

Fill in this information to identify your case:

United States Bankruptcy Court for the:

WESTERN DISTRICT OF TEXAS

Case number (if known) _____ Chapter 11

Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

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

1. Debtor's name Benevolent Hospice, LLC

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

3. Debtor's federal Employer Identification Number (EIN) 36-4662875

4. Debtor's address	Principal place of business	Mailing address, if different from principal place of business
	<u>12740 Bandera Road, Suite 110 Helotes, TX 78023</u> Number, Street, City, State & ZIP Code	<u>9555 Cantura Crest San Antonio, TX 78250</u> P.O. Box, Number, Street, City, State & ZIP Code
	<u>Bexar</u> County	Location of principal assets, if different from principal place of business <u>Number, Street, City, State & ZIP Code</u>

5. Debtor's website (URL) benevolethospice.com

6. Type of debtor

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

Partnership (excluding LLP)

Other. Specify: _____

Debtor **Benevolent Hospice, LLC**
Name _____

Case number (if known) _____

7. Describe debtor's business

A. Check one:

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

B. Check all that apply

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

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

6216

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

Check one:

- Chapter 7
- Chapter 9

Chapter 11. Check all that apply:

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

Chapter 12

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

- No.
- Yes.

If more than 2 cases, attach a separate list.

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

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

- No
- Yes.

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

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

Debtor **Benevolent Hospice, LLC**
Name

Case number (if known) _____

11. Why is the case filed in this district? *Check all that apply:*

Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.

A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

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

No

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

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

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

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

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

Other _____

Where is the property? _____
Number, Street, City, State & ZIP Code

Is the property insured?

No

Yes. Insurance agency _____
Contact name _____
Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds *Check one:*

Funds will be available for distribution to unsecured creditors.

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

14. Estimated number of creditors

<input checked="" type="checkbox"/> 1-49	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 25,001-50,000
<input type="checkbox"/> 50-99	<input type="checkbox"/> 5001-10,000	<input type="checkbox"/> 50,001-100,000
<input type="checkbox"/> 100-199	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> More than 100,000
<input type="checkbox"/> 200-999		

15. Estimated Assets

<input checked="" type="checkbox"/> \$0 - \$50,000	<input type="checkbox"/> \$1,000,001 - \$10 million	<input type="checkbox"/> \$500,000,001 - \$1 billion
<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion
<input type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion
<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion

16. Estimated liabilities

<input type="checkbox"/> \$0 - \$50,000	<input checked="" type="checkbox"/> \$1,000,001 - \$10 million	<input type="checkbox"/> \$500,000,001 - \$1 billion
<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion
<input type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion
<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion

Debtor **Benevolent Hospice, LLC**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures

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

17. Declaration and signature of authorized representative of debtor

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
I have been authorized to file this petition on behalf of the debtor.
I have examined the information in this petition and have a reasonable belief that the information is true and correct.
I declare under penalty of perjury that the foregoing is true and correct.

Executed on **December 23, 2016**
MM / DD / YYYY

X /s/ James F. Thomas, Jr.
Signature of authorized representative of debtor
Title **CEO**

James F. Thomas, Jr.
Printed name

18. Signature of attorney

X /s/ H. Anthony Hervol
Signature of attorney for debtor

Date **December 23, 2016**
MM / DD / YYYY

H. Anthony Hervol
Printed name

Law Office of H. Anthony Hervol
Firm name

**4414 Centerview Dr., Suite 200
San Antonio, TX 78228**
Number, Street, City, State & ZIP Code

Contact phone **(210) 522-9500** Email address **hervol@sbcglobal.net**

00784264
Bar number and State

Fill in this information to identify the case:

Debtor name Benevolent Hospice, LLC

United States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS

Case number (if known) _____

Check if this is an amended filing

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)
- Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- 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 December 23, 2016

X /s/ James F. Thomas, Jr.

Signature of individual signing on behalf of debtor

James F. Thomas, Jr.

Printed name

CEO

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **Benevolent Hospice, LLC**

United States Bankruptcy Court for the: **WESTERN DISTRICT OF TEXAS**

Case number (if known): _____

Check if this is an amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders 12/15

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

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Benevolent Hospice of Houston, LLC 10701 Corporate Dr., Suite 356 Stafford, TX 77477		Business loans				\$250,000.00
Carvajal Pharmacy 119 Huizar San Antonio, TX 78214		Trade credit				\$43,137.43
Internal Revenue Service Insolvency II, Stop 5026 AUS 300 E. 8th Steet Austin, TX 78701						Unknown
Joslyn Ratcliffe c/o Galo Law Firm 4230 Gardendale, Suite 401 San Antonio, TX 78229		Judgment taken (Appeal filed)	Contingent			\$497,459.16
Marlin Leasing 300 Fellowship Road Mount Laurel, NJ 08054						\$12,000.00
National HME 7451 Airport Frwy Fort Worth, TX 76118						\$142,581.81
On Deck Capital, Inc. 901 N. Stuart Street, Suite 700 Arlington, VA 22203		Business loan				\$38,095.03

Debtor **Benevolent Hospice, LLC**
Name _____

Case number (if known) _____

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
PharmTrust Pharmacy 1111 Highway 6 S., Suite 110 Sugar Land, TX 77478		Trade credit				\$31,450.95

**United States Bankruptcy Court
Western District of Texas**

In re **Benevolent Hospice, LLC** Debtor(s) Case No. _____
Chapter **11**

VERIFICATION OF CREDITOR MATRIX

I, the CEO of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **December 23, 2016**

/s/ James F. Thomas, Jr.
James F. Thomas, Jr./CEO
Signer/Title

United States Trustee
P.O. Box 1539
San Antonio, TX 78295-1539

Attorney General of the United States
Main Justice Building, Room 5111
10th and Constitution Ave., N.W.
Washington, DC 20530

Benevolent Hospice of Houston, LLC
10701 Corporate Dr., Suite 356
Stafford, TX 77477

Carvajal Pharmacy
119 Huizar
San Antonio, TX 78214

Galo Law Firm
4230 Gardendale, Suite 401
San Antonio, TX 78229

Internal Revenue Service
Insolvency II, Stop 5026 AUS
300 E. 8th Steet
Austin, TX 78701

James F. Thomas, Jr.
Xiomara Thomas
7714 High Mountain
San Antonio, TX 78255

Josyln Ratcliffe
c/o Galo Law Firm
4230 Gardendale, Suite 401
San Antonio, TX 78229

Marlin Leasing
300 Fellowship Road
Mount Laurel, NJ 08054

National HME
7451 Airport Frwy
Fort Worth, TX 76118

On Deck Capital, Inc.
901 N. Stuart Street, Suite 700
Arlington, VA 22203

PharmTrust Pharmacy
1111 Highway 6 S., Suite 110
Sugar Land, TX 77478

United States Attorney/IRS
601 N.W. Loop 410, Suite 600
San Antonio, TX 78216

**United States Bankruptcy Court
Western District of Texas**

In re **Benevolent Hospice, LLC** Debtor(s) Case No. _____
Chapter **11**

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Benevolent Hospice, LLC** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

None [*Check if applicable*]

December 23, 2016
Date

/s/ H. Anthony Hervol
H. Anthony Hervol 00784264
Signature of Attorney or Litigant
Counsel for **Benevolent Hospice, LLC**
Law Office of H. Anthony Hervol
4414 Centerview Dr., Suite 200
San Antonio, TX 78228
(210) 522-9500 Fax:(210) 522-0205
hervol@sbcglobal.net

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE WESTERN DISTRICT OF TEXAS
SAN ANTONIO DIVISION**

IN RE:	§	
	§	
BENEVOLENT HOSPICE, LLC	§	CASE NO. 16-5 _____ - _____
	§	
DEBTOR	§	CHAPTER 11

DECLARATION OF JAMES F. THOMAS, JR.

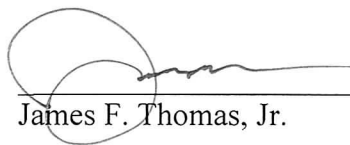
I, James F. Thomas, Jr., declare as follows:

1. My name is James F. Thomas, Jr. I am over 18 years of age and am fully competent to make this Declaration. The facts stated in this Declaration are based upon my personal knowledge and are true and correct. I submit this Declaration as required by 11 U.S.C. §1116(1).

2. Attached hereto is the most recent federal income tax return for Benevolent Hospice, LLC. The most recent balance sheet and statement of operations for the company is contained within the tax return. No cash flow statement has been previously prepared.

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

Executed this 23rd day of December, 2016.



 James F. Thomas, Jr.

Form **1065X**

(January 2012)
Department of the Treasury
Internal Revenue Service

Amended Return or Administrative Adjustment Request (AAR)

(For use by filers of Forms 1065, 1065-B, and 1066)
▶ See separate instructions.

OMB No 1545-0099

For tax year ending

▶ 12/31/15
(Enter month and year.)

Please Type or Print	Name Benevolent Hospice, LLC	Employer identification number 36-4662875
	Number, street, and room or suite no. (If a P.O. box, see instructions) 9555 Cantura Crest	Telephone number (optional) (210) 355-5442
	City or town, state, and ZIP code San Antonio TX 78250	

Enter name and address used on original return (if same as above, write 'Same')

SAME

Internal Revenue Service Center where original return was filed ▶ Ogden, UT

TEFRA/NonTEFRA Determination

A Has the partnership made an election to be treated as an electing large partnership (ELP) under the provisions of section 775? Yes No
If 'Yes,' the partnership is not subject to TEFRA. Enter the date of the election ▶ _____ . go to Item E, and check the 'Not subject to TEFRA' box. Do not complete Items B through D.

You must determine if the partnership is subject to the rules for consolidated audit proceedings (TEFRA proceedings) under sections 6221 through 6234. See instructions for details.

B Did the partnership have 10 or fewer partners at all times during the tax year? (**Note.** A husband and wife are considered one partner for TEFRA purposes.) Yes No

C At all times during the partnership's tax year, were all partners U.S. citizens, resident aliens, C corporations, or estates of deceased partners? Yes No
If the answers to questions B and C are 'Yes,' the partnership is not subject to TEFRA proceedings. A partnership that is not subject to TEFRA cannot file an Administrative Adjustment Request. See instructions for details.

D If the partnership is not otherwise subject to TEFRA, has the partnership filed Form 8893, Election of Partnership Level Tax Treatment, or its equivalent, to make an election to be treated as a TEFRA partnership? Yes No
If the answer to question D is 'Yes,' enter the tax year that the election to be treated as a TEFRA partnership was originally filed with the partnership return ▶ _____

E The partnership is Subject to TEFRA Not subject to TEFRA

F Check the applicable box (see instructions): Amended Return Administrative Adjustment Request (AAR)

G If you are a Tax Matters Partner (TMP) or a Partner With Authority (PWA) filing an AAR on behalf of the pass-through entity, are you requesting substituted return treatment? (see instructions) Yes No

H Check the applicable box to identify the type of pass-through entity: Partnership Electing Large Partnership (ELP)
 Real Estate Mortgage Investment Conduit (REMIC)

I Partnerships and ELPs, enter the number of Schedules K-1 being filed with this return ▶ 18

Fill in applicable items and use Part III to explain any changes

Part I		(a) As originally reported on Schedule K or as previously adjusted	(b) Net change — increase or (decrease) — explain in Part III	(c) Correct amount
I N C O M E L O S S	1 Ordinary business income (loss)	1 -1,103,908.	0.	-1,103,908.
	2 Net rental real estate income (loss)	2		
	3 Other net rental income (loss) (see instructions)	3		
	4 Guaranteed payments	4		
	5 Interest income	5		
	6 a Ordinary dividends	6 a		
	b Qualified dividends	6 b		
	7 Royalties	7		
	8 Net short-term capital gain (loss)	8		
	9 a Net long-term capital gain (loss)	9 a		
	b Collectibles (28%) gain (loss)	9 b		
c Unrecaptured section 1250 gain (see instructions)	9 c			
10 Net section 1231 gain (loss)	10			
11 Other income (loss) (see instructions)	11			

D E D U C T I O N S	12	Section 179 deduction	12			
	13a	Contributions	13a	1,400.	0.	1,400.
	b	Investment interest expense	13b			
	c	Section 59(e) expenditures	13c			
	d	Other deductions (see instructions)	13d			
S E L F E M P L O Y M E N T	14a	Net earnings (loss) from self-employment	14a	-960,396.	0.	-960,396.
	b	Gross farming or fishing income	14b			
	c	Gross nonfarm income	14c	3,513,346.	0.	3,513,346.
C R E D I T S	15a	Low-income housing credit (section 42(j)(5))	15a			
	b	Low-income housing credit (other)	15b			
	c	Qualified rehabilitation expenditures (rental real estate)	15c			
	d	Other rental real estate credits (see instructions)	15d			
	e	Other rental credits (see instructions)	15e			
	f	Other credits (see instructions)	15f			
F O R E I G N T R A N S A C T I O N S	16a	Name of country or U.S. possession ▶				
	b	Gross income from all sources	16b			
	c	Gross income sourced at partner level	16c			
	d	Foreign gross income sourced at partnership level passive category	16d			
	e	Foreign gross income sourced at partnership level general category	16e			
	f	Foreign gross income sourced at partnership level other	16f			
	g	Deductions allocated and apportioned at partner level interest expense	16g			
	h	Deductions allocated and apportioned at partner level other	16h			
	i	Deductions allocated and apportioned at partnership level to foreign source income passive category	16i			
	j	Deductions allocated and apportioned at partnership level to foreign source income general category	16j			
	k	Deductions allocated and apportioned at partnership level to foreign source income other	16k			
	l	Total foreign taxes (check one) ▶ Paid <input type="checkbox"/> Accrued <input type="checkbox"/>	16l			
	m	Reduction in taxes available for credit (see instructions)	16m			
	n	Other foreign tax information (see instructions)				
A M T	17a	Post-1986 depreciation adjustment	17a			
	b	Adjusted gain or loss	17b			
	c	Depletion (other than oil or gas)	17c			
	d	Oil, gas, and geothermal properties – gross income	17d			
	e	Oil, gas, and geothermal properties – deductions	17e			
	f	Other AMT Items (see instructions)	17f			
O T H E R I N F O R M A T I O N	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 (see instructions)					

Note. Amended Schedules K-1: File amended Schedules K-1 with Form 1065X. If the partnership is filing Form 1065X for an administrative adjustment request (AAR), please inform the partners receiving the amended Schedules K-1 that the partnership is filing the AAR. If the partnership is not subject to the rules for consolidated audit proceedings (TEFRA proceedings) under sections 6221 through 6234, the partnership cannot file an AAR; and instead must furnish the amended Schedules K-1 to its partners. The partners must then file their own amended returns (see instructions).

Part II Amended or Administrative Adjustment Request (AAR) Items for ELPs and REMICs Only

	(a) Description of Item Being Amended or Adjusted (see instructions)	(b) As originally reported or as previously adjusted	(c) Net change – increase or (decrease) – explain in Part III	(d) Correct amount
1		1		
2		2		
3		3		
4		4		
5		5		

Tax and Payments (see instructions)

6	ELPs ONLY: Tax and other payments	6		
7	REMICs ONLY: Tax on net income from prohibited transactions	7		
8	REMICs ONLY: Tax on net income from foreclosure property	8		
9	REMICs ONLY: Tax on contributions after the startup day	9		
10	Total tax	10		
11	Tax paid with Form 7004	11		
12	Tax paid with (or after) the filing of the original return		12	
13	Add lines 11 and 12, column (d)		13	
14	Overpayment, if any, as shown on original return or as later adjusted		14	
15	Subtract line 14 from line 13		15	

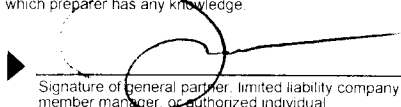
Tax Due or Overpayments (see instructions)

16	Tax Due. Subtract line 15 from line 10, column (d). For details on how to pay, see instructions	16	
17	Overpayment. Subtract line 10, column (d), from line 15	17	

Note. Amended Schedules K-1 or Schedules Q. File amended Schedules K-1 or Schedules Q with Form 1065X. If the ELP or REMIC is filing Form 1065X for an administrative adjustment request (AAR), do not furnish the amended Schedules K-1 or Schedules Q to the partners or residual interest holders. If the REMIC is not filing for an AAR and is not subject to the rules for consolidated audit proceedings under sections 6221 through 6231, the REMIC must furnish the amended Schedules Q to its residual interest holders. See instructions for details.

Sign Here

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

Signature of general partner, limited liability company member, manager, or authorized individual:  Date: 03/16/16 Title: CEO

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____ Check if self-employed PTIN: _____

Firm's name: Self-Prepared Firm's EIN: _____

Firm's address: _____ Phone no: _____

Form **1065**

Department of the Treasury
Internal Revenue Service

U.S. Return of Partnership Income
For calendar year 2015, or tax year beginning _____, 2015,
ending _____, 20_____.

OMB No. 1545-0123

2015

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

A Principal business activity	Type or Print	Name of partnership	D Employer identification no.
Medical Services		Benevolent Hospice, LLC	36-4662875
B Principal product or service		Number, street, and room or suite number. If a P.O. box, see the instructions	E Date business started
Hospice	9555 Cantura Crest	11/27/09	F Total assets (see the instrs)
C Business code number	City or town, state or province, country, and ZIP or foreign postal code	San Antonio TX 78250	\$
621610			

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 18

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.

I N C O M E	1 a Gross receipts or sales	1 a			
	b Returns and allowances	1 b			
	c Balance. Subtract line 1b from line 1a			1 c	
	2 Cost of goods sold (attach Form 1125-A)			2	
	3 Gross profit. Subtract line 2 from line 1c			3	
	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) Palmetto GBA			7	3,513,346.	
8 Total income (loss). Combine lines 3 through 7			8	3,513,346.	
S E E I N S T R S F O R L I M I T A T I O N S	9 Salaries and wages (other than to partners) (less employment credits)			9	994,938.
	10 Guaranteed payments to partners			10	
	11 Repairs and maintenance			11	359.
	12 Bad debts			12	
	13 Rent			13	
	14 Taxes and licenses			14	239,622.
	15 Interest			15	
	16 a Depreciation (if required, attach Form 4562)	16 a			
	b Less depreciation reported on Form 1125-A and elsewhere on return	16 b		16 c	
	17 Depletion (Do not deduct oil and gas depletion.)			17	
	18 Retirement plans, etc.			18	
	19 Employee benefit programs			19	97,250.
	20 Other deductions (attach statement) STMT			20	3,285,085.
	21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20			21	4,617,254.
22 Ordinary business income (loss). Subtract line 21 from line 8			22	-1,103,908.	

Sign Here

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.

Signature of general partner or limited liability company member manager: _____ Date: 02/08/16

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

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____ Check if self-employed PTIN: _____

Firm's name: Self-Prepared Firm's EIN: _____

Firm's address: _____ Phone no: _____

Schedule B Other Information


1 What type of entity is filing this return? Check the applicable box:				Yes	No
a <input type="checkbox"/> Domestic general partnership	b <input type="checkbox"/> Domestic limited partnership				
c <input type="checkbox"/> Domestic limited liability company	d <input checked="" 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.				Yes	No
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.					
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 instrs.		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.		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?	X	
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.		

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	▶ James F. Thomas, Jr.	Identifying number of TMP	▶ 
If the TMP is an entity, name of TMP representative	▶	Phone number of TMP	▶
Address of designated TMP	▶ 7714 High Mountain Rd San Antonio, TX 78255		

Schedule K Partners' Distributive Share Items

		Total amount	
Income (Loss)	1 Ordinary business income (loss) (page 1, line 22)	1	1,103,908.
	2 Net rental real estate income (loss) (attach Form 8825)	2	
	3 a Other gross rental income (loss)	3a	
	b Expenses from other rental activities (attach stmt)	3b	
	c Other net rental income (loss). Subtract line 3b from line 3a	3c	
	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	
9 a 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	
	13 a Contributions Cash contributions (50%)	13a	1,400.
	b Investment interest expense	13b	
	c Section 59(e)(2) expenditures: (1) Type ▶	13c (2)	
	d Other deductions (see instructions) Type ▶ (2) Amount ▶	13d	
Self-Employment	14 a Net earnings (loss) from self employment	14a	
	b Gross farming or fishing income	14b	
	c Gross nonfarm income	14c	3,552,347.
Credits	15 a 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	16 a Name of country or U.S. possession ▶		
	b Gross income from all sources	16b	
	c Gross income sourced at partner level Foreign gross income sourced at partnership level	16c	
	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	17 a Post-1986 depreciation adjustment	17a	
	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 stmt)	17f	
Other Information	18 a Tax-exempt interest income	18a	
	b Other tax-exempt income	18b	
	c Nondeductible expenses	18c	
	19 a Distributions of cash and marketable securities	19a	
	b Distributions of other property	19b	
	20 a Investment income	20a	
b Investment expenses	20b		
c Other items and amounts (attach stmt)			

BAA

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 16i						1	1,105,308.
2 Analysis by partner type:	(i) Corporate	(ii) Individual (active)	(iii) Individual (passive)	(iv) Partnership	(v) Exempt Organization	(vi) Nominee/Other	
a General partners		-386,855.	-574,759.				
b Limited partners			-143,694.				

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				
3	Inventories				
4	U.S. government obligations				
5	Tax-exempt securities				
6	Other current assets (attach stmt)				
7a	Loans to partners (or persons related to partners)				
b	Mortgage and real estate loans				
8	Other investments (attach stmt)				
9a	Buildings and other depreciable assets				
b	Less accumulated depreciation				
10a	Depletable assets				
b	Less accumulated depletion				
11	Land (net of any amortization)				
12a	Intangible assets (amortizable only)				
b	Less accumulated amortization				
13	Other assets (attach stmt)				
14	Total assets				
Liabilities and Capital					
15	Accounts payable				
16	Mortgages, notes, bonds payable in less than 1 year				
17	Other current liabilities (attach stmt)				
18	All nonrecourse loans				
19a	Loans from partners (or persons related to partners)		62,139.		1,167,447.
b	Mortgages, notes, bonds payable in 1 year or more				
20	Other liabilities (attach stmt)				
21	Partners' capital accounts		62,139.		1,167,447.
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	1,105,308.	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):		a Tax-exempt interest	\$
3 Guaranteed prmts (other than health insurance)		7 Deductions included on Schedule K, lines 1 through 13d, and 16i, 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 16i (itemize):		a Depreciation	\$
a Depreciation	\$	8 Add lines 6 and 7	
b Travel and entertainment	\$ 0.	9 Income (loss) (Analysis of Net Income (Loss), line 1) Subtract line 8 from line 5	1,105,308.
5 Add lines 1 through 4	1,105,308.		

Schedule M-2 Analysis of Partners' Capital Accounts

1 Balance at beginning of year	-62,139.	6 Distributions	a Cash	
2 Capital contributed:		b Property		
a Cash		7 Other decreases (itemize):		
b Property		8 Add lines 6 and 7		
3 Net income (loss) per books	1,105,308.	9 Balance at end of year. Subtract line 8 from line 5		1,167,447.
4 Other increases (itemize):				
5 Add lines 1 through 4	-1,167,447.			

Form **8453-PE**

U.S. Partnership Declaration for an IRS e-file Return

OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service

► File electronically with the partnership's return. Do not file paper copies.
► Information about Form 8453-PE and its instructions is at www.irs.gov/form8453pe
For calendar year 2015, or tax year beginning 2015, and ending

2015

Name of partnership Benevolent Hospice, LLC	Employer identification number 34-4662875
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Part I Return Information (Whole dollars only)	Line	Amount
1 Gross receipts or sales less returns and allowances (Form 1065, line 1c)	1	
2 Gross profit (Form 1065, line 3)	2	
3 Ordinary business income (loss) (Form 1065, line 22)	3	1,103,908.
4 Net rental real estate income (loss) (Form 1065, Schedule K, line 2)	4	
5 Other net rental income (loss) (Form 1065, Schedule K, line 3c)	5	

Part II Declaration of General Partner or Limited Liability Company Member Manager (see instructions)
Be sure to keep a copy of the partnership's Return of Partnership Income.

Under penalties of perjury, I declare that I am a general partner or limited liability company member manager of the above partnership and that the information I have given my electronic return originator (ERO), transmitter, and/or intermediate service provider (ISP) and the amounts in Part I above agree with the amounts on the corresponding lines of the partnership's 2015 federal return of partnership income. To the best of my knowledge and belief, the partnership's return is true, correct, and complete. I consent to my ERO, transmitter, and/or ISP sending the partnership's return, this declaration, and accompanying schedules and statements to the IRS. I also consent to the IRS sending my ERO transmitter, and/or ISP an acknowledgement of receipt of transmission and an indication of whether or not the partnership's return is accepted and, if rejected, the reason(s) for the rejection. If the processing of the partnership's return is delayed, I authorize the IRS to disclose to my ERO, transmitter, and/or ISP the reason(s) for the delay.

Sign Here _____ Date 02/08/16 Title GENERAL PARTNER
Signature of general partner or limited liability company member manager

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above partnership's return and that the entries on Form 8453-PE are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The general partner or limited liability company member manager will have signed this form before I submit the return. I will give the general partner or limited liability company member manager a copy of all forms and information to be filed with the IRS, and have followed all other requirements in **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**. If I am also the Paid Preparer, under penalties of perjury, I declare that I have examined the above partnership's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature	Date	Check <input type="checkbox"/> if also paid preparer	Check <input type="checkbox"/> if self-employed	ERO's TIN
	Firm's name (or yours, if self-employed), address, and ZIP code				Phone no.

Under penalties of perjury, I declare that I have examined the above partnership's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

Paid Preparer Use Only	Print/type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	Preparer's TIN
	Firm's name				Firm's EIN
	Firm's address				Phone no.