

Official Form 25B (12/08)

UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF TEXAS
SAN ANTONIO DIVISION

In re

Case No. 15-53128

J B Jones Consortium LP

Small Business Case under Chapter 11

Debtor

J B JONES CONSORTIUM L.P.'S DISCLOSURE STATEMENT, DATED 8/1/2016

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I. INTRODUCTION

This is the disclosure statement (the "Disclosure Statement") in the small business chapter 11 case of J B Jones Consortium LP (the "Debtor"). This Disclosure Statement contains information about the Debtor and describes the Reorganization Plan Dated 8/1/2016 (the "Plan") filed by JB Jones on 8/1/2016. A full copy of the Plan is attached to this Disclosure Statement as Exhibit A. ***Your rights may be affected. You should read the Plan and this Disclosure Statement carefully and discuss them with your attorney. If you do not have an attorney, you may wish to consult one.***

The proposed distributions under the Plan are discussed at pages 4 - 8 of this Disclosure Statement. General unsecured creditors are classified in Classes A - C, and will receive a distribution of 100% of their allowed claims, to be distributed as follows: There will be several Classes of Creditors all will receive 100% over time or immediately upon their treatment under the plan.

Class A is made up of the IRS what is owed \$100.00 and will be paid in full.

Class B The yellow pages which is owed below \$4,000.00 and will be paid \$400.00 a month post confirmation.

Class C creditors are the operators of the business, the undersigned and notice only creditors. They will receive their claims out of the operating revenue of the company within 72 months of the approval of the plan.

A. Purpose of This Document

This Disclosure Statement describes:

- The Debtor and significant events during the bankruptcy case,
- How the Plan proposes to treat claims or equity interests of the type you hold (i.e., what you will receive on your claim or equity interest if the plan is confirmed),
- Who can vote on or object to the Plan,
- What factors the Bankruptcy Court (the "Court") will consider when deciding whether to confirm the Plan,
- Why J B Jones Consortium LP believes the Plan is feasible, and how the treatment of your claim or equity interest under the Plan compares to what you would receive on your claim or equity interest in liquidation, and
- The effect of confirmation of the Plan.

Be sure to read the Plan as well as the Disclosure Statement. This Disclosure Statement describes the Plan, but it is the Plan itself that will, if confirmed, establish your rights.

B. Deadlines for Voting and Objecting; Date of Plan Confirmation Hearing

The Court has not yet confirmed the Plan described in this Disclosure Statement. This section describes the procedures pursuant to which the Plan will or will not be confirmed.

1. *Time and Place of the Hearing to Finally Approve This Disclosure Statement and Confirm the Plan*

The hearing at which the Court will determine whether to *finally approve this Disclosure Statement and confirm the Plan* will take place on a date and time Ordered by the Court, in Judge King's Courtroom located on the 3rd floor, at the Hipolito F. Garcia Federal Building and United States Courthouse

Western District of Texas
San Antonio Division Courthouse
Judge King's Court, Room No. 383
615 E Houston St
San Antonio, TX 78205.

2. *Deadline For Voting to Accept or Reject the Plan*

If you are entitled to vote to accept or reject the plan, vote on the enclosed ballot and return the ballot in the enclosed envelope to The Law of Albert W. Van Cleave III PLLC
attn: Gregory T. Van Cleave
1520 W. Hildebrand
San Antonio, Texas 78201.

See section IV.A. below for a discussion of voting eligibility requirements.

Your ballot must be received by 9/1/2016 or it will not be counted.

3. *Deadline For Objecting to the Adequacy of Disclosure and Confirmation of the Plan*

Objections to this Disclosure Statement or to the confirmation of the Plan must be filed with the Court and served upon Debtor, American National Bank of Texas, IRS, and the Yellow Pages by 8/20/2016.

4. *Identity of Person to Contact for More Information*

If you want additional information about the Plan, you should contact:

Gregory T. Van Cleave
 1520 W. Hildebrand
 San Antonio, TX 78201
 Office (210) 341 - 6588
 Cell (210) 421 - 2820
 Fax (210) 341- 6589.

C. Disclaimer

The Court has conditionally approved this Disclosure Statement as containing adequate information to enable parties affected by the Plan to make an informed judgment about its terms. The Court has not yet determined whether the Plan meets the legal requirements for confirmation, and the fact that the Court has approved this Disclosure Statement does not constitute an endorsement of the Plan by the Court, or a recommendation that it be accepted. The Court's approval of this Disclosure Statement is subject to final approval at the hearing on confirmation of the Plan. Objections to the adequacy of this Disclosure Statement may be filed until a date urged by the Court.

II. BACKGROUND

A. Description and History of the Debtor's Business

The Debtor is a partnership. Since 2001, the Debtor has been in the business of caring for children as a daycare center. For roughly a decade, the business was strong and performed well. In the past several years, the debtor had to rely on tenants to pay the mortgage and they would recoup the difference if any as business profits.

B. Insiders of the Debtor

Insider Name: Rebecca Jones	Relationship to the Debtor: President
Compensation paid by the Debtor or its affiliates to this insider during the two years prior to the commencement of the Debtor's bankruptcy case: None	
Compensation paid during the pendency of this chapter 11 case: None	

Insider Name: John Paul Jones	Relationship to the Debtor: Vice President
Compensation paid by the Debtor or its affiliates to this insider during the two years prior to the commencement of the Debtor's bankruptcy case: None	
Compensation paid during the pendency of this chapter 11 case: None	

C. Management of the Debtor Before and During the Bankruptcy

During the two years prior to the date on which the bankruptcy petition was filed, the officers, directors, managers or other persons in control of the Debtor (collectively the "Managers") were:

Rebecca Jones
 John Paul Jones

The Managers of the Debtor during the Debtor's chapter 11 case have been:

Rebecca Jones
 John Paul Jones

After the effective date of the order confirming the Plan, the directors, officers, and voting trustees of the Debtor, any affiliate of the Debtor participating in a joint Plan with the Debtor, or successor of the Debtor under the Plan (collectively the "Post Confirmation Managers"), will be:

Rebecca Jones
John Paul Jones

D. Events Leading to Chapter 11 Filing

The debtors allowed a perspective buyer for the property to take over operation of their business as a part of a purchase of the business/property. The debtors had a long term tenant/perspective buyer for the property that was paying mortgage payments in lue of rent. When she determined that she would be unable to find financing, because her partner left the business, she chose to operate the daycare and keep all profits until she was evicted. This put the debtors into bankruptcy to forestall an imminent foreclosure scheduled for January 1, 2016.

Debtors found a viable replacement tenant during the eviction process and recovered possession with very little disruption to the business.

E. Significant Events During the Bankruptcy Case

The replacement tenant has been timely in all her rent payments since the lease was entreated into to include all relevant times in the bankruptcy. The debtor has also formalized that lease which was originally oral in nature.

Pending approval of the Court, there was a settlement wherein claims against realtor that assisted them with initially marketing the property.

F. Projected Recovery of Avoidable Transfers

[Option 1 -- If the Debtor does not intend to pursue avoidance actions]

The Debtor does not intend to pursue preference, fraudulent conveyance, or other avoidance actions.

G. Claims Objections

Except to the extent that a claim is already allowed pursuant to a final non-appealable order, the Debtor reserves the right to object to claims. Therefore, even if your claim is allowed for voting purposes, you may not be entitled to a distribution if an objection to your claim is later upheld. The procedures for resolving disputed claims are set forth in Article V of the Plan.

H. Current and Historical Financial Conditions

The identity and fair market value of the estate's assets are listed in Exhibit B. The fair market value of the property was derived by the Bexar County Appraisal District.

The Debtor's most recent financial statements if any issued before bankruptcy, each of which was filed with the Court, are set forth in Exhibit C.

The most recent post-petition operating report filed since the commencement of the Debtor's bankruptcy case are set forth in Exhibit D. A summary of the Debtor's periodic operating reports filed since the commencement of the Debtor's bankruptcy case is set forth in Exhibit D.

III. SUMMARY OF THE PLAN OF REORGANIZATION AND TREATMENT OF CLAIMS AND EQUITY INTERESTS

A. What is the Purpose of the Plan of Reorganization?

As required by the Code, the Plan places claims and equity interests in various classes and describes the treatment each class will receive. The Plan also states whether each class of claims or equity interests is impaired or unimpaired. If the Plan is confirmed, your recovery will be limited to the amount provided by the Plan.

B. Unclassified Claims

Certain type of claims are automatically entitled to specific treatment under the Code. They are not considered impaired, and holders of such claims do not vote on the Plan. They may, however, object if, in their view, their treatment under the Plan does not comply with that required by the Code. As such, the Plan Proponent has *not* placed the following claims in any class:

1. *Administrative Expenses*

Administrative expenses are costs or expenses of administering the Debtor's chapter 11 case which are allowed under § 507(a)(2) of the Code. Administrative expenses also include the value of any goods sold to the Debtor in the ordinary course of business and received within 20 days before the date of the bankruptcy petition. The Code requires all administrative expenses be paid on the effective date of the Plan, unless a particular claimant agrees to a different treatment.

The following chart lists the Debtor's estimated administrative expenses, and their proposed treatment under the Plan:

<u>Type</u>	<u>Estimated Amount Owed</u>	<u>Proposed Treatment</u>
TOTAL	\$30,000.00	

Attorney's Fees	\$30,000.00	Attorney's Fees will be paid as the budget of the debtor allows post conformation.
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2. *Priority Tax Claims*

Priority tax claims are unsecured income, employment, and other taxes described by § 507(a)(8) of the Code. Unless the holder of such a § 507(a)(8) priority tax claim agrees otherwise, it must receive the present value of such claim, in regular installments paid over a period not exceeding 5 years from the order of relief.

The following chart lists the Debtor's estimated § 507(a)(8) priority tax claims and their proposed treatment under the Plan:

Description (name and type of tax)	Estimated Amount Owed	Date of Assessment	Treatment
IRS			Paid at Confirmation
Bexar County			Paid at Confirmation

IRS		Paid at Confirmation
Bexar County		Paid at Confirmation

C. Classes of Claims and Equity Interests

The following are the classes set forth in the Plan, and the proposed treatment that they will receive under the Plan:

1. *Classes of Secured Claims*

Allowed Secured Claims are claims secured by property of the Debtor's bankruptcy estate (or that are subject to setoff) to the extent allowed as secured claims under § 506 of the Code. If the value of the collateral or setoffs securing the creditor's claim is less than the amount of the creditor's allowed claim, the deficiency will [be classified as a a general unsecured claim].

The following chart lists all classes containing Debtor's secured prepetition claims and their proposed treatment under the Plan:

<u>Class #</u>	<u>Description</u>	<u>Insider? (Yes or No)</u>	<u>Impairment</u>	<u>Treatment</u>
Sec - A	American National Bank of Texas	No	Yes	Debt will be renewed and extended and paid off pursuant to the note after cure.
Sec - B	Bexar County Appraisal District	No	No	Debt will be paid over 6 months in post confirmation payments

2. *Classes of Priority Unsecured Claims*

Certain priority claims that are referred to in §§ 507(a)(1), (4), (5), (6), and (7) of the Code are required to be placed in classes. The Code requires that each holder of such a claim receive cash on the effective date of the Plan equal to the allowed amount of such claim. However, a class of holders of such claims may vote to accept a different treatment.

The following chart lists all classes containing claims under §§ 507(a)(1), (4), (5), (6), and (a)(7) of the Code and their proposed treatment under the Plan:

<u>Class #</u>	<u>Description</u>	<u>Impairment</u>	<u>Treatment</u>
Class A	Unsecured IRS Debt	No	Paid in Lump Sum on Confirmation

3. *Classes of General Unsecured Claims*

General unsecured claims are not secured by property of the estate and are not entitled to priority under § 507(a) of the Code.

The following chart identifies the Plan's proposed treatment of Classes A through D, which contain general unsecured claims against the Debtor:

General Unsecured Classes:
 General Unsecured Impaired Classes:
 General Unsecured Unimpaired Classes:

<u>Class #</u>	<u>Description</u>	<u>Impairment</u>	<u>Treatment</u>
Class B	The Yellow Pages	yes	Debt will be retired over the term of the loan

Class C Notice only Creditors No Discharge

4. *Class[es] of Equity Interest Holders*

Equity interest holders are parties who hold an ownership interest (i.e., equity interest) in the Debtor. In a corporation, entities holding preferred or common stock are equity interest holders. In a partnership, equity interest holders include both general and limited partners. In a limited liability company ("LLC"), the equity interest holders are the members. Finally, with respect to an individual who is a debtor, the Debtor is the equity interest holder.

The following chart sets forth the Plan's proposed treatment of the class[es] of equity interest holders: [There may be more than one class of equity interests in, for example, a partnership case, or a case where the prepetition debtor had issued multiple classes of stock.]

Class #	Description	Impairment	Treatment
Class C are	Insiders	No	Paid when all other creditors paid

D. **Means of Implementing the Plan**

1. *Source of Payments*

Payments and distributions under the Plan will be funded by the following:

The plan will be funded by rents under the current lease. The rental is well in excess of the mortgage payment. It will further be funded through litigation between the perspective buyer as well as claims against the realtor that was also a silent partner of the perspective tenant. A settlement agreement has been signed by debtor that will resolve roughly 1/3 of the amount necessary to cure and will further provide a stream of income to the debtor that will secure a loan for addatioanl monies necessary to cure the debt.

2. *Post-confirmation Management*

The Post-Confirmation Managers of the Debtor, and their compensation, shall be as follows:

Name	Affiliations	Insider (yes or no)?	Position	Compensation
Rebecca Jones	owner operator of the business	yes	President	No Compensation
John Paul Jones	owner operator of the business	yes	Vice President	No Compensation

E. **Risk Factors**

The proposed Plan has the following risks:

The principal risk is the business risk of the tenant day care center failing. The operator of the business Ms. Kelly Rodgers has proven to be successful in this endeavor. Enrollment has spiked after she has taken over. Given the strong goodwill that was inherited and the longstanding location as a daycare it is very likely to be a successful center. The daycare center that Ms. Jones currently

supervises also is at capacity and to a very small degree can also assist the current tenant in maintaining a strong customer base.

F. **Executory Contracts and Unexpired Leases**

The Plan, in Exhibit 5.1, lists all executory contracts and unexpired leases that the Debtor will assume under the Plan. Assumption means that the Debtor has elected to continue to perform the obligations under such contracts and unexpired leases, and to cure defaults of the type that must be cured under the Code, if any. Exhibit 5.1 also lists how the Debtor will cure and compensate the other party to such contract or lease for any such defaults.

If you object to the assumption of your unexpired lease or executory contract, the proposed cure of any defaults, or the adequacy of assurance of performance, you must file and serve your objection to the Plan within the deadline for objecting to the confirmation of the Plan, unless the Court has set an earlier time.

All executory contracts and unexpired leases that are not listed in Exhibit 5.1 will be rejected under the Plan. Consult your advisor or attorney for more specific information about particular contracts or leases.

If you object to the rejection of your contract or lease, you must file and serve your objection to the Plan within the deadline for objecting to the confirmation of the Plan.

The Deadline for Filing a Proof of Claim Based on a Claim Arising from the Rejection of a Lease or Contract has passed. Any claim based on the rejection of a contract or lease will be barred if the proof of claim is not timely filed, unless the Court orders otherwise.

G. **Tax Consequences of Plan**

Creditors and Equity Interest Holders Concerned with How the Plan May Affect Their Tax Liability Should Consult with Their Own Accountants, Attorneys, And/Or Advisors.

The following are the anticipated tax consequences of the Plan: The debtor plans to pay all creditors 100% of their claims. There should be no 1099 related income to writedowns. There should be no other tax consequences excepting that debtor will need to pay taxes on the rent income.

IV. **CONFIRMATION REQUIREMENTS AND PROCEDURES**

To be confirmable, the Plan must meet the requirements listed in §§ 1129(a) or (b) of the Code. These include the requirements that: the Plan must be proposed in good faith; at least one impaired class of claims must accept the plan, without counting votes of insiders; the Plan must distribute to each creditor and equity interest holder at least as much as the creditor or equity interest holder would receive in a chapter 7 liquidation case, unless the creditor or equity interest holder votes to accept the Plan; and the Plan must be feasible. These requirements are not the only requirements listed in § 1129, and they are not the only requirements for confirmation.

Any party in interest may object to the confirmation of the Plan if the party believes that the requirements for confirmation are not met.

Many parties in interest, however, are not entitled to vote to accept or reject the Plan. A creditor or equity interest holder has a right to vote for or against the Plan only if that creditor or equity interest holder has a claim or equity interest that is both (1) allowed or allowed for voting purposes and (2) impaired.

In this case, the Plan Proponent believes that classes [@@insert classes] are impaired and that holders of claims in each of these classes are therefore entitled to vote to accept or reject the Plan. The Plan Proponent believes that classes [@@insert classes] are unimpaired and that holders of claims in each of these classes, therefore, do not have the right to vote to accept or reject the Plan.

1. *What Is an Allowed Claim or an Allowed Equity Interest?*

Only a creditor or equity interest holder with an allowed claim or an allowed equity interest has the right to vote on the Plan. Generally, a claim or equity interest is allowed if either (1) the Debtor has scheduled the claim on the Debtor's schedules, unless the claim has been scheduled as disputed, contingent or unliquidated, or (2) the creditor has filed a proof of claim or equity interest, unless an objection has been filed to such proof of claim or equity interest. When a claim or equity interest is not allowed, the creditor or equity interest holder holding the claim or equity interest cannot vote unless the Court, after notice and hearing, either overrules the objection or allows the claim or equity interest for voting purposes pursuant to Rule 3018(a) of the Federal Rules of Bankruptcy Procedure.

The deadline for filing a proof of claim in this case was 4/25/2016.

The deadline for filing objections to claims is 4/25/2016.

The Yellow Pages was unaware of the Bankruptcy and was unaware of the bar date. They filed their proof of claim reasonably near to the discovery of the bankruptcy.

2. *What Is an Impaired Claim or Impaired Equity Interest?*

As noted above, the holder of an allowed claim or equity interest has the right to vote only if it is in a class that is *impaired* under the Plan. As provided in § 1124 of the Code, a class is considered impaired if the Plan alters the legal, equitable, or contractual rights of the members of that class.

3. *Who is **Not** Entitled to Vote*

The holders of the following five types of claims and equity interests are *not* entitled to vote:

- holders of claims and equity interests that have been disallowed by an order of the Court;
- holders of other claims or equity interests that are not "allowed claims" or "allowed equity interests" (as discussed above), unless they have been "allowed" for voting purposes.
- holders of claims or equity interests in unimpaired classes;
- holders of claims entitled to priority pursuant to §§ 507(a)(2), (a)(3), and (a)(8) of the Code; and
- holders of claims or equity interest in classes that do not receive or retain any value under the Plan;
- administrative expenses.

Even If You Are Not Entitled to Vote on the Plan, You Have a Right to Object to the Confirmation of the Plan and to the Adequacy of the Disclosure Statement.

4. *Who Can Vote in More Than One Class*

A creditor whose claim has been allowed in part as a secured claim and in part as an unsecured claim, or who otherwise hold claims in multiple classes, is entitled to accept or reject a Plan in each capacity, and should cast one ballot for each claim.

B. Votes Necessary to Confirm the Plan

If impaired classes exist, the Court cannot confirm the Plan unless (1) at least one impaired class of creditors has accepted the Plan without counting the votes of any insiders within that class, and (2) all impaired classes have voted to accept the Plan, unless the Plan is eligible to be confirmed by "cram down" on non-accepting classes, as discussed later in Section [B.2].

1. *Votes Necessary for a Class to Accept the Plan*

A class of claims accepts the Plan if both of the following occur: (1) the holders of more than one-half (1/2) of the allowed claims in the class, who vote, cast their votes to accept the Plan, and (2) the holders of at least two-thirds (2/3) in dollar amount of the allowed claims in the class, who vote, cast their votes to accept the Plan.

A class of equity interests accepts the Plan if the holders of at least two-thirds (2/3) in amount of the allowed equity interests in the class, who vote, cast their votes to accept the Plan.

2. *Treatment of Nonaccepting Classes*

Even if one or more impaired classes reject the Plan, the Court may nonetheless confirm the Plan if the nonaccepting classes are treated in the manner prescribed by § 1129(b) of the Code. A plan that binds nonaccepting classes is commonly referred to as a "cram down" plan. The Code allows the Plan to bind nonaccepting classes of claims or equity interests if it meets all the requirements for consensual confirmation except the voting requirements of § 1129(a)(8) of the Code, does not "discriminate unfairly," and is "fair and equitable" toward each impaired class that has not voted to accept the Plan.

You should consult your own attorney if a "cramdown" confirmation will affect your claim or equity interest, as the variations on this general rule are numerous and complex.

C. Liquidation Analysis

To confirm the Plan, the Court must find that all creditors and equity interest holders who do not accept the Plan will receive at least as much under the Plan as such claim and equity interest holders would receive in a chapter 7 liquidation. A liquidation analysis is attached to this Disclosure Statement as Exhibit E.

D. Feasibility

The Court must find that confirmation of the Plan is not likely to be followed by the liquidation, or the need for further financial reorganization, of the Debtor or any successor to the Debtor, unless such liquidation or reorganization is proposed in the Plan.

1. *Ability to Initially Fund Plan*

The Plan Proponent believes that the Debtor will have enough cash on hand on the effective date of the Plan to pay all the claims and expenses that are entitled to be paid on that date. Tables showing the amount of cash on hand on the effective date of the Plan, and the sources of that cash are attached to this disclosure statement as Exhibit F.

2. *Ability to Make Future Plan Payments and Operate Without Further Reorganization*

The Plan Proponent must also show that it will have enough cash over the life of the Plan to make the required Plan payments.

The Plan Proponent has provided projected financial information. Those projections are listed in Exhibit G.

The Plan Proponent's financial projections show that the Debtor will have an aggregate annual cash flow, after paying operating expenses and post-confirmation taxes, of \$108,000.00. The final Plan payment is expected to be paid on at the end of the amortization of the plan.

As discussed above, the debtor's expenses are currently roughly \$6,000.00 and the income is roughly \$9,000.00. The expenses will increase marginally because the payment will need to go up as a result of the Mortgage Company's Attorney's fees. We are also relying on the fact that the tenant will stay on the property or a replacement tenant as well as an income stream from a proposed settlement.

You Should Consult with Your Accountant or other Financial Advisor If You Have Any Questions Pertaining to These Projections.

The following Documents are attached as Exhibits to assist you in reviewing the plan and disclosure statement.

Exhibit A - Plan of Reorganization

Exhibit B - Most Recent Bankruptcy Schedules

Exhibit C - Most Recent Tax Return

Exhibit D - May 2016 Monthly Operating Report

Exhibit E - Liquidation Analysis

Exhibit F - Cash on Hand Statement

V. EFFECT OF CONFIRMATION OF PLAN

A. DISCHARGE OF DEBTOR

Discharge. On the effective date of the Plan, the Debtor shall be discharged from any debt that arose before confirmation of the Plan, subject to the occurrence of the effective date, to the extent

specified in § 1141(d)(1)(A) of the Code. However, the Debtor shall not be discharged from any debt imposed by the Plan. After the effective date of the Plan your claims against the Debtor will be limited to the debts imposed by the Plan.

B. Modification of Plan

The Plan Proponent may modify the Plan at any time before confirmation of the Plan. However, the Court may require a new disclosure statement and/or revoting on the Plan.

The Plan Proponent may also seek to modify the Plan at any time after confirmation only if (1) the Plan has not been substantially consummated *and* (2) the Court authorizes the proposed modifications after notice and a hearing.

C. Final Decree

Once the estate has been fully administered, as provided in Rule 3022 of the Federal Rules of Bankruptcy Procedure, the Plan Proponent, or such other party as the Court shall designate in the Plan Confirmation Order, shall file a motion with the Court to obtain a final decree to close the case. Alternatively, the Court may enter such a final decree on its own motion.

Dated: 8/1/2016.

/s/ Rebecca Jones
Rebecca Jones

Respectfully submitted,

/s/ Gregory T. Van Cleave
Gregory T. Van Cleave
SBN 24037881
The Law Offices of Albert W. Van Cleave
1520 W. Hildebrand Ave
San Antonio, TX. 78201
office (210) 341-6588
facsimile (210)341-6589

CERTIFICATE OF SERVICE

I FURTHER CERTIFY that a true and correct copy of the foregoing was served via ECF Electronic Mail and/or U.S. Mail this 1st day of August, 2016, upon the parties on the service list attached hereto.

By: /s/ Gregory T. Van Cleave
Gregory T. Van Cleave

Exhibit

A

plan

UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF TEXAS
SAN ANTONIO DIVISION

In re

Case No. 15-53128

J B Jones Consortium L P

Small Business Case under Chapter 11

Debtor

J B JONES CONSORTIUM LP'S PLAN OF REORGANIZATION, DATED 8/1/2016

ARTICLE I
SUMMARY

This Plan of Reorganization (the "Plan") under chapter 11 of the Bankruptcy Code (the "Code") proposes to pay creditors of J B Jones Consortium LP, (the "Debtor") from Future income derived from rent on the property, the debtors receive roughly \$3,000.00 monthly beyond the funds necessary to pay the mortgage. They also receive income from various settlements. The debtors have obtained a settlement, subject to Court Approval, where they will receive an additional \$1,000.00 in cash flow and a small lump sum that will help them to get to the amount necessary to cure. The debtor's attorney has received a commitment from his father in law to give the debtors the bridge loan (Not to exceed \$35,000.00) that debtor need to obtain the monies necessary to cure the default beyond what is available through the settlement and the monies in the DIP account.

There is now also an unsecured creditor that will be able to vote on the plan.

There are 2 secured creditors. Bexar County and the Mortgage Holder, American National Bank of Texas on the Property. Both will be paid 100% of their secured debt.

Bexar County will be paid \$200.00 per month until the debt is paid in full for the property tax related debts.

The Mortgage Lender, American National Bank of Texas, will be paid all that is due and owing on the note as well as the amount to cure as ordered by Bankruptcy Judge.

Debtor proposes to pay lender ANBT the amount discussed above with even payments at a 5.5% interest fixed for the balance of the loan term.

This plan provides for 2 classes of secured claims; 3 classes of unsecured claims; and 1 classes of equity security holders. Unsecured creditors holding allowed claims will receive distributions, which the proponent of this Plan has valued at approximately 100 cents on the dollar. This Plan also provides for the payment of administrative and priority claims.

All creditors and equity security holders should refer to Articles III through VI of this Plan for information regarding the precise treatment of their claim. A disclosure statement that provides more detailed information regarding this Plan and the rights of creditors and equity security holder has been circulated with this Plan. **Your rights may be affected. You should read these papers carefully and discuss them with your attorney, if you have one. (If you do not have an attorney, you may wish to consult one.)**

ARTICLE II

CLASSIFICATION OF CLAIMS AND INTERESTS

2.01 **There are 2 classes of secured claims.** Bexar County and the Mortgage Holder, American National Bank of Texas on the Property. Both will be paid 100% of their secured debt.

2.02 Administrative claims. The undersigned has an administrative claim related to the efforts to prepare the Bankruptcy.

2.03 There are 4 classes of unsecured creditors:

CLASS A The IRS is Owed \$100 and will be paid at the finalization of the plan.

CLASS B The Yellow Pages is owed less then \$4,000.00 and will be paid in time at a rate of \$400.00 a month.

CLASS C Notice only Creditors and Insiders specifically the operators and the monies they loaned the business over the years.

**ARTICLE III
 TREATMENT OF ADMINISTRATIVE EXPENSE CLAIMS,
U.S. TRUSTEES FEES, AND PRIORITY TAX CLAIMS**

3.01 Unclassified Claims. Under section § 1123(a)(1), administrative expense claims, "gap" period claims in an involuntary case allowed under § 502(f) of the Code, and priority tax claims are not in classes.

3.02 Administrative Expense Claims. Each holder of an administrative expense claim allowed under § 503 of the Code, and a "gap" claim in an involuntary case allowed under § 502(f) of the Code, will be paid in full on the effective date of this Plan (as defined in Article VII), in cash, or upon such other terms as may be agreed upon by the holder of the claim and the Debtor.

3.03 Priority Tax Claims. Each holder of a priority tax claim will be paid None.

3.04 United States Trustee Fees. All fees required to be paid by 28 U.S.C. § 1930(a)(6) (U.S. Trustee Fees) will accrue and be timely paid until the case is closed, dismissed, or converted to another chapter of the Code. Any U.S. Trustee Fees owed on or before the effective date of this Plan will be paid on the effective date.

**ARTICLE IV
TREATMENT OF CLAIMS AND INTERESTS UNDER THE PLAN**

4.01 Claims and interests shall be treated as follows under this Plan:

Class	Impairment	Treatment
<u>Secured claims</u>		
Sec 1 Bexar County	Yes	Paid debt in full in less then 1 year
Sec 2 Mortgage Holder, American National Bank	Yes	Paid debt over time at a

of Texas

5.5% interest fixed for
 Balance of loan term.

Administrative claims

Administrative claim	Yes	Paid when debtor is able
Attorney's Fees		

Unsecured Creditors

CLASS A The IRS	No	Paid when plan is effective
CLASS B The Yellow Pages	Yes	Paid in time over 10 months.
CLASS C Notice only Creditors	No	Disregarded
CLASS C Insiders	N/A	Paid over time if financially able.

Class 4.01, Sec. 1 pertains to the secured claim of **Bexar County** (and for those taxing entity which Bexar County collects ad valorem taxes) in the amount of \$784.20 incident to the business personal property located at 15656 Classen Road, San Antonio, Texas. The Bexar County allowed claim will be paid in full on or before the Confirmation Date. Post-petition interest at the rate of twelve percent (12%) per annum shall accrue beginning from the Petition Date until the confirmation date. Thereafter, plan interest at the rate of twelve percent (12%) per annum shall accrue on the entire balance until the tax debt is paid in full.

The Debtor shall have thirty (30) days from the Effective Date to object to the ad valorem taxing entities claims; otherwise, such claims are deemed as an allowed secured claims in the amounts of its Proof of Claim. Bexar County shall retain its statutory lien securing their pre-petition and post-petition tax debts for both real and personal property until such time as the tax debts are paid in full. Debtor will pay all post-petition ad valorem tax liabilities (tax year 2016 and subsequent tax years) owing to Bexar County in the ordinary course of business as such tax debts come due and prior to said ad valorem taxes becoming delinquent without need of any ad valorem taxing entity filing an administrative claim and request for payment. In the event the Debtor sells, conveys or transfers any property which is collateral of the Bexar County claim or post confirmation tax debt (real property or personal property), the Debtor shall remit such sales proceeds first to Bexar County to be applied to the Bexar County tax debt incident to any such property/tax account sold, conveyed or transferred.

Should the Reorganized Debtor fail to make any payments as required in this Plan, Bexar County shall provide written notice of that default by sending written notice by certified mail to Debtor's counsel advising of that default, and providing the Reorganized Debtor with a period of fifteen (15) days to cure the default. In the event that the default is not cured within fifteen (15) days, Bexar County may, without further order of this Court or notice to the Debtor, pursue all of its rights and remedies available to it under the Texas

Property Tax Code to collect the full amount of all taxes, penalties and interest owed. Additionally, the failure to timely pay post-petition and/or post-confirmation taxes shall be considered an event of default. Bexar County shall provide Debtor's counsel with written notice of that default and a fifteen (15) day opportunity to cure said default. In the event that the Reorganized Debtor fails to timely cure the post-petition and/or post-confirmation default, Bexar County may, without further order of this court or notice to the Debtor, pursue all of their rights and remedies available to them under the Texas Property Tax Code to collect the full amount of all taxes, penalties and interest owed. The Reorganized Debtor shall be entitled to no more than two (2) Notices of Default. In the event of a third (3rd) default, Bexar County may pursue all rights and remedies available to it under the Texas Property Tax Code in state district court without further order of this court or further notice to the Debtor."

ARTICLE V
ALLOWANCE AND DISALLOWANCE OF CLAIMS

5.01 Disputed Claim. A disputed claim is a claim that has not been allowed or disallowed by a final non-appealable order, and as to which either: (i) a proof of claim has been filed or deemed filed, and the Debtor or another party in interest has filed an objection; or (ii) no proof of claim has been filed, and the Debtor has scheduled such claim as disputed, contingent, or unliquidated.

5.02 Delay of Distribution on a Disputed Claim. No distribution will be made on account of a disputed claim unless such claim is allowed.

5.03 Settlement of Disputed Claims. The Debtor will have the power and authority to settle and compromise a disputed claim with court approval and compliance with Rule 9019 of the Federal Rules of Bankruptcy Procedure.

ARTICLE VI
PROVISIONS FOR EXECUTORY CONTRACTS AND UNEXPIRED LEASES

6.01 Assumed Executory Contracts and Unexpired Leases.

(a) The Debtor assumes the following executory contracts and/or unexpired leases effective upon the A certain oral lease was finalized by debtor with leave of court. This lease will be assumed.:

Party	Description of Contract	Election
Milestone Academy	Contract with Current Tenant for rental payments of \$9,000.00 per month for property at 15656 Classen Rd., San Antonio, TX 78233. Parties formalized a written Lease, subject to Court Approval.	Assumed

(b) The Debtor will be conclusively deemed to have rejected all executory contracts and/or unexpired leases not expressly assumed under section 6.01(a) above, or before the date of the order confirming this Plan, upon the date of the entry of the order confirming this Plan. A proof of claim arising from the rejection of an executory contract or unexpired lease under this section must be filed no later than 10 days after the date of the order

confirming this Plan.

Party	Description of Contract	Election
N/A	N/A	N/A

ARTICLE VII
MEANS FOR IMPLEMENTATION OF THE PLAN

The Principals Mr and Ms. Jones will continue to operate the business. They will continue to serve as the officers and directors of the business. The plan will be funded by litigation proceeds if any as well as the difference between the rent and necessary outlays. The principal purpose of the plan is to cure the default to the Mortgage Company that arose as a result of the conduct of Ms. Pruitt and Mr. Shop and the attorney's fees that were requested by the Mortgage Companies attorney's in the proof of claim.

The funding of the plan will be accomplished by 1) Tens of thousands of dollars in the debtors DIP account, 2) the settlement funds already in the undersigned's bank account as well as through 3) monies in tile company that have been ordered to be submitted to the debtor in relation to an adversary proceeding that is now closed.

ARTICLE VIII
GENERAL PROVISIONS

8.01 Definitions and Rules of Construction. The definitions and rules of construction set forth in §§ 101 and 102 of the Code shall apply when terms defined or construed in the Code are used in this Plan, and they are supplemented by the following definitions:

N/A

8.02 Effective Date of Plan. The effective date of this Plan is the first business day following the date that is fourteen days after the entry of the order of confirmation. If, however, a stay of the confirmation order is in effect on that date, the effective date will be the first business day after the date on which the stay of the confirmation order expires or is otherwise terminated.

8.03 Severability. If any provision of this Plan is determined to be unenforceable, the determination will in no way limit or affect the enforceability and operative effect on any other provision of this Plan.

8.04 Binding Effect. The rights and obligations of any entity named or referred to in this Plan will be binding upon, and will inure to the benefit of the successors or assigns of such entity.

8.05 Captions. The headings contained in this Plan are for convenience of reference only and do not affect the meaning or interpretation of this Plan.

7.06 Controlling Effect. Unless a rule of law or procedure is supplied by federal law (including the Code or the Federal Rules of Bankruptcy Procedure), the laws of the State of Texas govern this Plan and any agreements, documents, and instruments executed in connection with this Plan, except as otherwise provided for in this Plan.

8.07 Corporate Governance. The debtor is not a corporation. The debtor is a Limited partnership. Never-the-less, the debtor will prohibiting the issuance of nonvoting equity securities, and providing, as to the several classes of securities possessing voting power, an

appropriate distribution of such power among such classes, including, in the case of any class of equity securities having a preference over another class of equity securities with respect to dividends, adequate provisions for the election of directors representing such preferred class in the event of default in the payment of such dividends

ARTICLE IX
DISCHARGE

9.01 Discharge. On the confirmation date of this Plan, the debtor will be discharged from any debt that arose before confirmation of this Plan, subject to the occurrence of the effective date, to the extent specified in § 1140(d)(1)(A) of the Code. The Debtor will not be discharged from any debt imposed by this Plan.

ARTICLE X
OTHER PROVISIONS

Dated: 8/ 1/ 2016.

/s/ Rebecca Jones

Rebecca Jones

Respectfully submitted,

/s/ Gregory T. Van Cleave

Gregory T. Van Cleave

SBN 24037881

The Law Offices of Albert W. Van Cleave

1520 W. Hildebrand Ave

San Antonio, TX. 78201

office (210) 341-6588

facsimile (210)341-6589

CERTIFICATE OF SERVICE

I FURTHER CERTIFY that a true and correct copy of the foregoing was served via ECF Electronic Mail and/or U.S. Mail this 1st day of August, 2016, upon the parties on the service list attached hereto.

By: /s/ Gregory T. Van Cleave

Gregory T. Van Cleave

Exhibit

B

Bankrupt

Information to identify the case:

Debtor J B Jones Consortium LP

United States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS

Case number 15-53128
(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

- Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).
 - No. Go to Part 2.
 - Yes. Go to line 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 J B Jones Consortium LP Case number (if known) 15-53128

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.

3.1 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$100.00
Check all that apply.

Internal Revenue Service
Special Procedures Staff - insolvency
P.O. Box 7346
Philadephia Pa, 19101

- Contingent
- Unliquidated
- Disputed

Basis for the claim:
Taxes

Date or dates debt was incurred _____

Is the claim subject to offset?

Last 4 digits of account number _____

- No
- Yes

Taxes

3.2 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$40,000.00
Check all that apply.

John Paul Jones
7323 Arbeth Pl

- Contingent
- Unliquidated
- Disputed

Basis for the claim:
Money loaned

San Antonio TX 78250

Date or dates debt was incurred 2012

Is the claim subject to offset?

Last 4 digits of account number _____

- No
- Yes

3.3 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$1,243.90
Check all that apply.

Prime I Tax Services, Ltd.
3740 Colony Dr., Ste 200

- Contingent
- Unliquidated
- Disputed

Basis for the claim:
Notice Only

San Antonio TX 78230

Date or dates debt was incurred _____

Is the claim subject to offset?

Last 4 digits of account number _____

- No
- Yes

3.4 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is:** \$40,000.00
Check all that apply.

Rebecca Jones
7323 Arbeth Pl

- Contingent
- Unliquidated
- Disputed

Basis for the claim:
Money loaned

San Antonio TX 78250

Date or dates debt was incurred 2012

Is the claim subject to offset?

Last 4 digits of account number _____

- No
- Yes

Debtor J B Jones Consortium LP Case number (if known) 15-53128

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.5	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$556.19
	Texas Workforce Commission	<input type="checkbox"/> Contingent	
	attn Cashier	<input type="checkbox"/> Unliquidated	
	101 E. 15th Street	<input type="checkbox"/> Disputed	
	Austin TX 78778 - 0091	Basis for the claim:	
		Collection Account	
Date or dates debt was incurred	11/20/2015	Is the claim subject to offset?	
Last 4 digits of account number	3 1 0 5	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor J B Jones Consortium LP Case number (if known) 15-53128

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
4.1 <u>United States Attorney General</u> <u>Department of Justice</u> <u>950 Pennsylvania Ave NW</u> <u>Washington DC 20530</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____
4.2 <u>United States Attorney</u> <u>Internal Revenue Service</u> <u>601 NW Loop 410</u> <u>San Antonio TX 78216</u> Taxes	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	_____

Debtor J B Jones Consortium LP Case number (if known) 15-53128

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. <u>\$0.00</u>	
5b. Total claims from Part 2	5b. + <u>\$81,900.09</u>	
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c. <table border="1"><tr><td style="text-align: right;"><u>\$81,900.09</u></td></tr></table>	<u>\$81,900.09</u>
<u>\$81,900.09</u>		

Fill in this information to identify the case:

Debtor Name J B Jones Consortium LP

United States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS

Case number (if known): 15-53128

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	\$778,270.00
1b. Total personal property: Copy line 91A from Schedule A/B	\$816,300.00
1c. Total of all property Copy line 92 from Schedule A/B	\$1,594,570.00

Part 2: Summary of Liabilities

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

Copy the total dollar amount listed in Column A, Amount of claim, at the bottom of page 1 of Schedule D..... \$370,806.84

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..... \$0.00

3b. Total amount of claims of non-priority amount of unsecured claims:
Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F..... + \$81,900.09

4. Total liabilities
Lines 2 + 3a + 3b..... \$452,706.93

Fill in this information to identify the case and this filing:	
Debtor Name	<u>J B Jones Consortium LP</u>
United States Bankruptcy Court for the:	<u>WESTERN DISTRICT OF TEXAS</u>
Case number (if known)	<u>15-53128</u>

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 03/24/2016
MM / DD / YYYY

X /s/ Rebecca Jones
Signature of individual signing on behalf of debtor

Rebecca Jones
Printed name

President of General Partner
Position or relationship to debtor

Exhibit

<

Tax Return

Form **1065**
Department of the Treasury
Internal Revenue Service

U.S. Return of Partnership Income

OMB No. 1545-0123

2015

For calendar year 2015, or tax year beginning _____, ending _____

Information about Form 1065 and its separate instructions is at www.irs.gov/form1065.

A Principal business activity DAY CARE SERVICES	Type or Print	Name of partnership JB JONES CONSORTIUM LP			D Employer identification number 45-0465
		Number, street, and room or suite no. If a P.O. box, see the instructions. 7323 ARBETH PL			E Date business started 4/29/2002
		City or town SAN ANTONIO	State TX	ZIP code 78245	F Total assets (see the instructions) \$ 0
		Foreign country name		Foreign province/state/county	
B Principal product or service DAY CARE SERVICE					
C Business code number 624410					

- G Check applicable boxes: (1) Initial return (2) Final return (3) Name change (4) Address change (5) Amended return (6) Technical termination - also check (1) or (2)
- H Check accounting method: (1) Cash (2) Accrual (3) Other (specify) _____
- I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year _____ **2**
- J Check if Schedules C and M-3 are attached

Caution. Include only trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

Income	1a Gross receipts or sales	1a	25,400		
	b Returns and allowances	1b			
	c Balance. Subtract line 1b from line 1a			1c	25,400
	2 Cost of goods sold (attach Form 1125-A)			2	
	3 Gross profit. Subtract line 2 from line 1c			3	25,400
	4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)			4	
	5 Net farm profit (loss) (attach Schedule F (Form 1040))			5	
	6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)			6	
7 Other income (loss) (attach statement)			7		
8 Total income (loss). Combine lines 3 through 7			8	25,400	
Deductions (see the instructions for limitations)	9 Salaries and wages (other than to partners) (less employment credits)			9	
	10 Guaranteed payments to partners			10	
	11 Repairs and maintenance			11	492
	12 Bad debts			12	
	13 Rent			13	
	14 Taxes and licenses			14	79
	15 Interest			15	23
	16a Depreciation (if required, attach Form 4562)	16a	11,668		
	b Less depreciation reported on Form 1125-A and elsewhere on return	16b		16c	11,668
	17 Depletion (Do not deduct oil and gas depletion.)			17	
	18 Retirement plans, etc.			18	
	19 Employee benefit programs			19	
	20 Other deductions (attach statement)			20	8,547
	21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20			21	20,809
22 Ordinary business income (loss). Subtract line 21 from line 8			22	4,591	

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 general partner or limited liability company member manager) is based on all information of which preparer has any knowledge.

Sign Here: *Eddie Martinez, President* Date: *4/13/16*

Signature of general partner or limited liability company member manager

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Print/Type preparer's name EDDIE MARTINEZ	Preparer's signature EDDIE MARTINEZ	Date 4/13/2016	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00632453
Firm's name THE TAXMEN	Firm's EIN 20-413		Phone no. (210) 909-7478	
Firm's address 5230 SAN PEDRO STE 102	City SAN ANTONIO		State TX	ZIP code 78212

For Paperwork Reduction Act Notice, see separate instructions. Form **1065** (2015)

Schedule B Other Information

1 What type of entity is filing this return? Check the applicable box:

a <input checked="" type="checkbox"/> Domestic general partnership	b <input type="checkbox"/> Domestic limited partnership	Yes	No
c <input type="checkbox"/> Domestic limited liability company	d <input type="checkbox"/> Domestic limited liability partnership		
e <input type="checkbox"/> Foreign partnership	f <input type="checkbox"/> Other ▶		

2 At any time during the tax year, was any partner in the partnership a disregarded entity, a partnership (including an entity treated as a partnership), a trust, an S corporation, an estate (other than an estate of a deceased partner), or a nominee or similar person? X

3 At the end of the tax year:

a Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization, or any foreign government own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership. X

b Did any individual or estate own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership. X

4 At the end of the tax year, did the partnership:

a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below. X

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock

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 Percentage Owned in Profit, Loss, or Capital

5 Did the partnership file Form 8893, Election of Partnership Level Tax Treatment, or an election statement under section 6231(a)(1)(B)(ii) for partnership-level tax treatment, that is in effect for this tax year? See Form 8893 for more details. X

6 Does the partnership satisfy all four of the following conditions?

a The partnership's total receipts for the tax year were less than \$250,000.

b The partnership's total assets at the end of the tax year were less than \$1 million.

c Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return. X

d The partnership is not filing and is not required to file Schedule M-3. If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; Item F on page 1 of Form 1065; or Item L on Schedule K-1. X

7 Is this partnership a publicly traded partnership as defined in section 469(k)(2)? X

8 During the tax year, did the partnership have any debt that was cancelled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt? X

9 Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction? X

10 At any time during calendar year 2015, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country. X

Schedule B Other Information (continued)

	Yes	No
11 At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions		X
12a Is the partnership making, or had it previously made (and not revoked), a section 754 election? See instructions for details regarding a section 754 election.		X
b Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		X
c Is the partnership required to adjust the basis of partnership assets under section 743(b) or 734(b) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," attach a statement showing the computation and allocation of the basis adjustment. See instructions		X
13 Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than disregarded entities wholly owned by the partnership throughout the tax year) <input type="checkbox"/>		
14 At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property?		X
15 If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities, enter the number of Forms 8858 attached. See instructions ▶		
16 Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership. ▶ 0		X
17 Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return. ▶		
18a Did you make any payments in 2015 that would require you to file Form(s) 1099? See instructions		X
b If "Yes," did you or will you file required Form(s) 1099?		
19 Enter the number of Form(s) 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations, attached to this return. ▶		
20 Enter the number of partners that are foreign governments under section 892. ▶ 0		

Designation of Tax Matters Partner (see instructions)

Enter below the general partner or member-manager designated as the tax matters partner (TMP) for the tax year of this return:

Name of designated TMP **REBECCA V JONES** Identifying number of TMP **464-94-6975**

If the TMP is an entity, name of TMP representative **REBECCA V JONES** Phone number of TMP **464-94-6975**

Address of designated TMP **7323 ARBETH PL** **TX** **78247**
SAN ANTONIO

Schedule K Partners' Distributive Share Items		Total amount	
Income (Loss)	1 Ordinary business income (loss) (page 1, line 22)	1	4,591
	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	0
	4 Guaranteed payments	4	
	5 Interest income	5	
	6 Dividends: a Ordinary dividends	6a	
	b Qualified dividends	6b	
	7 Royalties	7	
	8 Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8	
9a Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9a		
b Collectibles (28%) gain (loss)	9b		
c Unrecaptured section 1250 gain (attach statement)	9c		
10 Net section 1231 gain (loss) (attach Form 4797)	10		
11 Other income (loss) (see instructions) Type ▶	11		
Deductions	12 Section 179 deduction (attach Form 4562)	12	
	13a Contributions	13a	
	b Investment interest expense	13b	
	c Section 59(e)(2) expenditures: (1) Type ▶ (2) Amount ▶	13c(2)	
d Other deductions (see instructions) Type ▶	13d		
Self-Employment	14a Net earnings (loss) from self-employment	14a	4,591
	b Gross farming or fishing income	14b	
	c Gross nonfarm income	14c	25,400
Credits	15a Low-income housing credit (section 42(j)(5))	15a	
	b Low-income housing credit (other)	15b	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	15c	
	d Other rental real estate credits (see instructions) Type ▶	15d	
	e Other rental credits (see instructions) Type ▶	15e	
	f Other credits (see instructions) Type ▶	15f	
Foreign Transactions	16a Name of country or U.S. possession ▶	16a	
	b Gross income from all sources	16b	
	c Gross income sourced at partner level	16c	
	Foreign gross income sourced at partnership level		
	d Passive category ▶ e General category ▶ f Other ▶	16f	
	Deductions allocated and apportioned at partner level		
	g Interest expense ▶ h Other ▶	16h	
	Deductions allocated and apportioned at partnership level to foreign source income		
	i Passive category ▶ j General category ▶ k Other ▶	16k	
	l Total foreign taxes (check one): ▶ Paid <input type="checkbox"/> Accrued <input type="checkbox"/>	16l	
m Reduction in taxes available for credit (attach statement)	16m		
n Other foreign tax information (attach statement)			
Alternative Minimum Tax (AMT) Items	17a Post-1986 depreciation adjustment	17a	-136
	b Adjusted gain or loss	17b	
	c Depletion (other than oil and gas)	17c	
	d Oil, gas, and geothermal properties—gross income	17d	
	e Oil, gas, and geothermal properties—deductions	17e	
	f Other AMT items (attach statement)	17f	
Other Information	18a Tax-exempt interest income	18a	
	b Other tax-exempt income	18b	
	c Nondeductible expenses	18c	
	19a Distributions of cash and marketable securities	19a	
	b Distributions of other property	19b	
	20a Investment income	20a	
b Investment expenses	20b		
c Other items and amounts (attach statement)			

Analysis of Net Income (Loss)

1 Net income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of Schedule K, lines 12 through 13d, and 16l						1	4,591
2 Analysis by partner type:	(i) Corporate	(ii) Individual (active)	(iii) Individual (passive)	(iv) Partnership	(v) Exempt Organization	(vi) Nominee/Other	
a General partners		2,341					
b Limited partners		2,250					

Schedule L	Balance Sheets per Books	Beginning of tax year		End of tax year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash				
2a	Trade notes and accounts receivable				
b	Less allowance for bad debts		0		0
3	Inventories				
4	U.S. government obligations				
5	Tax-exempt securities				
6	Other current assets (attach statement)				
7a	Loans to partners (or persons related to partners)				
b	Mortgage and real estate loans				
8	Other investments (attach statement)				
9a	Buildings and other depreciable assets				
b	Less accumulated depreciation		0		0
10a	Depletable assets				
b	Less accumulated depletion		0		0
11	Land (net of any amortization)				
12a	Intangible assets (amortizable only)				
b	Less accumulated amortization		0		0
13	Other assets (attach statement)				
14	Total assets		0		0
Liabilities and Capital					
15	Accounts payable				
16	Mortgages, notes, bonds payable in less than 1 year				
17	Other current liabilities (attach statement)				
18	All nonrecourse loans				
19a	Loans from partners (or persons related to partners)				
b	Mortgages, notes, bonds payable in 1 year or more				
20	Other liabilities (attach statement)				
21	Partners' capital accounts				
22	Total liabilities and capital		0		0

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

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

1 Net income (loss) per books		6 Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize):	0	a Tax-exempt interest \$	0
3 Guaranteed payments (other than health insurance)	0	7 Deductions included on Schedule K, lines 1 through 13d, and 16l, not charged against book income this year (itemize):	
4 Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 16l (itemize):		a Depreciation \$	0
a Depreciation \$	0	8 Add lines 6 and 7	0
b Travel and entertainment \$	0	9 Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5	0
5 Add lines 1 through 4	0		

Schedule M-2 Analysis of Partners' Capital Accounts

1 Balance at beginning of year		6 Distributions:	a Cash	
2 Capital contributed:			b Property	
a Cash		7 Other decreases (itemize):		
b Property				
3 Net income (loss) per books		8 Add lines 6 and 7		0
4 Other increases (itemize):	0	9 Balance at end of year. Subtract line 8 from line 5		0
5 Add lines 1 through 4	0			

**SCHEDULE B-1
(Form 1065)**

(Rev. December 2011)
Department of the Treasury
Internal Revenue Service

Information on Partners Owning 50% or More of the Partnership

▶ Attach to Form 1065. See instructions on back.

OMB No. 1545-0099

Name of partnership JB JONES CONSORTIUM LP	Employer identification number (EIN) 45-0460000
--	---

Part I Entities Owning 50% or More of the Partnership (Form 1065, Schedule B, Question 3a)

Complete columns (i) through (v) below for any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, tax-exempt organization, or any foreign government that owns, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership (see instructions).

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

Part II Individuals or Estates Owning 50% or More of the Partnership (Form 1065, Schedule B, Question 3b)

Complete columns (i) through (iv) below for any individual or estate that owns, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership (see instructions).

(i) Name of Individual or Estate	(ii) Identifying Number (if any)	(iii) Country of Citizenship (see instructions)	(iv) Maximum Percentage Owned in Profit, Loss, or Capital
REBECCA V JONES	464-94-6975	United States	51.000%

For Paperwork Reduction Act Notice, see the instructions for Form 1065.

Schedule B-1 (Form 1065) (Rev. 12-2011)

HTA

651113

OMB No. 1545-0123

**Schedule K-1
(Form 1065)**

Department of the Treasury
Internal Revenue Service

2015

For calendar year 2015, or tax
year beginning _____, 2015
ending _____, 20 _____

**Partner's Share of Income, Deductions,
Credits, etc.**

▶ See back of form and separate instructions.

Final K-1 Amended K-1

Part I

A Partnership's employer identification number
45-0465863

B Partnership's name, address, city, state, and ZIP code
JB JONES CONSORTIUM LP
7323 ARBETH PL
SAN ANTONIO, TX 78245

C IRS Center where partnership filed return
e-file

D Check if this is a publicly traded partnership (PTP)

Part II

E Partner's identifying number Partner: 1
464-9-██████████

F Partner's name, address, city, state, and ZIP code
REBECCA V JONES
7323 ARBETH PL
SAN ANTONIO, TX 78247

G General partner or LLC member-manager Limited partner or other LLC member

H Domestic partner Foreign partner

I1 What type of entity is this partner? Active Individual

I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here

J Partner's share of profit, loss, and capital (see instructions):

	Beginning	Ending
Profit	51.000000%	51.000000%
Loss	51.000000%	51.000000%
Capital	51.000000%	51.000000%

K Partner's share of liabilities at year end:

Nonrecourse \$ _____

Qualified nonrecourse financing \$ _____

Recourse \$ _____

L Partner's capital account analysis:

Beginning capital account \$ _____

Capital contributed during the year \$ _____

Current year increase (decrease) \$ _____

Withdrawals & distributions \$ (_____)

Ending capital account \$ _____

Tax basis GAAP Section 704(b) book

Other (explain) _____

M Did the partner contribute property with a built-in gain or loss?
 Yes No
If "Yes," attach statement (see instructions)

Part III

1	Ordinary business income (loss)	15	Credits
	2,341		
2	Net rental real estate income (loss)		
3	Other net rental income (loss)	16	Foreign transactions
4	Guaranteed payments		
5	Interest income		
6a	Ordinary dividends		
6b	Qualified dividends		
7	Royalties		
8	Net short-term capital gain (loss)		
9a	Net long-term capital gain (loss)	17	Alternative minimum tax (AMT) items
		A	-69
9b	Collectibles (28%) gain (loss)		
9c	Unrecaptured section 1250 gain		
10	Net section 1231 gain (loss)	18	Tax-exempt income and nondeductible expenses
11	Other income (loss)		
12	Section 179 deduction		
13	Other deductions		
14	Self-employment earnings (loss)		
A	2,341		
C	12,954		

*See attached statement for additional information.

For IRS Use Only

REBECCA V JONES

464-94-6975

K-1 Statement (Sch K-1, Form 1065)

Line 14 - Self-Employment

A Code A - Net earnings (loss) from self-employment	A	<u>2,341</u>
C Code C - Gross non-farm income	C	<u>12,954</u>

Line 17 - AMT Items

A Code A - Post-1986 depreciation adjustment	A	<u>-69</u>
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651113

OMB No. 1545-0123

**Schedule K-1
(Form 1065)**

2015

Department of the Treasury
Internal Revenue Service

For calendar year 2015, or tax
year beginning _____, 2015
ending _____, 20

**Partner's Share of Income, Deductions,
Credits, etc.**

▶ See back of form and separate instructions.

Final K-1

Amended K-1

Part I

A Partnership's employer identification number
45-0465863

B Partnership's name, address, city, state, and ZIP code
JB JONES CONSORTIUM LP
7323 ARBETH PL
SAN ANTONIO, TX 78245

C IRS Center where partnership filed return
e-file

D Check if this is a publicly traded partnership (PTP)

Part II

E Partner's identifying number Partner: 2
224

F Partner's name, address, city, state, and ZIP code
JOHN JONES
7323 ARBETH PL
SAN ANTONIO, TX 78245

G General partner or LLC member-manager Limited partner or other LLC member

H Domestic partner Foreign partner

I1 What type of entity is this partner? Active Individual

I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here

J Partner's share of profit, loss, and capital (see instructions):

	Beginning	Ending
Profit	49.000000%	49.000000%
Loss	49.000000%	49.000000%
Capital	49.000000%	49.000000%

K Partner's share of liabilities at year end:

Nonrecourse \$ _____

Qualified nonrecourse financing \$ _____

Recourse \$ _____

L Partner's capital account analysis:

Beginning capital account \$ _____

Capital contributed during the year \$ _____

Current year increase (decrease) \$ _____

Withdrawals & distributions \$ (_____)

Ending capital account \$ _____

Tax basis GAAP Section 704(b) book

Other (explain) _____

M Did the partner contribute property with a built-in gain or loss?
 Yes No
If "Yes," attach statement (see instructions)

Part III

1	Ordinary business income (loss)	15	Credits
	2,250		
2	Net rental real estate income (loss)		
3	Other net rental income (loss)	16	Foreign transactions
4	Guaranteed payments		
5	Interest income		
6a	Ordinary dividends		
6b	Qualified dividends		
7	Royalties		
8	Net short-term capital gain (loss)		
9a	Net long-term capital gain (loss)	17	Alternative minimum tax (AMT) items
		A	-67
9b	Collectibles (28%) gain (loss)		
9c	Unrecaptured section 1250 gain		
10	Net section 1231 gain (loss)	18	Tax-exempt income and nondeductible expenses
11	Other income (loss)		
12	Section 179 deduction		19 Distributions
13	Other deductions		
		20	Other information
14	Self-employment earnings (loss)		
A	2,250		
C	12,446		

*See attached statement for additional information.

For IRS Use Only

Line 15 (1065) - Interest Expense

1 CREDIT CARD H.DEPOT	1	23
2 Total interest expense	2	23

Line 20 (1065) - Other Deductions

1 Bank charges	1	32
2 Legal and professional fees	2	1,175
3 Miscellaneous	3	3,350
4 Telephone	4	3,990
5 Total other deductions	5	8,547

JOHN JONES

224-11-4286

K-1 Statement (Sch K-1, Form 1065)

Line 14 - Self-Employment

A Code A - Net earnings (loss) from self-employment	A	<u>2,250</u>
C Code C - Gross non-farm income	C	<u>12,446</u>

Line 17 - AMT Items

A Code A - Post-1986 depreciation adjustment	A	<u>-67</u>
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Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2015

Attachment
Sequence No. **179**

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Name(s) shown on return JB JONES CONSORTIUM LP	Business or activity to which this form relates 1065 - DAY CARE SERVICES	Identifying number 45-040
---	---	------------------------------

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	
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	
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
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	0
6 (a) Description of property	(b) Cost (business 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	0
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	0
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	0
13 Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12	13	0

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(f)(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	11,668
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 (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 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			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				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 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 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	11,668
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	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2015)

Form **8879-PE**

IRS e-file Signature Authorization for Form 1065

OMB No. 1545-0123

▶ Do not send to the IRS. Keep for your records.

▶ Information about Form 8879-PE and its instructions is at www.irs.gov/form8879pe.

2015

Department of the Treasury
Internal Revenue Service

For calendar year 2015, or tax year beginning 2015, and ending 20

Name of partnership

JB JONES CONSORTIUM LP

Employer identification number

45-04

Part I Return Information (Whole dollars only)

1	Gross receipts or sales less returns and allowances (Form 1065, line 1c)	1	25,400
2	Gross profit (Form 1065, line 3)	2	25,400
3	Ordinary business income (loss) (Form 1065, line 22)	3	4,591
4	Net rental real estate income (loss) (Form 1065, Schedule K, line 2)	4	0
5	Other net rental income (loss) (Form 1065, Schedule K, line 3c)	5	0

Part II Declaration and Signature Authorization of General Partner or Limited Liability Company Member Manager (Be sure to get a copy of the partnership's return)

Under penalties of perjury, I declare that I am a general partner or limited liability company member manager of the above partnership and that I have examined a copy of the partnership's 2015 electronic return of partnership income and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the partnership's electronic return of partnership income. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the partnership's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission and (b) the reason for any delay in processing the return. I have selected a personal identification number (PIN) as my signature for the partnership's electronic return of partnership income.

General Partner or Limited Liability Company Member Manager's PIN: check one box only

I authorize THE TAXMEN to enter my PIN 78245 as my signature
ERO firm name do not enter all zeros
on the partnership's 2015 electronically filed return of partnership income.

As a general partner or limited liability company member manager of the partnership, I will enter my PIN as my signature on the partnership's 2015 electronically filed return of partnership income.

General partner or limited liability company member manager's signature
Title ▶ Tax Matters Partner

Rebecca V. Jones, President
Date ▶ 4/13/16

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

70212678212
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return of partnership income for the partnership indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 3112, IRS e-file Application and Participation, and Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ *EMH* Date ▶ 4/13/2016

**ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see instructions.

Form **8879-PE** (2015)

HTA

Exhibit

D

May County

Report

B 25C (Official Form 25C) (12/08)

UNITED STATES BANKRUPTCY COURT

Western District of Texas

In re J B Jones Consortium LP
Debtor

Case No. 15 53128 - RBK

Small Business Case under Chapter 11

SMALL BUSINESS MONTHLY OPERATING REPORT

Month: May 1 - 31, 2016

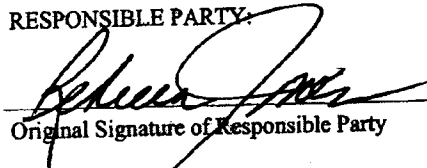
Date filed: 06/20/2016

Line of Business: Small Business

NAISC Code: _____

IN ACCORDANCE WITH TITLE 28, SECTION 1746, OF THE UNITED STATES CODE, I DECLARE UNDER PENALTY OF PERJURY THAT I HAVE EXAMINED THE FOLLOWING SMALL BUSINESS MONTHLY OPERATING REPORT AND THE ACCOMPANYING ATTACHMENTS AND, TO THE BEST OF MY KNOWLEDGE, THESE DOCUMENTS ARE TRUE, CORRECT AND COMPLETE.

RESPONSIBLE PARTY:


Original Signature of Responsible Party

Rebecca Jones
Printed Name of Responsible Party

Questionnaire: (All questions to be answered on behalf of the debtor.)

- | | Yes | No |
|---|-------------------------------------|-------------------------------------|
| 1. IS THE BUSINESS STILL OPERATING? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. HAVE YOU PAID ALL YOUR BILLS ON TIME THIS MONTH? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. DID YOU PAY YOUR EMPLOYEES ON TIME? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. HAVE YOU DEPOSITED ALL THE RECEIPTS FOR YOUR BUSINESS INTO THE DIP ACCOUNT THIS MONTH? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. HAVE YOU FILED ALL OF YOUR TAX RETURNS AND PAID ALL OF YOUR TAXES THIS MONTH? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. HAVE YOU TIMELY FILED ALL OTHER REQUIRED GOVERNMENT FILINGS? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. HAVE YOU PAID ALL OF YOUR INSURANCE PREMIUMS THIS MONTH? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. DO YOU PLAN TO CONTINUE TO OPERATE THE BUSINESS NEXT MONTH? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 9. ARE YOU CURRENT ON YOUR QUARTERLY FEE PAYMENT TO THE U.S. TRUSTEE? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 10. HAVE YOU PAID ANYTHING TO YOUR ATTORNEY OR OTHER PROFESSIONALS THIS MONTH? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11. DID YOU HAVE ANY UNUSUAL OR SIGNIFICANT UNANTICIPATED EXPENSES THIS MONTH? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 12. HAS THE BUSINESS SOLD ANY GOODS OR PROVIDED SERVICES OR TRANSFERRED ANY ASSETS TO ANY BUSINESS RELATED TO THE DIP IN ANY WAY? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13. DO YOU HAVE ANY BANK ACCOUNTS OPEN OTHER THAN THE DIP ACCOUNT? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

B 25C (Official Form 25C) (12/08)

- 14. HAVE YOU SOLD ANY ASSETS OTHER THAN INVENTORY THIS MONTH?
- 15. DID ANY INSURANCE COMPANY CANCEL YOUR POLICY THIS MONTH?
- 16. HAVE YOU BORROWED MONEY FROM ANYONE THIS MONTH?
- 17. HAS ANYONE MADE AN INVESTMENT IN YOUR BUSINESS THIS MONTH?
- 18. HAVE YOU PAID ANY BILLS YOU OWED BEFORE YOU FILED BANKRUPTCY?

TAXES

DO YOU HAVE ANY PAST DUE TAX RETURNS OR PAST DUE POST-PETITION TAX OBLIGATIONS?

IF YES, PLEASE PROVIDE A WRITTEN EXPLANATION INCLUDING WHEN SUCH RETURNS WILL BE FILED, OR WHEN SUCH PAYMENTS WILL BE MADE AND THE SOURCE OF THE FUNDS FOR THE PAYMENT.

(Exhibit A)

INCOME

PLEASE SEPARATELY LIST ALL OF THE INCOME YOU RECEIVED FOR THE MONTH. THE LIST SHOULD INCLUDE ALL INCOME FROM CASH AND CREDIT TRANSACTIONS. (THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)

TOTAL INCOME \$ 9,000.00

SUMMARY OF CASH ON HAND

Cash on Hand at Start of Month \$ 20,786.97

Cash on Hand at End of Month \$ _____

PLEASE PROVIDE THE TOTAL AMOUNT OF CASH CURRENTLY AVAILABLE TO YOU **TOTAL** \$ 23,329.35

(Exhibit B)

EXPENSES

PLEASE SEPARATELY LIST ALL EXPENSES PAID BY CASH OR BY CHECK FROM YOUR BANK ACCOUNTS THIS MONTH. INCLUDE THE DATE PAID, WHO WAS PAID THE MONEY, THE PURPOSE AND THE AMOUNT. (THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)

TOTAL EXPENSES \$ _____

(Exhibit C)

CASH PROFIT

INCOME FOR THE MONTH (TOTAL FROM EXHIBIT B) \$ 3,068.38

EXPENSES FOR THE MONTH (TOTAL FROM EXHIBIT C) \$ _____

(Subtract Line C from Line B) **CASH PROFIT FOR THE MONTH** \$ 3,068.38

B 25C (Official Form 25C) (12/08)

UNPAID BILLS

PLEASE ATTACH A LIST OF ALL DEBTS (INCLUDING TAXES) WHICH YOU HAVE INCURRED SINCE THE DATE YOU FILED BANKRUPTCY BUT HAVE NOT PAID. THE LIST MUST INCLUDE THE DATE THE DEBT WAS INCURRED, WHO IS OWED THE MONEY, THE PURPOSE OF THE DEBT AND WHEN THE DEBT IS DUE. (THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)

TOTAL PAYABLES \$ 0.00

(Exhibit D)

MONEY OWED TO YOU

PLEASE ATTACH A LIST OF ALL AMOUNTS OWED TO YOU BY YOUR CUSTOMERS FOR WORK YOU HAVE DONE OR THE MERCHANDISE YOU HAVE SOLD. YOU SHOULD INCLUDE WHO OWES YOU MONEY, HOW MUCH IS OWED AND WHEN IS PAYMENT DUE. (THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)

TOTAL RECEIVABLES \$ 0.00

(Exhibit E)

BANKING INFORMATION

PLEASE ATTACH A COPY OF YOUR LATEST BANK STATEMENT FOR EVERY ACCOUNT YOU HAVE AS OF THE DATE OF THIS FINANCIAL REPORT OR HAD DURING THE PERIOD COVERED BY THIS REPORT.

(Exhibit F)

EMPLOYEES

NUMBER OF EMPLOYEES WHEN THE CASE WAS FILED?	<u>0</u>
NUMBER OF EMPLOYEES AS OF THE DATE OF THIS MONTHLY REPORT?	<u>0</u>

PROFESSIONAL FEES

BANKRUPTCY RELATED:

PROFESSIONAL FEES RELATING TO THE BANKRUPTCY CASE PAID DURING THIS REPORTING PERIOD? \$ 0.00

TOTAL PROFESSIONAL FEES RELATING TO THE BANKRUPTCY CASE PAID SINCE THE FILING OF THE CASE? \$ 540.87

NON-BANKRUPTCY RELATED:

PROFESSIONAL FEES NOT RELATING TO THE BANKRUPTCY CASE PAID DURING THIS REPORTING PERIOD? \$ 850.00

TOTAL PROFESSIONAL FEES NOT RELATING TO THE BANKRUPTCY CASE PAID SINCE THE FILING OF THE CASE? \$ 850.00

B 25C (Official Form 25C) (12/08)

PROJECTIONS

COMPARE YOUR ACTUAL INCOME AND EXPENSES TO THE PROJECTIONS FOR THE FIRST 180 DAYS OF YOUR CASE PROVIDED AT THE INITIAL DEBTOR INTERVIEW.

	Projected	Actual	Difference
INCOME	\$ <u>9,000.00</u>	\$ <u>9,000.00</u>	\$ <u>0.00</u>
EXPENSES	\$ <u>5,931.62</u>	\$ <u>6,281.62</u>	\$ <u>850.00</u>
CASH PROFIT	\$ <u>3,068.38</u>	\$ <u>2,718.38</u>	\$ <u>850.00</u>

TOTAL PROJECTED INCOME FOR THE NEXT MONTH:	\$ <u>9,000.00</u>
TOTAL PROJECTED EXPENSES FOR THE NEXT MONTH:	\$ <u>6,469.37</u>
TOTAL PROJECTED CASH PROFIT FOR THE NEXT MONTH:	\$ <u>2,530.63</u>

ADDITIONAL INFORMATION

PLEASE ATTACH ALL FINANCIAL REPORTS INCLUDING AN INCOME STATEMENT AND BALANCE SHEET WHICH YOU PREPARE INTERNALLY.



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1177 N.E. Loop 410
San Antonio, TX 78209

Account Number

██████████2336
Page 1 of 2

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J B JONES CONSORTIUM LP
DEBTOR IN POSSESSION
CASE NUMBER 15-53128-RBK
7323 ARBETH PL
SAN ANTONIO TX 78250-3732

PUT A CALL TO BROADWAY BANK ON YOUR TRAVEL CHECKLIST

<p>KNOW BEFORE YOU GO</p> <p>When planning to travel abroad, please notify us of your destination and the duration of your stay to ensure your VISA® Debit Card will continue to work in countries or regions where fraud transactions are prevalent.</p>	<p>YOU MAY RECEIVE A CALL</p> <p>If we suspect fraudulent ATM or debit card use, we'll be calling you to validate the legitimacy of your transactions. Your response to the call is critical to reduce potential fraud and to avoid possible restrictions on your card.</p>	<p>Our automated call will ask you to verify recent transaction activity on your Broadway Bank card.</p>	<p>You'll be able to respond via your touchtone keypad.</p>	<p>You'll also be provided a toll-free number to call should you have additional questions.</p>
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Broadway Bank Bankcard Department - 214.293.8655 or 800.531.7650

Bank Statement

SUMMARY OF ACCOUNTS

Account Type	Account #	Balance as of May 31, 2016	YTD Interest
ESSENTIAL BUSINESS CHECKING	██████████	██████████	██████████

This statement reports your balances and activity from Apr 30, 2016 thru May 31, 2016 on the following accounts.

Account Type	Account #	Balance			
ESSENTIAL BUSINESS CHECKING	██████████2336	\$23,329.35			
May 08	CUSTOMER DEPOSIT	3,000.00			
May 09	CUSTOMER DEPOSIT	3,000.00			
Check #	Date Paid	Amount	Check #	Date Paid	Amount
1011	05/04	950.00	1013*	05/04	5,003.62
* DENOTES MISSING CHECK NUMBER					
May 31	Maintenance Fee	4.00			



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1177 N.E. Loop 410
San Antonio, TX 78209

Account Number

██████████2336

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Running Balances

Date	Balance	Date	Balance	Date	Balance
04-30	\$19,936.97	05-04	\$23,333.35		

END OF STATEMENT

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR STATEMENT, PLEASE CONTACT DEPOSIT OPERATIONS
By Phone: 210.283.6500/800.531-7650 * By Mail: P.O. Box 17001, San Antonio, TX 78217

In Case of Errors or Questions About Your Electronic Transfers (e.g. ATM or debit card transactions, direct deposits or withdrawals) Telephone us at 210.283.6500 or 800.531.7650 or write us at Card Operations, P.O. Box 17001, San Antonio, TX 78217 as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared. (1) Include your name and account number; (2) Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information; and (3) Tell us the dollar amount of the suspected error. (If you tell us orally, we may require that you send us your complaint or question in writing within 10 business days.)

For consumer accounts (used primarily for personal, family or household purposes), we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (20 business days if the notice of error involves an electronic fund transfer within 30 days of account opening) to do this, we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

For other accounts, we will investigate and if we find we have made an error, we will credit your account when the investigation has been completed.

Reporting Other Problems (e.g. Unauthorized Signature or Alteration) You must examine your statement promptly and notify us in writing, within 30 days after the date your statement was mailed or otherwise made available to you, of the facts relevant to any errors, problems or unauthorized transactions on your account. If you fail to report any unauthorized signatures, alterations, or forgeries within 60 days of when your statement was sent or made available, you cannot assert a claim against us and the loss will be entirely yours.

Deposit Agreement Your account is governed by the terms of your Deposit Agreement, the Fee Schedule, and other disclosures provided at account opening and amended from time to time. Copies of the current versions of these documents are available at any Banking Center or by calling 210.283.6500 or 800.531.7650.

J & JONES CONSULTING LP
 1011
 4/12/16
 PAY TO THE ORDER OF Eddie Martinez \$ 850.00
Eight hundred fifty and 00/100
 BROADWAY BANK
 7065993
 [Signature]

Ck# 1011 Amt \$850.00 5-4-2016

J & JONES CONSULTING LP
 1013
 5/5/16
 PAY TO THE ORDER OF Agencia Nacional de Inmigracion \$ 5,603.62
Five thousand six hundred three and 62/100
 BROADWAY BANK
 7065993
 [Signature]

Ck# 1013 Amt \$5,603.62 5-5-2016

BROADWAY BANK
 Date: 4/12/16
 \$ 6,000.00
 [Signature]

Amt \$6,000.00 5-5-2016

BROADWAY BANK
 Date: 5/9/16
 \$ 3,000.00
 [Signature]

Amt \$3,000.00 5-9-2016

ATM AND DEBIT CARD SAFETY

Electronic Banking Safety Tips

Using your ATM or debit card is a simple, hassle-free way to get cash, make deposits, check account balances, transfer funds, make purchases and more. To enjoy the many conveniences electronic banking offers, you should make ATM and debit card safety a priority. Here are some important safety tips.

ATM and Debit Card Safety

Treat your card like cash. Always store your card in a safe place.

Keep your PIN a secret.

ATM transactions and PIN debit purchases require the use of a secret code known as a personal identification number or PIN. Memorize your PIN, and never write it on your card or store it with your card. Never let someone else enter your PIN for you.

Do not disclose information about your card over the telephone. No company or individual needs to know your PIN...not even your financial institution. If you perform transactions over the telephone using your ATM or debit card, never disclose your PIN.

Never disclose information about your card in response to an unsolicited email or request.

Email is a common channel for fraud perpetration. Never provide your debit or credit card number, PIN or any other non-public personal information to any entity in response to an unsolicited email or request. Your financial institution will never ask you for your PIN.

Make certain your Internet shopping sites are secure.

Look for secure transaction symbols when shopping online to ensure your account information is protected. Always log off from any site after you make a purchase. If you can't log off, shut down your browser to prevent unauthorized access to your account information.

Protect your card's magnetic stripe.

Do not expose your card's magnetic stripe to magnetic objects. Magnetic objects can damage your card.

Report a lost or stolen card at once.

Immediately call your financial institution if your card is lost or stolen to reduce the chance that it will be used improperly. Immediate notice of lost or stolen cards will also limit your potential liability for unauthorized transactions.

Review your account statements for unauthorized transactions.

Review all account statements from your financial institution promptly and report any errors (including transactions you believe may be unauthorized) as soon as possible. Prompt notification will limit your potential liability.



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ATM Safety

Observe ATM surroundings before conducting a transaction.

If anyone or anything appears to be suspicious, leave the area at once. If you drive to an ATM, park as close as possible to the terminal. Observe the entire area from the safety of your car before getting out.

If an ATM is obstructed from view or poorly lit, go to another location.

If possible, report the problem to the ATM owner or your financial institution.

Minimize time spent at the ATM when conducting a transaction.

Have your card out and ready to use. Do not allow a stranger to assist you in making a transaction, even if you have trouble or your card gets stuck. When your transaction is complete, put your card, money and receipt away and immediately leave the area. Never count your money while at the ATM.

Only enter your PIN once for a transaction.

If you are prompted to enter your PIN twice, or if you notice unusual messages on the screen, notify the ATM owner or your financial institution. However, if there is a time out or if the transaction is canceled and you enter your PIN a second time, make note of the date, location and amount. Check your statement to be sure the transaction does not appear twice.

Block the view of others when using an ATM.

Stand between the ATM and anyone waiting to use the terminal. Shield the keypad as necessary when entering your PIN and transaction amount.

Look for possible fraudulent devices attached to an ATM.

If the ATM appears to have any attachments or alterations to the card slot or keypad, do not use the terminal. If possible, report the problem to the ATM owner or your financial institution.

Drive-Up ATM Safety

- Keep your doors locked, windows up and engine running when in line at a drive-up ATM.
- Always leave enough room between vehicles to allow for a quick exit should it become necessary.
- Before rolling down the window to use an ATM, observe the entire area.
- Minimize the time spent at the ATM.
- If anyone or anything appears suspicious, cancel your transaction and drive away at once.
- If anyone follows you after making an ATM transaction, drive immediately to a crowded, well-lit area and call the police.

ATM/PIN Terminal Safety Notice

- Never allow the cashier or any other person to enter your PIN for you, even if he/she is assisting you with your transaction. Always keep your PIN a secret.
- Block the view of others with your free hand while entering your PIN (even at an ATM).
- Be certain the transaction is complete and review your receipt before leaving.
- If you receive cash back from a transaction, put it away before leaving.
- When using an outdoor terminal such as at a gas station, always observe your surroundings before making a transaction.
- When using an outdoor terminal, if anyone or anything appears to be suspicious, leave the area at once.
- It is a good idea to take another person with you when using an outdoor PIN debit terminal at night.
- If anyone follows you after conducting a PIN debit transaction, proceed immediately to a crowded, well-lit area and call the police.



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Exhibit A

E

Ligand

Analysis

Official Form 25B (12/08)--Cont.

Exhibit E -- Liquidation Analysis

Plan Proponent's Estimated Liquidation Value of Assets

Assets

a. Cash on hand	24,000.00
b. Accounts receivable	15,000.00
c. Inventory	-0-
d. Office furniture & equipment	20,000.00
e. Machinery & equipment	-0-
f. Automobiles	20,000.00
g. Building & Land	700,000.00
h. Customer List/Business Goodwill	20,000.00
i. Investment property (such as stocks, bonds or other financial assets)	-0-
j. Lawsuits or other claims against third-parties	80,000.00
k. Other intangibles (such as avoiding powers actions)	-0-

Total Assets at Liquidation Value 795,000.45

Less: 467,326.03

Secured creditors' recoveries

Less: 80,000.00

Chapter 7 trustee fees and expenses

Less: \$25,000.00

Chapter 11 administrative expenses

Less: -0-

Priority claims, excluding administrative expense claims

572,326.03

- 795,000.45

(1) Balance for unsecured claims

222,674.42

(2) Total dollar amount of unsecured claims

80,656.00

Percentage of Claims Which Unsecured Creditors Would Receive or Retain in a Chapter 7 Liquidation: 100%

Percentage of Claims Which Unsecured Creditors Will Receive or Retain under the Plan: 100%

Exhibit

F

Cash on Hand

Student

Official Form 25B (12/08)--Cont.

Exhibit F -- Cash on hand on the effective date of the Plan

Cash on hand on effective date of the Plan:		\$85,500.00
<i>Less -</i>		
Amount of administrative expenses payable on effective date of the Plan	-	\$0.00
Amount of statutory costs and charges	-	\$2,000.00
Amount of cure payments for Mortgage Lender **	-	75,000.00
Other Plan Payments due on effective date of the Plan	-	\$200.00
Balance after paying these amounts.....		8,300.00

The sources of the cash Debtor will have on hand by the effective date of the Plan are estimated as follows:

\$ 24,500.00	Cash in Debtor's bank account now
+ \$6,000.00	Additional cash Debtor will accumulate from net earnings between now and effective date of the Plan [state the basis for such projections]
+ 30,000.00	Borrowing [separately state terms of repayment]
+ 25,000.00	Proceeds from Settlement with Realtor
\$ 85,500.00	Total [This number should match "cash on hand" figure noted above]