



STATE OF SOUTH CAROLINA 'S' CORPORATION INCOME TAX RETURN

SC 1120S (Rev. 9/5/18) 3095

dor.sc.gov

Return is due on or before the 15th day of the 3rd month following the close of the taxable year.

SC FILE # 20543557-2
INCOME TAX PERIOD ENDING 06/30/19
LICENSE FEE PERIOD ENDING 06/30/20
FEIN 43-8938871
NAME HOSPICE CARE INC
MAILING ADDR. 39 OMAR RD
CITY ORANGEBURG STATE SC
ZIP CODE 29111
Change of Address Accounting Period Officers



Attach complete copy of Federal Return
Check here if you filed a federal or state extension
Check if Initial Return Amended Return
Includes QSSS(s) and/or Disregarded LLC(s)
If Filing a Final Return, see General Instructions, page 3. You MUST close your account with the SECRETARY OF STATE and complete I-349.
Merged Reorganized Final
Total Gross Receipts 120,599,004 Total cost of depreciable personal property in SC 72,793

County or Counties in SC Where Property is Located: CALHOUN
City ORANGEBURG Audit Location SC
Audit Contact Telephone Number 983-737-4644 JONES, JIM

Does the Corporation have any Shareholders who are nonresidents of South Carolina? Yes No

Table with 3 columns: Description, Line Number, Amount. Includes rows for Total of line 1 through 10, Net Adjustment, Total Net Income, LESS: Income on line 4 taxed to shareholders, South Carolina Net Income subject to tax, TAX, Payments, Refundable Credits, Total Payments and Refundable Credits, Balance of Tax Due, Interest Due, Declaration Penalty Due, TOTAL INCOME TAX, OVERPAYMENT, and sub-rows for Estimated Tax, License Fee, and REFUND.

PART II COMPUTATION OF LICENSE FEE AND SCHEDULES A AND B PAGE 2



PART II COMPUTATION OF LICENSE FEE	14. Total Capital And Paid in Surplus (Multi-State Corporations See Schedule E)	14.	97,417	00
	15. FEE DUE - Line 14 x .001, plus \$15.00 (Fee cannot be less than \$25.00)	15.	112	00
	16. LESS: Credits taken this year against license fee from SC1120TC, Part II, Column C (attach SC1120-TC)	16.	<	00
	17. Balance (line 15 less line 16)	17.	112	00
	18. Payments: (a) Paid with Extension	18a.		00
	(b) Credit from line 13b	18b.		00
	19. Total Payments (add line 18a and 18b)	19.		00
	20. Balance of Fee Due (line 17 less line 19)	20.	112	00
	21. (a) Interest Due <input type="text" value="00"/> (b) Late File/Pay Penalty Due <input type="text" value="00"/>	21.		00
	(See penalty and interest instructions.) Enter Total			
	22. TOTAL LICENSE FEE, Interest and Penalty Due (add lines 20 and 21) BALANCE DUE	22.	112	00
	23. OVERPAYMENT (line 19 less line 17) <input type="text" value="00"/> To be applied as follows:			
	(a) Est. Tax <input type="text" value="00"/> (b) Inc. Tax <input type="text" value="00"/> (c) REFUND <input type="text" value="00"/>			00
	24. GRAND TOTAL: INCOME TAX and LICENSE FEE DUE (add lines 12 and 22) EFT <input type="checkbox"/>	24.	112	00

SCHEDULE A AND B ADDITIONS TO FEDERAL TAXABLE INCOME

1. Taxes on or Measured By Income	1.	30,971
2. Excess net passive income subject to federal tax	2.	
3. Taxable portion of certain built-in gains subject to federal tax	3.	
4.	4.	
5.	5.	
6. Other Additions (attach schedule)	6.	
7. Total Additions (add lines 1 through 6)	7.	30,971

DEDUCTIONS FROM FEDERAL TAXABLE INCOME

8. OTHER DEDUCTION	8.	66,903
9.	9.	
10.	10.	
11.	11.	
12.	12.	
13. Other Deductions (attach schedule)	13.	
14. Total Deductions (add lines 8 through 13)	14.	66,903
15. Net Adjustment (line 7 less line 14) Also enter on line 2, Part 1, SC1120S	15.	-35,932

SCHEDULE C RESERVED

I, the undersigned, a principal officer of the corporation for which this return is made declare that this return, including accompanying Annual Report, statements and schedules, has been examined by me and is to the best of my knowledge and belief, a true and complete return.

Sign Here	Signature of officer	Officer's title	JAMES@HOSPICECARE.ORG	
	Officer's printed name	Date	983-737-4644	
	I authorize the Director of the Department of Revenue or delegate to discuss this return, attachments and related tax matters with the preparer. Yes <input type="checkbox"/> No <input type="checkbox"/>		Preparer's Printed Name	
Paid	signature MARY JANE	Date	Check if self-employed <input type="checkbox"/>	Preparer's Telephone Number
Preparer's	Firm's name (or yours if self-employed)	AFIRMFIRMFIRMFIRMFIRMFIRMFIRMFIRMFIRMFIRMFIA		PTIN or FEIN P05051984
Use Only	and address	ACITYCITYCITYCITYCIA, MI		ZIP Code 48130-1234

If this is a corporation's final return, signing here authorizes the Department of Revenue to disclose that information with the Secretary of State. You must close with the Secretary of State as well as the Department of Revenue and complete I-349.

Taxpayer's Signature	Date
----------------------	------



SCHEDULE D ANNUAL REPORT TO BE COMPLETED BY ALL CORPORATIONS

- 1. Name HOSPICE CARE INC
- 2. Incorporated under the laws of the State of SOUTH CAROLINA
- 3. Location of the Registered Office of the Corporation in the State of South Carolina is 309 PALMETTO RD
In the City of ORANGEBURG Registered Agent at such address is JONES, JIM
- 4. Location of principal office (street address) 29 OMAR RD, ORANGEBURG, SC 29111
Nature of principal business in SC PATIENT CARE & MILK PRODUCER

5. The total number of **authorized shares** of capital stock, itemized by class and series, if any, within each class is as follows:
 NUMBER OF SHARES: 100 CLASS: COMMON SERIES: _____

6. The total number of **issued and outstanding shares** of capital stock itemized by class and series, if any, within each class is as follows:
 NUMBER OF SHARES: 100 CLASS: COMMON SERIES: _____

7. The names and business addresses of the directors (or individuals functioning as directors) and principal officers in the Corporation are:
 (If additional space is necessary, attach separate schedule).

NAME	TITLE	BUSINESS ADDRESS
<u>RALPH</u>	<u>JOHNSON</u>	<u>PRESIDENT</u>
<u>458 WICKSON DRIVE</u>	<u>FRANKENMUTH</u>	<u>MI 48734</u>

8. Date Incorporated 03/01/1997 Date commenced business in the State of South Carolina was 04/01/1997

9. Date of this report 03/15/2018 FEIN 43-8938871

10. If Foreign Corporation, the date qualified to do business in the State of South Carolina is _____

11. Was the name of the Corporation changed during the year? NO Give old name _____

12. The Corporation's books are in the care of JONES, JIM

Located at (street address) 29 OMAR RD, ORANGEBURG, SC 29111

13. The total amount of stated capital per balance sheet is:
- A. Total paid in Capital Stock (cannot be a negative amount) \$ 90,000
 - B. Total paid in Capital Surplus (cannot be a negative amount) \$ 7,417
 - C. Total amount of stated Capital (cannot be a negative amount) \$ 97,417

ATTACH COMPLETE COPY OF FEDERAL RETURN

File electronically using Modernized Electronic Filing (MeF).

Pay online by credit card or electronic check using our free tax portal, MyDORWAY, at dor.sc.gov/pay. Select Business Income Tax Payment to get started.

MAIL RETURN TO THE PROPER ADDRESS

BALANCE DUE:
 SC DEPARTMENT OF REVENUE
 CORPORATE TAXABLE
 PO BOX 100151
 COLUMBIA, SC 29202

REFUNDS OR ZERO TAX:
 SC DEPARTMENT OF REVENUE
 CORPORATE REFUND
 PO BOX 125
 COLUMBIA, SC 29214-0032

Note: If submitting payment by check, make check payable to SC Department of Revenue. Include Business Name and FEIN on check.



SCHEDULE SC-K WORKSHEET

* Enter amounts from corresponding lines on your federal Schedule K in Column B.

	(A) Description	(B) * Amounts From Federal Schedule K	(C) Plus or Minus South Carolina Adjustments	(D) Federal Schedule K Amounts After SC Adjustments	(E) Col. (D) Amounts Not Apportioned or Allocated to SC	(F) Col. (D) Amounts Apportioned or Allocated to SC
1	Ordinary business income (loss)	2,967,425				2,967,425
2	Net rental real estate inc. (loss)					
3	Other net rental income (loss)					
4	Interest income					
5	Dividends					
6	Royalties					
7	Net short-term capital gain (loss)					
8	Net long-term capital gain (loss)					
9	Net section 1231 gain (loss)					
10	Other income (loss)					
11	Section 179 deduction					
12a	Contributions					
12b	Investment interest expense					
12c	Section 59(e)(2) expenditures					
12d	Other deductions					

Non-Refundable Tax Credits: Enter Total Credits from SC1120-TC
SC1120-TC must be attached to return.