions for Schedule K-1 and the instructions for your income tax return.

Code	Report on	Code	Report on
<b>1</b> Ordinary business income (loss). Determine whether the income (loss) is positive or negative and show on your return as follows:		<b>N</b> Credit for employer social security and Medicare taxes	See the Shareholder's Instructions
Positive (loss)	Report on	<b>O</b> Backup withholding	
Passive income	See the Shareholder's Instructions	<b>P</b> Other credits	
Nonpassive loss	Schedule E, line 28, column (i)		
Corporate income	Schedule E, line 28, column (i)	<b>14</b> Foreign transactions	
<b>2</b> Net rental real estate income (loss)	See the Shareholder's Instructions	<b>A</b> Name of country or U.S. possession	Form 1118, Part I
<b>3</b> Other rental income (loss)		<b>B</b> Gross income from all sources	
Net income	Schedule E, line 28, column (i)	<b>C</b> Gross income sourced to shareholder level	
Net loss	See the Shareholder's Instructions	<b>D</b> Passive category	Form 1118, Part I
<b>4</b> Interest income	Form 1040, line 8a	<b>E</b> General category	
<b>5a</b> Ordinary dividends	Form 1040, line 8a	<b>F</b> Other	
<b>5b</b> Qualified dividends	Form 1040, line 8a	<b>Deductions allocated and apportioned at shareholder level</b>	
<b>6</b> Royalties	Schedule E, line 4	<b>G</b> Interest expense	Form 1118, Part I
<b>7</b> Net short-term capital gain (loss)	Schedule D, line 5	<b>H</b> Other	Form 1118, Part I
<b>8a</b> Net long-term capital gain (loss)	Schedule D, line 12	<b>Deductions allocated and apportioned at corporate level to foreign source income</b>	
<b>8b</b> Collaborative (patent) gain (loss)	28% Rate Gain Worksheet, line 4 (Schedule D instructions)	<b>I</b> Passive category	Form 1118, Part I
<b>8c</b> Miscellaneous section 1256 gain	See the Shareholder's Instructions	<b>J</b> General category	
<b>9</b> Net section 1256 gain (loss)	See the Shareholder's Instructions	<b>K</b> Other	
<b>10</b> Other income (loss)	See the Shareholder's Instructions	<b>Other information</b>	
<b>Code</b>		<b>L</b> Total foreign taxes paid	Form 1118, Part II
<b>A</b> Other portfolio income (loss)	See the Shareholder's Instructions	<b>M</b> Total foreign taxes received	Form 1118, Part II
<b>B</b> Voluntary contributions	See the Shareholder's Instructions	<b>N</b> Reduction in gross available for credit	Form 1118, line 12
<b>C</b> Sec. 1256 contracts and straddles	Form 4781, line 1	<b>O</b> Foreign paying gross receipts	Form 9873
<b>D</b> Mining exploration costs received	See Pub 529	<b>P</b> Extrajurisdictional income exclusion	Form 4873
<b>E</b> Other income (loss)	See the Shareholder's Instructions	<b>Q</b> Other foreign transactions	See the Shareholder's Instructions
<b>11</b> Section 179 deduction	See the Shareholder's Instructions	<b>15</b> Alternative minimum tax (AMT) items	
<b>12</b> Other deductions		<b>A</b> Post-1980 depreciation adjustment	See the Shareholder's Instructions and the instructions to Form 6251
<b>A</b> Cash contributions (50%)	See the Shareholder's Instructions	<b>B</b> Acquired gain or loss	
<b>B</b> Cash contributions (30%)		<b>C</b> Deduction (other than oil & gas)	
<b>C</b> Noncash contributions (50%)		<b>D</b> Oil, gas, & geothermal — gross income	
<b>D</b> Noncash contributions (30%)		<b>E</b> Oil, gas, & geothermal — deductions	
<b>E</b> Capital gain property to a 50% organization (30%)		<b>F</b> Other AMT items	
<b>F</b> Capital gain property (30%)		<b>16</b> Items affecting shareholder basis	
<b>G</b> Contributions (100%)		<b>A</b> Tax-exempt interest income	Form 1040, line 8b
<b>H</b> Investment interest expense	<b>B</b> Other tax-exempt income		
<b>I</b> Deductions — royalty income	<b>C</b> Nondeductible expenses	See the Shareholder's Instructions	
<b>J</b> Section 501(c)(2) expenditures	<b>D</b> Dividends		
<b>K</b> Deductions — portfolio (25% floor)	<b>E</b> Recapture of loans from shareholders		
<b>L</b> Deductions — portfolio (other)	See the Shareholder's Instructions	<b>17</b> Other information	
<b>M</b> Preproductive period expenses	See the Shareholder's Instructions	<b>A</b> Investment income	Form 4852, line 4a
<b>N</b> Commercial real estate deduction from rental real estate activities	See Form 8582 instructions	<b>B</b> Investment expenses	Form 4852, line 5
<b>O</b> Refundable expense allocation	See the Shareholder's Instructions	<b>C</b> Qualified rehabilitation expenditures (other than rental real estate)	See the Shareholder's Instructions
<b>P</b> Domestic production activities information	See Form 8805 instructions	<b>D</b> Basis of energy property	See the Shareholder's Instructions
<b>Q</b> Qualified production activities income	Form 8805, line 7b	<b>E</b> Recapture of low-income housing credit (section 42(d)(5))	Form 8811, line 8
<b>R</b> Employer's Form W-2 wages	Form 8803, line 17	<b>F</b> Recapture of low-income housing credit (other)	Form 8811, line 8
<b>S</b> Other deductions	See the Shareholder's Instructions	<b>G</b> Recapture of investment credit	See Form 4255
<b>13</b> Credits		<b>H</b> Recapture of other credits	See the Shareholder's Instructions
<b>A</b> Low-income housing credit (section 42)(b)(1) from pre-2008 buildings	See the Shareholder's Instructions	<b>I</b> Look-back interest — completed long-term contracts	See Form 9897
<b>B</b> Low-income housing credit (other) from pre-2008 buildings		<b>J</b> Look-back interest — income forecast method	See Form 9897
<b>C</b> Low-income housing credit (section 42)(b)(2) from post-2007 buildings		<b>K</b> Dispositions of property with section 179 deductions	See the Shareholder's Instructions
<b>D</b> Low-income housing credit (other) from post-2007 buildings		<b>L</b> Recapture of section 179 deduction	
<b>E</b> Qualified rehabilitation expenditures (QREs) (45% limit)		<b>M</b> Section 453(j)(3) information	
<b>F</b> Other rental real estate credit		<b>N</b> Section 453A(c) information	
<b>G</b> Other rental credits		<b>O</b> Section 1250(b) information	
<b>H</b> Unreimbursed capital gains credit		<b>P</b> Interest allocated to production expenditures	
<b>I</b> Biogas producer credit	<b>Q</b> QCF nonqualified expenditures		
<b>J</b> Work opportunity credit	<b>R</b> Dependent information — oil and gas		
<b>K</b> Disabled access credit	See the Shareholder's Instructions	<b>S</b> Reserved	
<b>L</b> Empowerment zone employment credit		<b>T</b> Section 1061 information	
<b>M</b> Credit for increasing research activities		<b>U</b> Net investment income	
		<b>V</b> Other information	

Form **4562**

**Depreciation and Amortization**  
(Including Information on Listed Property)  
- Attach to your tax return.

OMB No. 1545-0072

**2015**

Department of the Treasury  
Internal Revenue Service (99)

Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://www.irs.gov/form4562).

Attachment Sequence No. **179**

Name(s) shown on return

Identifying Number  
**0626**

**ALFA MEDICAL EQUIPMENT & SUPPLIES, INC.**

Business or activity to which this form relates

Form 1120S Line 21

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (overruns use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2014 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(l)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2015	17	1,200.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2015 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (Do not include minimum rate DFL - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
18 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	

**Section C - Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System**

20 a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 20	21	0.
22	Total. Add amounts from line 12, lines 14 through 17, lines 18 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	1,200.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

BAA For Paperwork Reduction Act Notice, see separate instructions.

FD-20312 10/27/15

Form 4562 (2015)

**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

24 a Do you have evidence to support the business/investment use claimed? . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									24 b If 'Yes,' is the evidence written? . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(a) Type of property (see vehicle list)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (ownership/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost		
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) . . . . .									25	
26 Property used more than 50% in a qualified business use:										
USED PASSENGER VEHICLE	12/03/07	100.00	2,000.	2,000.	5.00	200 DB-MD	0.			
PHONE SYSTEM	06/30/06	100.00	1,225.	1,225.	7.00	200 DB-MY	0.			
PHONE EQUIPMENT	06/30/06	100.00	286.	286.	7.00	200 DB-MY	0.			
27 Property used 50% or less in a qualified business use:										
28 Add amounts in column (h), lines 26 through 27. Enter here and on line 21, page 1 . . . . .									28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 . . . . .									29	

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles) . . . . .												
31 Total commuting miles driven during the year . . . . .												
32 Total other personal (noncommuting) miles driven . . . . .												
33 Total miles driven during the year. Add lines 30 through 32 . . . . .												
34 Was the vehicle available for personal use during off-duty hours? . . . . .												
35 Was the vehicle used primarily by a more than 5% owner or related person? . . . . .												
36 Is another vehicle available for personal use? . . . . .												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . . .		
39 Do you treat all use of vehicles by employees as personal use? . . . . .		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . . . .		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) . . . . .		

Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of asset	(b) Date amortization began	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2015 tax year (see instructions):					
43 Amortization of costs that began before your 2015 tax year . . . . .					
44 Total. Add amounts in column (f). See the instructions for where to report . . . . .					



Form 1120S, Page 1, Line 19  
Other Deductions

ACCOUNTING	1,700.
AUTOMOBILE AND TRUCK EXPENSE	7,450.
BANK CHARGES	186.
CLEANING	643.
COMPUTER SERVICES AND SUPPLIES	562.
DELIVERY AND FREIGHT	10,071.
INSURANCE	2,123.
LEGAL AND PROFESSIONAL	450.
OFFICE EXPENSE	114.
OUTSIDE SERVICES/INDEPENDENT CONTRACTORS	900.
SECURITY	498.
TELEPHONE	6,089.
UTILITIES	3,981.
CREDIT CARD FEES	509.
BUSINESS PROMOTION	100.
<b>Total</b>	<b>35,375.</b>

Other Current Assets:  
1120S, Schedule L, Line 6

Other Current Assets:	Beginning of tax year	End of tax year
ADVANCES RECEIVABLE	19,034.	20,205.
PREPAID EXPENSE	0.	565.
<b>Total</b>	<b>19,034.</b>	<b>20,770.</b>

Other Assets:  
1120S, Schedule L, Line 14

Other Assets:	Beginning of tax year	End of tax year
RENTAL SECURITY DEPOSIT	2,833.	2,833.
<b>Total</b>	<b>2,833.</b>	<b>2,833.</b>

Other Current Liabilities:  
1120S, Schedule L, Line 18

Other Current Liabilities:	Beginning of tax year	End of tax year
TAXES WITHHELD AND ACCRUED	2,451.	13,629.
ACCRUED RENT	0.	5,000.
<b>Total</b>	<b>2,451.</b>	<b>18,629.</b>

Form 1120S, Page 5, Schedule M-1, Line 3  
Sch M-1, Line 3

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<u>PENALTIES</u>	<u>300.</u>
Total	<u>300.</u>

Internal Revenue Service  
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