

1022



STATE OF SOUTH CAROLINA
S CORPORATION INCOME TAX RETURN

SC 1120S

(Rev. 7/16/19)
 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 06/30/20

License Fee period ending 06/30/21

FEIN 43-8938871

Name HOSPICE CARE INC

Mailing address 39 OMAR RD

City ORANGEBURG State SC

ZIP 29111

Change of ☐ Address ☐ Accounting Period
☐ Officers

Attach complete copy of federal return

☐ Check if you filed a federal or state extension

Check if: ☐ Initial Return ☐ Amended Return

☐ Includes QSSSs and/or Disregarded LLCs (See Schedule L)

Check if:

☐ Merged ☒ Reorganized ☐ Final

County or counties in SC where property is located:

CALHOUN

Audit location: Street address, city, state, and ZIP

39 OMAR RD

ORANGEBURG

SC

Total gross receipts

120,599,004

Total cost of depreciable personal property in SC

72,793

Audit contact

Phone number

983-737-4644

JONES, JIM

Does the corporation have any shareholders who are nonresidents of South Carolina?

☒ Yes ☐ No

PART I COMPUTATION OF INCOME TAX LIABILITY	1. Total of line 1 through 10, Schedule K of the federal 1120S	1.	<u>2,967,425</u>	00
	2. Net adjustment from Schedule A and B, line 15	2.	<u>-35,932</u>	00
	3. Total net income as reconciled (add line 1 and line 2)	3.	<u>2,931,493</u>	00
	4. If multi-state corporation, enter amount from Schedule G, line 6; otherwise, enter amount from line 3.	4.	<u>2,931,493</u>	00
	5. LESS: Income on line 4 taxed to shareholders of S Corporation	5.	<u>< 2,931,493</u>	00 >
	6. South Carolina net income subject to tax (subtract line 5 from line 4)	6.	<u>0</u>	00
	7. TAX: Multiply line 6 by .05 (5%)	7.	<u>0</u>	00
	8. Payments: (a) Tax withheld (attach 1099s, I-290s, and/or W-2s)	8a.		00
	(b) Paid by declaration	8b.	<u>1,000</u>	00
	(c) Paid with extension	8c.		00
	(d) Credit from Line 23b	8d.		00
	Refundable Credits: (e) Ammonia Additive	8e.		00
	(f) Milk Credit	8f.		00
(g) Motor Fuel Income Tax Credit	8g.		00	
9. Total payments and refundable credits (add lines 8a through 8g)	9.	<u>1,000</u>	00	
10. Balance of tax (subtract line 9 from line 7)	10.	<u>0</u>	00	
11. (a) Interest	11a.		00	
(b) Late file/pay penalty	11b.		00	
(c) Declaration penalty (attach SC2220)	11c.		00	
Total (add lines 11a, 11b, and 11c.) See penalty and interest in SC1120 Instructions.	11.		00	
12. Total Income Tax, interest and penalty (add lines 10 and 11) BALANCE DUE	12.		00	
13. Overpayment (subtract line 7 from line 9)		<u>1,000</u>	00	
To be applied as follows: (a) Estimated Tax	13a.		00	
(b) License Fee	13b.	<u>112</u>	00	
(c) REFUND	13c.	<u>888</u>	00	

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

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SC1120S HOSPICE CARE INC

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PART II COMPUTATION OF LICENSE FEE	
14. Total capital and paid in surplus (Multi-state corporations see Schedule E)	14. 97,417 00
15. License Fee: multiply line 14 by .001, then add \$15 (Fee cannot be less than \$25)	15. 112 00
16. LESS: Credits taken this year against License Fee from SC1120TC, Part II, Column C (attach SC1120TC)	16. < 00 >
17. Balance (subtract line 16 from line 15)	17. 112 00
18. Payments: (a) Paid with extension	18a. 00
(b) Credit from line 13b	18b. 112 00
19. Total payments (add line 18a and 18b)	19. 112 00
20. Balance of License Fee (subtract line 19 from line 17)	20. 0 00
21. (a) Interest 00 (b) Late file/pay penalty 00	21. 00
Total (add lines 21a and 21b.) See penalty and interest in SC1120 Instructions	21. 00
22. Total License Fee, interest, and penalty (add lines 20 and 21)	22. 0 00
23. Overpayment (subtract line 17 from line 19) 00 To be applied as follows:	
(a) Estimated Tax 00 (b) Income Tax 00 (c) REFUND	00
24. GRAND TOTAL: INCOME TAX and LICENSE FEE DUE (add lines 12 and 22)	24. 0 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 (subtract line 14 from line 7). Also enter on SC1120S, Part 1, line 2	15. -35,932

SCHEDULE C

RESERVED

As a principal officer of the corporation for which this return is made, I 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, true and complete.

Sign

Here

Signature of officer		PRESIDENT	
RALPH JOHNSON		JAMES@HOSPICECARE.ORG	
Print officer's name		Officer's title	
		Email	
		983-737-4644	
		Date	
		Phone number	
I authorize the Director of the SCDOR or delegate to discuss this return, attachments, and related tax matters with the preparer.		Print preparer's name	
Yes <input type="checkbox"/> No <input type="checkbox"/>			
Preparer's signature		Date	Check if self-employed <input type="checkbox"/>
		Preparer's phone number	
		800-968-8900	
Firm's name (or yours if self-employed)		PTIN or FEIN	
ADDRESSADDRESSADDRESSADDRESSADDRESSADDA		97-8048407	
and address		ZIP	
ACITYCITYCITYCITYCIA, MI		48130-1234	

If this is a corporation's final return, signing here authorizes the SCDOR to disclose that information to the South Carolina Secretary of State (SCSOS). You must close with the SCSOS and the SCDOR.

Taxpayer's signature

Date

30952063



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 South Carolina 309 PALMETTO RD
In the city of ORANGEBURG Registered agent at this address JONES, JIM
4. Location of principal office (street address) 29 OMAR RD, ORANGEBURG, SC 29111
Nature of principal business in South Carolina PATIENT CARE & MILK PRODUCER
5. The total number of **authorized shares** of capital stock, itemized by class and series, if any, within each class:
- | Number of shares | Class | Series |
|------------------|---------------|-----------------|
| <u>100</u> | <u>COMMON</u> | <u>SERIES A</u> |
6. The total number of **issued and outstanding shares** of capital stock itemized by class and series, if any, within each class:
- | Number of shares | Class | Series |
|------------------|---------------|-----------------|
| <u>100</u> | <u>COMMON</u> | <u>SERIES A</u> |
7. The names and business addresses of the directors (or individuals functioning as directors) and principal officers in the corporation:
Attach separate schedules if you need more space.
- | 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 South Carolina 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 South Carolina _____
11. Was the name of the corporation changed during the year NO Previous 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:
- | | |
|---|------------------|
| A. Total paid in capital stock (cannot be a negative amount) | \$ <u>90,000</u> |
| B. Total paid in capital surplus (cannot be a negative amount) | \$ <u>7,417</u> |
| C. Total amount of stated capital (cannot be a negative amount) | \$ <u>97,417</u> |

ATTACH COMPLETE COPY OF YOUR FEDERAL RETURN

File electronically using Modernized Electronic Filing (MeF).

Pay online using our free tax portal, MyDORWAY, at dor.sc.gov/pay.

Select Business Income Tax Payment to get started.

If you pay by check, make your check payable to SCDOR and write business name and FEIN in the memo.

Mail Balance Due returns to:

SCDOR
Corporate Taxable
PO Box 100151
Columbia, SC 29202

Mail Refund or Zero Tax returns to:

SCDOR
Corporate Refund
PO Box 125
Columbia, SC 29214-0032

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**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		2,967,425
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 SC1120TC
SC1120TC must be attached to return.

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