

Fill in this information to identify the case:

United States Bankruptcy Court for the:
SOUTHERN DISTRICT OF TEXAS

Case number (if known): _____ Chapter 11

Check if this is an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

04/16

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 the case number (if known). For more information, a separate document, Instructions for Bankruptcy Forms for Non-Individuals, is available.

1. Debtor's name A.C.M. Home Health Services, Inc.

2. All other names debtor used in the last 8 years dba Fey Home Health Services

Include any assumed names, trade names and *doing business as* names

3. Debtor's federal Employer Identification Number (EIN) 7 4 - 2 8 2 5 3 9 6

4. Debtor's address

<p>Principal place of business</p> <p><u>108 W. Huisache Street</u> Number Street</p> <hr/> <p><u>Weslaco TX 78596</u> City State ZIP Code</p> <p><u>Hidalgo</u> County</p>	<p>Mailing address, if different from principal place of business</p> <p><u>P.O. Box 8037</u> Number Street</p> <hr/> <p>P.O. Box _____</p> <hr/> <p><u>Weslaco TX 78599-8037</u> City State ZIP Code</p>	<p>Location of principal assets, if different from principal place of business</p> <p>_____ Number Street</p> <hr/> <p>_____ City State ZIP Code</p>
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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: _____

Debtor A.C.M. Home Health Services, Inc. Case number (if known) _____

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>

6 2 1 6

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?

If more than 2 cases, attach a separate list.

- No
- Yes. District Southern District of Texas - M When 08/16/2011 Case number 11-70504
MM / DD / YYYY
- District _____ When _____ Case number _____
MM / DD / YYYY
- District _____ When _____ Case number _____
MM / DD / YYYY

Debtor A.C.M. Home Health Services, Inc. Case number (if known) _____

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

No

Yes. Debtor _____ Relationship _____
 District _____ When _____
 Case number, if known _____ MM / DD / YYYY

Debtor _____ Relationship _____
 District _____ When _____
 Case number, if known _____ MM / DD / YYYY

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

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 for distribution to unsecured creditors.

Debtor A.C.M. Home Health Services, Inc. Case number (if known) _____

- 14. Estimated number of creditors
 - 1-49
 - 50-99
 - 100-199
 - 200-999
- 15. Estimated assets
 - \$0-\$50,000
 - \$50,001-\$100,000
 - \$100,001-\$500,000
 - \$500,001-\$1 million
- 16. Estimated liabilities
 - \$0-\$50,000
 - \$50,001-\$100,000
 - \$100,001-\$500,000
 - \$500,001-\$1 million

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 03/07/2017
MM / DD / YYYY

X /s/ Adam Caballero _____ **Adam Caballero** _____
Signature of authorized representative of debtor Printed name
Title President and Director

18. Signature of attorney **X /s/ Marcos D. Oliva** _____ Date 03/07/2017
Signature of attorney for debtor MM / DD / YYYY

Marcos D. Oliva _____
Printed name
Marcos D. Oliva, PC _____
Firm name
223 W. Nolana _____
Number Street

McAllen _____ **TX** _____ **78504** _____
City State ZIP Code

(956) 683-7800 _____ **marcos@olivalawfirm.com** _____
Contact phone Email address
24056068 _____ **TX** _____
Bar number State

Fill in this information to identify the case

Debtor name A.C.M. Home Health Services, Inc.
 United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS
 Case number (if known) _____

Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets -- Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- No. Go to Part 2.
- Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

2. Cash on hand

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number
--	-----------------	---------------------------------

3.1. Checking account

Frost Bank Checking Account
(balance as of March 2, 2017)

Checking account

8 2 7 8

\$16,827.12

4. Other cash equivalents (Identify all)

Name of institution (bank or brokerage firm)

5. Total of Part 1

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

\$16,827.12

Part 2: Deposits and prepayments

6. Does the debtor have any deposits or prepayments?

- No. Go to Part 3.
- Yes. Fill in the information below.

Debtor A.C.M. Home Health Services, Inc. Case number (if known) _____
 Name

Current value of debtor's interest

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

9. Total of Part 2.

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

\$0.00

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- No. Go to Part 4.
 Yes. Fill in the information below.

Current value of debtor's interest

11. Accounts receivable

11a. 90 days old or less: \$44,269.67 — \$0.00 = → \$44,269.67
 face amount doubtful or uncollectible accounts

11b. Over 90 days old: \$0.00 — \$0.00 = → \$0.00
 face amount doubtful or uncollectible accounts

12. Total of Part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$44,269.67

Part 4: Investments

13. Does the debtor own any investments?

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

Valuation method used for current value

Current value of debtor's interest

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

Name of fund or stock:

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

Name of entity: _____ % of ownership: _____

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

Describe:

17. Total of Part 4

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

\$0.00

Part 5: Inventory, excluding agriculture assets

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

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

Debtor A.C.M. Home Health Services, Inc. Case number (if known) _____
 Name

General description	Date of the last physical inventory MM/DD/YYYY	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials				
20. Work in progress				
21. Finished goods, including goods held for resale				
22. Other inventory or supplies				
23. Total of Part 5 Add lines 19 through 22. Copy the total to line 84.				\$0.00
24. Is any of the property listed in Part 5 perishable? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Book value _____ Valuation method _____ Current value _____				
26. Has any of the property listed in Part 5 been appraised by a professional within the last year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming or fishing-related assets (other than titled motor vehicles and land)?
 No. Go to Part 7.
 Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops--either planted or harvested			
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish			
30. Farm machinery and equipment (Other than titled motor vehicles)			
31. Farm and fishing supplies, chemicals, and feed			
32. Other farming and fishing-related property not already listed in Part 6			
33. Total of Part 6. Add lines 28 through 32. Copy the total to line 85.			\$0.00
34. Is the debtor a member of an agricultural cooperative? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Is any of the debtor's property stored at the cooperative? <input type="checkbox"/> No <input type="checkbox"/> Yes			
35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Book value _____ Valuation method _____ Current value _____			
36. Is a depreciation schedule available for any of the property listed in Part 6? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
37. Has any of the property listed in Part 6 been appraised by a professional within the last year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor A.C.M. Home Health Services, Inc. Case number (if known) _____
 Name

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

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

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

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture			
4 Office Desks	\$250.00		
4 Executive Chairs	\$100.00		
5 Receptionist Chairs	\$100.00		
4 Filing Cabinets	\$100.00		
2 Storage Shelves	\$600.00		
Conference Table and 5 Chairs	\$175.00		
	\$1,325.00	Estimated Value	\$1,325.00

40. Office fixtures

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

Telephone System	\$800.00		
3 Computers	\$1,200.00		
3 Printers	\$150.00		
	\$2,150.00	Estimated Value	\$2,150.00

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

43. Total of Part 7.

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

\$3,475.00

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

- No
- Yes

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

- No
- Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

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

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
48. Watercraft, trailers, motors, and related accessories <i>Examples:</i> Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
49. Aircraft and accessories			

Debtor A.C.M. Home Health Services, Inc. Case number (if known) _____
 Name

50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

51. Total of Part 8. \$0.00
 Add lines 47 through 50. Copy the total to line 87.

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

- No
- Yes

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

- No
- Yes

Part 9: Real property

54. Does the debtor own or lease any real property?

- No. Go to Part 10.
- Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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55.1. 108 W. Huisache Street Weslaco, Texas Block 7, Lot 11, Esplanada Subdivision, Hidalgo County,	Fee Simple	\$60,450.00	Hidalgo Co. Apprai	\$60,450.00
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56. Total of Part 9. \$60,450.00
 Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

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

- No
- Yes

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

- No
- Yes

Part 10: Intangibles and Intellectual Property

59. Does the debtor have any interests in intangibles or intellectual property?

- No. Go to Part 11.
- Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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60. Patents, copyrights, trademarks, and trade secrets

61. Internet domain names and websites

Debtor A.C.M. Home Health Services, Inc. Case number (if known) _____
 Name

62. Licenses, franchises, and royalties
 63. Customer lists, mailing lists, or other compilations
 64. Other intangibles, or intellectual property
 65. Goodwill

66. Total of Part 10.

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

\$0.00

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

- No
 Yes

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

- No
 Yes

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

- No
 Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- No. Go to Part 12.
 Yes. Fill in the information below.

Current value of
debtor's interest

71. Notes receivable

Description (include name of obligor)

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

Description (for example, federal, state, local)

73. Interests in insurance policies or annuities

74. Causes of action against third parties (whether or not a lawsuit has been filed)

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

76. Trusts, equitable or future interests in property

77. Other property of any kind not already listed *Examples:* Season tickets, country club membership

78. Total of Part 11.

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

\$0.00

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

- No
 Yes

Debtor A.C.M. Home Health Services, Inc.
Name

Case number (if known) _____

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	<u>\$16,827.12</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$44,269.67</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$3,475.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. Real property. <i>Copy line 56, Part 9.....</i> →		<u>\$60,450.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column. 91a.	<u>\$64,571.79</u>	+ 91b. <u>\$60,450.00</u>
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.....		<u>\$125,021.79</u>

Fill in this information to identify the case:

Debtor name A.C.M. Home Health Services, Inc.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS

Case number _____
(if known)

Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A
Amount of claim
Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$159,360.36

Debtor A.C.M. Home Health Services, Inc. Case number (if known) _____

Part 1: Additional Page

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
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Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

<p>2.1</p>	<p>Creditor's name <u>Internal Revenue Service</u></p> <p>Creditor's mailing address <u>300 E 8th St STOP 5026 AUS</u></p> <p><u>Austin TX 78701</u></p> <p>Creditor's email address, if known _____</p> <p>Date debt was incurred <u>2012 - 2016</u></p> <p>Last 4 digits of account number <u>5 3 9 6</u></p> <p>Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority. For Block 7, Lot 11, Esplanada Subdivision, Hidalgo County,; 1) Juan M. Garcia; 2) Internal Revenue Service. For Checking account Frost Bank Checking Account (balance as of: 1) Internal Revenue Service. For Insurance program 12/01/2017 - 02/28/2017: 1) Internal Revenue Service. For PHC-State Program 12/01/2017 - 02/28/2017: 1) Internal Revenue Service. For 4 Office Desks \$250.00 4 Executive Ch: 1) Internal Revenue Service. For Telephone System \$800.00 3 Computers \$1,200.00 3 Printers \$150.00: 1) Internal Revenue Service.</p>	<p>Describe debtor's property that is subject to a lien <u>All Assets</u></p> <p>Describe the lien <u>940 and 941 Taxes / Statutory Lien</u></p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p><u>\$112,110.36</u></p> <p><u>\$125,021.79</u></p>
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Debtor A.C.M. Home Health Services, Inc. Case number (if known) _____

Part 1: Additional Page

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
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Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

<p>2.2 Creditor's name <u>Juan M. Garcia</u></p> <p>Creditor's mailing address <u>620 South Texas Avenue</u></p> <p><u>Weslaco TX 78596</u></p> <p>Creditor's email address, if known _____</p> <p>Date debt was incurred <u>07/26/2006</u></p> <p>Last 4 digits of account number _____</p> <p>Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.1</u></p>	<p>Describe debtor's property that is subject to a lien <u>Block 7, Lot 11, Esplanada Subdivision, Hidalgo Co</u></p> <p>Describe the lien <u>Deed of Trust / Agreement</u></p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p><u>\$47,250.00</u></p>	<p><u>\$60,450.00</u></p>
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Debtor A.C.M. Home Health Services, Inc. Case number (if known) _____

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
<u>David L. Guerra, Assistant U.S. Attorney</u> <u>1701 W. Highway 83, Suite 600</u> <hr/> <u>McAllen TX 78501</u>	Line <u>2.1</u>	_____
<u>Internal Revenue Service</u> <u>Centralized Insolvency Operation</u> <u>P.O. Box 7346</u> <hr/> <u>Philadelphia PA 19101-7346</u>	Line <u>2.1</u>	_____

Fill in this information to identify the case:

Debtor A.C.M. Home Health Services, Inc.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS

Case number _____
(if known)

Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- No. Go to Part 2.
 Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or part.

If more space is needed for priority unsecured claims, fill out and attach the Additional Page of Part 1.

Total claim

Priority amount

Debtor A.C.M. Home Health Services, Inc. Case number (if known) _____

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If more space is needed for nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address	
	Internal Revenue Service	
	300 E 8th St STOP 5026 AUS	
	Austin TX 78701	
	Date or dates debt was incurred <u>2013 - 2016</u>	
	Last 4 digits of account number <u>5 3 9 6</u>	
	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$313,207.60
	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	
	Basis for the claim: 941 Taxes	
	Is the claim subject to offset?	
	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	

Debtor A.C.M. Home Health Services, Inc. Case number (if known) _____

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
<p>4.1 <u>David L. Guerra, Assistant U.S. Attorney</u> <u>1701 W. Highway 83, Suite 600</u> <hr/> <u>McAllen TX 78501</u></p>	<p>Line <u>3.1</u> <input type="checkbox"/> Not listed. Explain:</p>	<p>____ _</p>
<p>4.2 <u>Internal Revenue Service</u> <u>Centralized Insolvency Operation</u> <u>P.O. Box 7346</u> <hr/> <u>Philadelphia PA 19101-7346</u></p>	<p>Line <u>3.1</u> <input type="checkbox"/> Not listed. Explain:</p>	<p>____ _</p>

Debtor A.C.M. Home Health Services, Inc. Case number (if known) _____

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

		Total of claim amounts
5a. Total claims from Part 1	5a.	_____ \$0.00
5b. Total claims from Part 2	5b. +	_____ \$313,207.60
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	_____ \$313,207.60

Fill in this information to identify the case:

Debtor name	<u>A.C.M. Home Health Services, Inc.</u>		
United States Bankruptcy Court for the:	<u>SOUTHERN DISTRICT OF TEXAS</u>		
Case number (if known)	_____	Chapter	<u>11</u>

Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

Fill in this information to identify the case:

Debtor name A.C.M. Home Health Services, Inc.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS

Case number _____
(if known)

Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing address

Name

Check all schedules that apply:

Fill in this information to identify the case:

Debtor Name A.C.M. Home Health Services, Inc.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS

Case number (if known): _____

Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. Schedule A/B: Assets--Real and Personal Property (Official Form 206A/B)

1a. Real property: Copy line 88 from Schedule A/B.....	<u>\$60,450.00</u>
1b. Total personal property: Copy line 91A from Schedule A/B.....	<u>\$64,571.79</u>
1c. Total of all property Copy line 92 from Schedule A/B.....	<u>\$125,021.79</u>

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)

Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D..... \$159,360.36

3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)

3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of Schedule E/F.....	<u>\$0.00</u>
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F.....	+ <u>\$313,207.60</u>

4. Total liabilities

Lines 2 + 3a + 3b..... \$472,567.96

Fill in this information to identify the case and this filing:

Debtor Name A.C.M. Home Health Services, Inc.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS

Case number _____
(if known)

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

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

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets--Real and Personal Property* (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- Schedule H: Codebtors* (Official Form 206H)
- A Summary of Assets and Liabilities for Non-Individuals* (Official Form 206-Summary)
- Amended Schedule _____
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- Other document that requires a declaration _____

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

Executed on 03/07/2017
MM / DD / YYYY

X /s/ Adam Caballero _____
Signature of individual signing on behalf of debtor

Adam Caballero _____
Printed name

President and Director _____
Position or relationship to debtor

Fill in this information to identify the case:

Debtor name A.C.M. Home Health Services, Inc.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS

Case number (if known) _____

Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue
Check all that apply.

Gross revenue
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From 01/01/2017 to Filing date
MM/DD/YYYY

Operating a business
 Other _____

For prior year:

From 01/01/2016 to 12/31/2016
MM/DD/YYYY

Operating a business
 Other _____

\$1,444,295.68

For the year before that:

From 01/01/2015 to 12/31/2015
MM/DD/YYYY

Operating a business
 Other _____

\$1,567,711.00

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

None

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

None

Creditor's name and address

Dates

Total amount or value

Reasons for payment or transfer

Check all that apply

3.1. **Internal Revenue Service**

Creditor's name _____

Street _____

City _____ State _____ ZIP Code _____

- Secured debt
- Unsecured loan repayments
- Suppliers or vendors
- Services
- Other Taxes

Debtor A.C.M. Home Health Services, Inc. Case number (if known) _____
 Name

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or co-signed by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. Insiders include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

None

5. Repossessions, foreclosures, and returns

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

None

6. Setoffs

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

None

Part 3: Legal Actions or Assignments

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

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity--within 1 year before filing this case.

None

Case title	Nature of case	Court or agency's name and address	Status of case
7.1. Texas Department of Aging and Disability Services v. A.C.M. Home Health Services, Inc.	Administrative Action Related to License Issues	Name _____ Street _____ _____	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number _____		City _____ State _____ ZIP Code _____	

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

None

Debtor A.C.M. Home Health Services, Inc. Case number (if known) _____
 Name

Part 4: Certain Gifts and Charitable Contributions

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

None

Part 5: Certain Losses

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

None

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

None

Who was paid or who received the transfer?	If not money, describe the property transferred	Dates	Total amount or value
11.1. <u>Marcos D. Oliva, P.C.</u>		<u>02/16/2017</u>	<u>\$5,000.00</u>
Address			
<u>223 East Nolana Boulevard</u>			
Street			
<u>McAllen TX 78504</u>			
City State ZIP Code			
Email or website address			

Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device. Do not include transfers already listed on this statement.

None

Debtor **A.C.M. Home Health Services, Inc.**
Name

Case number (if known) _____

13. Transfers not already listed on this statement

List any transfers of money or other property--by sale, trade, or any other means--made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

 None**Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

 Does not apply**Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

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

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

 No. Go to Part 9. Yes. Fill in the information below.**Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?** No. Yes. State the nature of the information collected and retained**Names, DOB and Social Security Numbers of clients for whom services are provided**

Does the debtor have a privacy policy about that information?

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

Debtor A.C.M. Home Health Services, Inc.
Name

Case number (if known) _____

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

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

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

None

19. Safe deposit boxes

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

None

20. Off-premises storage

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

None

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

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

None

Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law?

Include settlements and orders.

No

Yes. Provide details below.

Debtor A.C.M. Home Health Services, Inc. Case number (if known) _____
 Name

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- No
- Yes. Provide details below.

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

- No
- Yes. Provide details below.

Part 13: Details About the Debtor's Business or Connections to Any Business

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

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

None

	Business name and address	Describe the nature of the business	Employer Identification number
25.1.	<u>A.C.M. Home Health Services, Inc.</u> Name <u>dba Fey Home Health Servic</u>	<u>Primary Home Care</u> (non-medical home providers)	Do not include Social Security number or ITIN.
	<u>108 W. Huisache</u> Street		EIN: <u>7 4 - 2 8 2 5 3 9 6</u>
	<u>Weslaco TX 78596</u> City State ZIP Code		Dates business existed From <u>March 4, 1997</u> To <u>present</u>

26. Books, records, and financial statements

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

None

	Name and address	Dates of service
26a.1.	<u>Santiago Gonzalez, Jr., CPA</u> Name <u>1307 South Closner Boulevard</u> Street	From <u>March, 2010</u> To <u>Present</u>
	<u>Edinburg TX 78539</u> City State ZIP Code	

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

None

	Name and address	If any books of account and records are unavailable, explain why
26c.1.	<u>Santiago Gonzalez, Jr.</u> Name <u>1307 South Closner Boulevard</u> Street	
	<u>Edinburg TX 78539</u> City State ZIP Code	

Debtor **A.C.M. Home Health Services, Inc.** Case number (if known) _____
Name

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

None

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

No.
 Yes. Give the details about the two most recent inventories.

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

Name	Address	Position and nature of any interest	% of interest, if any
Adam Caballero	7209 N. Westgate Drive Weslaco, TX 78596	President / Sole Shareholder	100%

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

No
 Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
------	---------	-------------------------------------	---

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

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

No
 Yes. Identify below.

Debtor **A.C.M. Home Health Services, Inc.** Case number (if known) _____
Name

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1. <u>Adam Caballero</u> <small>Name</small> <u>7209 N. Westgate Drive</u> <small>Street</small> <hr/> <u>Edinburg TX 78596</u> <small>City State ZIP Code</small> Relationship to debtor <u>Owner/Operator</u>	Salary for Services Rendered \$115,800.00	February 2016 - \$4,500.00 March 2016 - \$9,000.00 April 2016 - \$9,000.00 May 2016 - \$9,000.00 June 2016 - \$13,500.00 July 2016 - \$9,000.00 August 2016 - \$9,000.00 September 2016 - \$9,000.00 October 2016 - \$9,000.00 November 2016 - \$9,000.00 December 2016 - \$9,000.00 January 2017 - \$9,000.00 February 2017 - \$6,500.00 March 2017 - \$1,300.00	Salary - Services Rendered

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- No
- Yes. Identify below.

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- No
- Yes. Identify below.

Debtor A.C.M. Home Health Services, Inc. Case number (if known) _____
Name

Part 14: Signature and Declaration

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

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

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

Executed on 03/07/2017
MM / DD / YYYY

X /s/ Adam Caballero Printed name Adam Caballero

Signature of individual signing on behalf of the debtor

Position or relationship to debtor President and Director

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

- No
- Yes

B2030 (Form 2030) (12/15)

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF TEXAS
MCALLEN DIVISION**

In re **A.C.M. Home Health Services, Inc.**

Case No. _____

Chapter 11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) 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.....Hourly: Estimated Total	<u>\$20,000.00</u>
Prior to the filing of this statement I have received.....	<u>\$5,000.00</u>
Balance Due.....Hourly: Approximately	<u>\$15,000.00</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 another 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, statements 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;

B2030 (Form 2030) (12/15)

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

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.

03/07/2017

Date

/s/ Marcos D. Oliva

Marcos D. Oliva
Marcos D. Oliva, PC
223 W. Nolana
McAllen, TX 78504
Phone: (956) 683-7800 / Fax: (866) 868-4224

Bar No. 24056068

/s/ Adam Caballero

Adam Caballero
President and Director

Fill in this information to identify the case:

Debtor name A.C.M. Home Health Services, Inc.

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS

Case number _____
(if known)

Check if this is an amended filing

Official Form 204

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

12/15

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

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim		
					If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1	Internal Revenue Service 300 E 8th St STOP 5026 AUS Austin, Texas 78701		941 Taxes				\$313,207.60
2	Internal Revenue Service 300 E 8th St STOP 5026 AUS Austin, Texas 78701		940 and 941 Taxes		\$112,110.36	\$77,771.79	\$34,338.57

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF TEXAS
MCALLEN DIVISION**

IN RE: **A.C.M. Home Health Services, Inc.**

CASE NO

CHAPTER **11**

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 3/7/2017

Signature */s/ Adam Caballero*
Adam Caballero
President and Director

Date _____

Signature _____

David L. Guerra, Assistant U.S. Attorney
1701 W. Highway 83, Suite 600
McAllen, Texas 78501

Internal Revenue Service
300 E 8th St STOP 5026 AUS
Austin, Texas 78701

Internal Revenue Service
Centralized Insolvency Operation
P.O. Box 7346
Philadelphia, PA 19101-7346

Juan M. Garcia
620 South Texas Avenue
Weslaco, Texas 78596

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF TEXAS
MCALLEN DIVISION**

IN RE:
A.C.M. Home Health Services, Inc.

CHAPTER 11

DEBTOR(S)

CASE NO

LIST OF EQUITY SECURITY HOLDERS

Registered Name of Holder of Security Last Known Address or Place of Business	Class of Security	Number Registered	Kind of Interest Registered
Adam Caballero 7209 N. Westgate Drive Weslaco, Texas 78596	Sole Owner of Shares		

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

I, the President and Director 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: 3/7/2017

Signature: /s/ Adam Caballero
Adam Caballero
President and Director