

B1 (Official Form 1)(04/13)

**United States Bankruptcy Court
Eastern District of Virginia**

Voluntary Petition

Name of Debtor (if individual, enter Last, First, Middle): DANTRA Healthcare, Inc.	Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):	All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all) 27-0688010	Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)
Street Address of Debtor (No. and Street, City, and State): 125 Olde Greenwich Drive, Suite 160 Fredericksburg, VA ZIP Code 22408	Street Address of Joint Debtor (No. and Street, City, and State): ZIP Code
County of Residence or of the Principal Place of Business: Fredericksburg City	County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): ZIP Code	Mailing Address of Joint Debtor (if different from street address): ZIP Code

Location of Principal Assets of Business Debtor (if different from street address above):

Type of Debtor (Form of Organization) (Check one box) <input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input checked="" type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	Nature of Business (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other	Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding
Chapter 15 Debtors Country of debtor's center of main interests: Each country in which a foreign proceeding by, regarding, or against debtor is pending:	Tax-Exempt Entity (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	Nature of Debts (Check one box) <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.

Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.	Chapter 11 Debtors Check one box: <input checked="" type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input checked="" type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every three years thereafter). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
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Statistical/Administrative Information *** Robert S. Westermann 43294 *** <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.	THIS SPACE IS FOR COURT USE ONLY
Estimated Number of Creditors <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> OVER 100,000	
Estimated Assets <input checked="" type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion	
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion	

<p>Voluntary Petition</p> <p><i>(This page must be completed and filed in every case)</i></p>	<p>Name of Debtor(s): DANTRA Healthcare, Inc.</p>
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All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)

Location Where Filed: - None -	Case Number:	Date Filed:
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Location Where Filed:	Case Number:	Date Filed:
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Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)

Name of Debtor: See Attachment	Case Number:	Date Filed:
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District:	Relationship:	Judge:
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<p style="text-align: center;">Exhibit A</p> <p>(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)</p> <p><input type="checkbox"/> Exhibit A is attached and made a part of this petition.</p>	<p style="text-align: center;">Exhibit B</p> <p>(To be completed if debtor is an individual whose debts are primarily consumer debts.)</p> <p>I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).</p> <p>X _____ Signature of Attorney for Debtor(s) (Date)</p>
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Exhibit C

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

Yes, and Exhibit C is attached and made a part of this petition.

No.

Exhibit D

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.

Information Regarding the Debtor - Venue

(Check any applicable box)

Debtor has been domiciled or has had a residence, 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.

There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.

Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

Certification by a Debtor Who Resides as a Tenant of Residential Property

(Check all applicable boxes)

Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

(Name of landlord that obtained judgment)

(Address of landlord)

Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and

Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.

Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

Voluntary Petition
 (This page must be completed and filed in every case)

Name of Debtor(s):
DANTRA Healthcare, Inc.

Signatures

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.
 [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.
 [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X _____
 Signature of Debtor

X _____
 Signature of Joint Debtor

 Telephone Number (If not represented by attorney)

 Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X _____
 Signature of Foreign Representative

 Printed Name of Foreign Representative

 Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

 Printed Name and title, if any, of Bankruptcy Petition Preparer

 Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

 Address

X _____

 Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.

Signature of Attorney*

X /s/ Robert S. Westermann
 Signature of Attorney for Debtor(s)

Robert S. Westermann 43294
 Printed Name of Attorney for Debtor(s)

Hirschler Fleischer, P.C.
 Firm Name

The Edgeworth Building
P.O. Box 500
Richmond, VA 23218-0500

 Address

Email: rmcburney@hf-law.com

804-771-9500 Fax: 804-644-0957
 Telephone Number

October 7, 2013
 Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Dana P. Tate
 Signature of Authorized Individual

Dana P. Tate
 Printed Name of Authorized Individual

President
 Title of Authorized Individual

October 7, 2013
 Date

 Date

In re DANTRA Healthcare, Inc., Case No. _____
Debtor

FORM 1. VOLUNTARY PETITION
Pending Bankruptcy Cases Filed Attachment

<u>Name of Debtor / District</u>	<u>Case No. / Relationship</u>	<u>Date Filed / Judge</u>
King George Medical Center, Ltd Eastern District of Virginia	13- Affiliate	10/07/13 Unassigned
S. A. Medical of Virginia Eastern District of Virginia	13- Affiliate	10/07/13 Unassigned
Southpointe OBGYN, LLC Eastern District of Virginia	13- Affiliate	10/07/13 Unassigned

B4 (Official Form 4) (12/07)

**United States Bankruptcy Court
Eastern District of Virginia**

In re DANTRA Healthcare, Inc.

Debtor(s)

Case No.

Chapter 11

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	<i>Amount of claim [if secured, also state value of security]</i>
The Free Lance Star c/o Szabo Associates 616 Amelia St Fredericksburg, VA 22401	The Free Lance Star c/o Szabo Associates 616 Amelia St Fredericksburg, VA 22401			1,409.00
PSS World Medical 1950 Ruffin Mill Road Colonial Heights, VA 23834	PSS World Medical 1950 Ruffin Mill Road Colonial Heights, VA 23834	Trade debt		465.50
Dominion - VA Power P.O. Box 26543 Richmond, VA 23290	Dominion - VA Power P.O. Box 26543 Richmond, VA 23290	Trade debt		207.54
Pinnacle Health 2300 Fall Hill Avenue, Suite 311 Fredericksburg, VA 22401	Pinnacle Health 2300 Fall Hill Avenue, Suite 311 Fredericksburg, VA 22401	Trade debt		150.00
Mary Washington Healthcare 2300 Fall Hill Ave Suite 418 Fredericksburg, VA 22401	Mary Washington Healthcare 2300 Fall Hill Ave Suite 418 Fredericksburg, VA 22401		Contingent	Unknown
Stellar One Bank P.O. Box 600 Christianburg, VA 22068	Stellar One Bank P.O. Box 600 Christianburg, VA 22068		Contingent Unliquidated	Unknown
Virginia Partners Bank P.O. Box 8029 Fredericksburg, VA 22408	Virginia Partners Bank P.O. Box 8029 Fredericksburg, VA 22408		Contingent	Unknown

B4 (Official Form 4) (12/07) - Cont.

In re DANTRA Healthcare, Inc.

Case No. _____

Debtor(s)

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

(Continuation Sheet)

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	<i>Amount of claim [if secured, also state value of security]</i>

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

I, the President of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date October 7, 2013

Signature /s/ Dana P. Tate
Dana P. Tate
President

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

Dominion - VA Power
P.O. Box 26543
Richmond, VA 23290

Mary Washington Healthcare
2300 Fall Hill Ave Suite 418
Fredericksburg, VA 22401

Pinnacle Health
2300 Fall Hill Avenue, Suite 311
Fredericksburg, VA 22401

PSS World Medical
1950 Ruffin Mill Road
Colonial Heights, VA 23834

Stellar One Bank
P.O. Box 600
Christianburg, VA 22068

The Free Lance Star
c/o Szabo Associates
616 Amelia St
Fredericksburg, VA 22401

Virginia Partners Bank
P.O. Box 8029
Fredericksburg, VA 22408

**United States Bankruptcy Court
Eastern District of Virginia**

In re DANTRA Healthcare, Inc. 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 DANTRA Healthcare, Inc. 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*]

October 7, 2013
Date

/s/ Robert S. Westermann
Robert S. Westermann 43294
Signature of Attorney or Litigant
Counsel for DANTRA Healthcare, Inc.
Hirschler Fleischer, P.C.
The Edgeworth Building
P.O. Box 500
Richmond, VA 23218-0500
804-771-9500 Fax:804-644-0957
rmcburney@hf-law.com

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09/26/13

Accrual Basis

DANTRA Healthcare Inc.
Balance Sheet
As of September 26, 2013

Sep 26, 13

ASSETS	
Current Assets	
Checking/Savings	
01000 · Operating	541.46
Total Checking/Savings	541.46
Accounts Receivable	
11000 · Accounts Receivable	271.10
Total Accounts Receivable	271.10
Other Current Assets	
03001 · Deposits Sothside lease	1,600.00
18200 · Investment in Southside Primary	100.00
Total Other Current Assets	1,700.00
Total Current Assets	2,512.56
TOTAL ASSETS	<u>2,512.56</u>
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
20000 · Accounts Payable	18,687.98
Total Accounts Payable	18,687.98
Other Current Liabilities	
23900 · Current Portion of LT Debt	8,663.24
24000 · Payroll Liabilities	1,917.20
24500 · Stell purch 22096650	10,569.41
24510 · Stell line 22096678	14,148.84
25003 · inter co with SA Med	15,750.00
25004 · interco w Southside	-191,834.22
25007 · Interco w Southpointe OBGYN	403.06
25100 · Shareholder Loan	208,839.20
26100 · Share of deficiency in assets S	275,952.00
26110 · Share of Deficiency - Seniorcar	2,732.00
Total Other Current Liabilities	347,140.73
Total Current Liabilities	365,828.71
Long Term Liabilities	
29900 · Less Current Portion of LT Debt	-8,663.24
Total Long Term Liabilities	-8,663.24
Total Liabilities	357,165.47
Equity	
30100 · Capital Stock	100.00
32000 · Retained Earnings	-358,908.86
Net Income	4,155.95
Total Equity	-354,652.91
TOTAL LIABILITIES & EQUITY	<u>2,512.56</u>

DANTRA Healthcare Inc.**Profit & Loss**

January 1 through September 26, 2013

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09/26/13

Accrual Basis

	<u>Jan 1 - Sep 26, 13</u>
Ordinary Income/Expense	
Income	
43700 · Fee for Service Income	16,060.77
47300 · Refunds	-69.90
Total Income	15,990.87
Cost of Goods Sold	
50150 · Simple IRA - Direct	0.00
Total COGS	0.00
Gross Profit	15,990.87
Expense	
60400 · Bank Service Charges	73.76
62000 · Continuing Education	1,329.27
62500 · Dues and Subscriptions	687.00
63300 · Insurance Expense	
63310 · General Liability Insurance	523.00
63320 · Health Insurance	-94.29
63300 · Insurance Expense - Other	854.00
Total 63300 · Insurance Expense	1,282.71
63400 · Interest Expense	1,069.60
64900 · Office Supplies	-619.43
65650 · Payroll Service Fee	194.65
66000 · Payroll Expenses	0.00
66500 · Postage and Delivery	10.32
66700 · Professional Fees	
66710 · Legal Fees	498.00
66700 · Professional Fees - Other	1,780.50
Total 66700 · Professional Fees	2,278.50
67100 · Rent Expense	5,218.41
68100 · Telephone Expense	72.00
68400 · Travel Expense	140.00
68600 · Utilities	241.59
68900 · TAXES	6.06
Total Expense	11,984.44
Net Ordinary Income	4,006.43
Net Income	<u>4,006.43</u>

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09/27/13

DANTRA Healthcare Inc.
Statement of Cash Flows
January 1 through September 27, 2013

Jan 1 - Sep 27, 13

OPERATING ACTIVITIES	
Net Income	4,006.43
Adjustments to reconcile Net Income to net cash provided by operations:	
11000 · Accounts Receivable	38.90
20000 · Accounts Payable	-1,154.22
24000 · Payroll Liabilities	-1,412.31
24010 · Accrued payroll	-10,586.89
24500 · Stell purch 22096650	-6,506.23
25003 · Inter co with SA Med	15,750.00
Net cash provided by Operating Activities	135.68
FINANCING ACTIVITIES	
31400 · Shareholder Distributions:31410 · Draws Tate	144,000.00
32000 · Retained Earnings	-144,000.00
Net cash provided by Financing Activities	0.00
Net cash increase for period	135.68
Cash at beginning of period	405.78
Cash at end of period	<u>541.46</u>

Document Page 12 of 49
Form 1120S Return Summary

For calendar year 2012 or tax year beginning ending
DANTRA HEALTHCARE, INC. ██████████ 8010

Ordinary Business Income (Loss)

Total income	91,263	
Total deductions	91,236	
Ordinary business income (loss)		<u><u>27</u></u>
Total S Corporation taxes		<u><u>0</u></u>

Schedule K, Line 18

Ordinary business income (loss)	27	
Net rental real estate income (loss)		
Other net rental income (loss)		
Interest income		
Dividends		
Royalties		
Short-term capital gain (loss)		
Long-term capital gain (loss)		
Net Section 1231 gain (loss)		
Other income (loss)		
Section 179 deduction		
Contributions		
Investment interest expense		
Section 59(e)(2) expenditures		
Other deductions		
Foreign taxes paid or accrued		
Income (loss) reconciliation (Schedule K, Line 18)		<u><u>27</u></u>

CLIENT COPY

	Schedule L	
	Prior Year	Current Year
Assets	74,725	31,572
Liabilities	74,725	31,572
Difference	<u>0</u>	<u>0</u>

Schedule M-1	
Schedule M-1	27
Schedule K, Line 18	27
Difference	<u><u>0</u></u>

	Retained Earnings	
	Schedule L	Schedule M-2
AAA	-453,449	-453,449
OAA		
UTI		
R.E. Unapprop	-157,900	-157,900
Total	<u><u>-611,349</u></u>	<u><u>-611,349</u></u>

Schedule M-3	
Schedule M-3	
Schedule K, Line 18	
Difference	<u><u>0</u></u>

Total number of shareholders 1
 Total ownership percentage 100.000000

Form **8879-S**

IRS e-file Signature Authorization for Form 1120S

OMB No. 1545-1863

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

◆ Information about Form 8879-S and its instructions is at www.irs.gov/form1120s.

2012

Department of the Treasury
Internal Revenue Service

For calendar year 2012, or tax year beginning _____, ending _____

Name of corporation

Employer identification number

DANTRA HEALTHCARE, INC.

██████████ 8010

Part I Tax Return Information (Whole dollars only)

1	Gross receipts or sales less returns and allowances (Form 1120S, line 1c)	1	360,535
2	Gross profit (Form 1120S, line 3)	2	112,049
3	Ordinary business income (loss) (Form 1120S, line 21)	3	27
4	Net rental real estate income (loss) (Form 1120S, Schedule K, line 2)	4	
5	Income (loss) reconciliation (Form 1120S, Schedule K, line 18)	5	27

Part II Declaration and Signature Authorization of Officer (Be sure to get a copy of the corporation's return)

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's 2012 electronic income tax return 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 corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537** no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's PIN: check one box only

- I authorize WOODCOCK & ASSOCIATES, PC to enter my PIN ██████████ as my signature on the corporation's 2012 electronically filed income tax return. ERO firm name do not enter all zeros
- As an officer of the corporation, I will enter my PIN as my signature on the corporation's 2012 electronically filed income tax return.

CLIENT COPY

Officer's signature ◆ _____ Date ◆ _____ Title ◆ **PRESIDENT**

DANA TATE

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. ██████████
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed income tax return for the corporation 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 ◆ _____ Date ◆ **04/06/13**

**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-S** (2012)

U.S. Income Tax Return for an S Corporation

OMB No. 1545-0130

Form 1120S

2012

Department of the Treasury Internal Revenue Service

Information about Form 1120S and its separate instructions is at www.irs.gov/form1120s.

For calendar year 2012 or tax year beginning ending

Header section containing: A S election effective date 07/28/09, B Business activity code 621111, C Check if Sch. M-3 attached, D Employer identification number 8010, E Date incorporated 07/28/2009, F Total assets 31,572, Name DANTRA HEALTHCARE, INC., PO BOX 845, FREDERICKSBURG VA 22404.

G Is the corporation electing to be an S corporation beginning with this tax year? Yes No (checked)
H Check if: (1) Final return (2) Name change (3) Address change (4) Amended return (5) S election termination or revocation
I Enter the number of shareholders who were shareholders during any part of the tax year 1

Caution. Include only trade or business income and expenses on lines 1a through 21. See the instructions for more information.

Main table with columns for Income, Deductions, and Tax and Payments. Includes rows for Gross receipts (360,535), Total income (91,263), Total deductions (91,236), and Ordinary business income (27).

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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 taxpayer) is based on all information of which preparer has any knowledge.
Signature of officer: DANA TATE, Title: PRESIDENT

Paid Preparer Use Only: M. JEANETTE WOODCOCK, CPA, FIRM: WOODCOCK & ASSOCIATES, PC, ADDRESS: 818 SOPHIA ST, FREDERICKSBURG, VA 22401, PHONE: 540-368-8040

Form 1120S (2012) DANTRA HEALTHCARE, INC. Schedule B Other Information (see instructions)

- 1 Check accounting method: a Cash b Accrual c Other (specify)
- 2 See the instructions and enter the:
 - a Business activity HEALTH CARE b Product or service MEDICAL PRACTICE
- 3 At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? Yes No
- 4 At the end of the tax year, did the corporation:
 - a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below Yes No

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage of Stock Owned	(v) If Percentage in (iv) is 100%, Enter the Date (if any) a Qualified Subchapter S Subsidiary Election Was Made
SOUTHSIDE PRIMARY CARE, INC.	5925	USA	100.000	10/08/09

- 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 Yes No

(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

- 5a At the end of the tax year, did the corporation have any outstanding shares of restricted stock? Yes No
If "Yes," complete lines (i) and (ii) below:
 - (i) Total shares of restricted stock
 - (ii) Total shares of non-restricted stock
- b At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments? Yes No
If "Yes," complete lines (i) and (ii) below:
 - (i) Total shares of stock outstanding at the end of the tax year
 - (ii) Total shares of stock outstanding if all instruments were executed
- 6 Has this corporation filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction? Yes No
- 7 Check this box if the corporation issued publicly offered debt instruments with original issue discount
If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.
- 8 If the corporation: (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation and (b) has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years (see instructions) \$
- 9 Enter the accumulated earnings and profits of the corporation at the end of the tax year. \$
- 10 Does the corporation satisfy both of the following conditions?
 - a The corporation's total receipts (see instructions) for the tax year were less than \$250,000 Yes No
 - b The corporation's total assets at the end of the tax year were less than \$250,000 Yes No
If "Yes," the corporation is not required to complete Schedules L and M-1.
- 11 During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt? Yes No
If "Yes," enter the amount of principal reduction \$
- 12 During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions Yes No
- 13a Did the corporation make any payments in 2012 that would require it to file Form(s) 1099? Yes No
- b If "Yes," did the corporation file or will it file required Forms 1099? Yes No

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Schedule K Shareholders' Pro Rata Share Items		Total amount
Income (Loss)	1 Ordinary business income (loss) (page 1, line 21)	1 27
	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
	4 Interest income	4
	5 Dividends: a Ordinary dividends	5a
	b Qualified dividends	5b
	6 Royalties	6
	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120S))	7
Deductions	8a Net long-term capital gain (loss) (attach Schedule D (Form 1120S))	8a
	b Collectibles (28%) gain (loss)	8b
	c Unrecaptured section 1250 gain (attach statement)	8c
	9 Net section 1231 gain (loss) (attach Form 4797)	9
	10 Other income (loss) (see instructions) Type ◆	10
	11 Section 179 deduction (attach Form 4562)	11
	12a Charitable contributions	12a
	b Investment interest expense	12b
	c Section 59(e)(2) expenditures (1) Type ◆ (2) Amount ◆	12c(2)
	d Other deductions (see instructions) Type ◆	12d
Credits	13a Low-income housing credit (section 42(j)(5))	13a
	b Low-income housing credit (other)	13b
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468)	13c
	d Other rental real estate credits (see instructions) Type ◆	13d
	e Other rental credits (see instructions) Type ◆	13e
	f Alcohol and cellulosic biofuel fuels credit (attach Form 6478)	13f
	g Other credits (see instructions) Type ◆	13g
Foreign Transactions	14a Name of country or U.S. possession	14b
	b Gross income from all sources	14c
	c Gross income sourced at shareholder level	
	Foreign gross income sourced at corporate level	14d
	d Passive category	14e
	e General category	14f
	f Other (attach statement)	
	Deductions allocated and apportioned at shareholder level	14g
	g Interest expense	14h
	h Other	
	Deductions allocated and apportioned at corporate level to foreign source income	14i
	i Passive category	14j
	j General category	14k
k Other (attach statement)		
Other information	14l	
l Total foreign taxes (check one): ◆ <input type="checkbox"/> Paid <input type="checkbox"/> Accrued	14m	
m Reduction in taxes available for credit (attach statement)		
n Other foreign tax information (attach statement)		
Alternative Minimum Tax (AMT) Items	15a Post-1986 depreciation adjustment	15a 56
	b Adjusted gain or loss	15b -232
	c Depletion (other than oil and gas)	15c
	d Oil, gas, and geothermal properties – gross income	15d
	e Oil, gas, and geothermal properties – deductions	15e
	f Other AMT items (attach statement)	15f
Items Affecting Shareholder Basis	16a Tax-exempt interest income	16a
	b Other tax-exempt income	16b
	c Nondeductible expenses	16c 671
	d Distributions (attach statement if required) (see instructions)	16d 144,000
	e Repayment of loans from shareholders	16e

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Schedule K Shareholders' Pro Rata Share Items (continued)		Total amount	
Other Information	17a Investment income	17a	
	b Investment expenses	17b	
	c Dividend distributions paid from accumulated earnings and profits	17c	
	d Other items and amounts (attach statement)		
Reconciliation	18 Income/loss reconciliation. Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 14l	18	27

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1	Cash		43,365		3,867
2a	Trade notes and accounts receivable				
b	Less allowance for bad debts	()	
3	Inventories				
4	U.S. government obligations				
5	Tax-exempt securities (see instructions)				
6	Other current assets (attach statement)				
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (attach statement)				
10a	Buildings and other depreciable assets	5,000		3,050	
b	Less accumulated depreciation	(2,540)	2,460	(1,978)	1,072
11a	Depletable assets				
b	Less accumulated depletion	()	
12	Land (net of any amortization)				
13a	Intangible assets (amortizable only)	34,000		34,000	
b	Less accumulated amortization	(5,100)	28,900	(7,367)	26,633
14	Other assets (attach statement)				
15	Total assets		74,725		31,572
Liabilities and Shareholders' Equity					
16	Accounts payable				
17	Mortgages, notes, bonds payable in less than 1 year		25,641		22,812
18	Other current liabilities (attach statement) STMT 4		499,349		403,489
19	Loans from shareholders				208,839
20	Mortgages, notes, bonds payable in 1 year or more		16,340		7,681
21	Other liabilities (attach statement)				
22	Capital stock		100		100
23	Additional paid-in capital				
24	Retained earnings		-466,705		-611,349
25	Adjustments to shareholders' equity (attach statement)				
26	Less cost of treasury stock	()	
27	Total liabilities and shareholders' equity		74,725		31,572

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

Note. Schedule M-3 required instead of Schedule M-1 if total assets are \$10 million or more – see instructions

<p>1 Net income (loss) per books - 644</p> <p>2 Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize)</p> <p>3 Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 14l (itemize):</p> <p style="padding-left: 20px;">a Depreciation \$</p> <p style="padding-left: 20px;">b Travel and entertainment \$ -26</p> <p style="padding-left: 40px;">STMT 5 697</p> <p>4 Add lines 1 through 3 27</p>	<p>5 Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):</p> <p style="padding-left: 20px;">a Tax-exempt interest \$</p> <p>6 Deductions included on Schedule K, lines 1 through 12 and 14l, not charged against book income this year (itemize):</p> <p style="padding-left: 20px;">a Depreciation \$</p> <p>7 Add lines 5 and 6</p> <p>8 Income (loss) (Schedule K, line 18). Line 4 less line 7 27</p>	
---	---	--

Schedule M-2 Analysis of Accumulated Adjustments Account, Other Adjustments Account, and Shareholders' Undistributed Taxable Income Previously Taxed (see instructions)

	(a) Accumulated adjustments account	(b) Other adjustments account	(c) Shareholders' undistributed taxable income previously taxed
1 Balance at beginning of tax year	-452,805		
2 Ordinary income from page 1, line 21	27		
3 Other additions			
4 Loss from page 1, line 21			
5 Other reductions STMT 6	671		
6 Combine lines 1 through 5	-453,449		
7 Distributions other than dividend distributions			
8 Balance at end of tax year. Subtract line 7 from line 6	-453,449		

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Document Page 19 of 49
Cost of Goods Sold

Form **1125-A**

(Rev. December 2012)
Department of the Treasury
Internal Revenue Service

OMB No. 1545-2225

◆ Attach to Form 1120, 1120-C, 1120-F, 1120S, 1065, or 1065-B.
◆ Information about Form 1125-A and its instructions is at www.irs.gov/form1125a.

Name **DANTRA HEALTHCARE, INC.** Employer identification number **8010**

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	242,243
4	Additional section 263A costs (attach schedule)	4	
5	Other costs (attach schedule) STMT 7	5	6,243
6	Total. Add lines 1 through 5	6	248,486
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return (see instructions)	8	248,486

9a Check all methods used for valuing closing inventory:

- (i) Cost
- (ii) Lower of cost or market
- (iii) Other (Specify method used and attach explanation.) ◆

b Check if there was a writedown of subnormal goods ◆

c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ◆

d If the LIFO inventory method was used for this tax year, enter the amount of closing inventory computed under LIFO **9d**

e If property is produced or acquired for resale, do the rules of section 263A apply to the entity (see instructions)? Yes No

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation Yes No

For Paperwork Reduction Act Notice, see instructions.

Form **1125-A** (Rev. 12-2012)

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Final K-1

Amended K-1

OMB No. 1545-0130

**Schedule K-1
(Form 1120S)**

Department of the Treasury
Internal Revenue Service

2012

For calendar year 2012, or tax

year beginning _____
ending _____

Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items

Shareholder's Share of Income, Deductions, Credits, etc.
" See back of form and separate instructions.

1	Ordinary business income (loss) 27	13	Credits
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends	14	Foreign transactions
6	Royalties		
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)		
10	Other income (loss)	15	Alternative minimum tax (AMT) items
		A	56
		B	-232
11	Section 179 deduction	16	Items affecting shareholder basis
		C*	STMT
12	Other deductions	D	144,000
		17	Other information
		U*	STMT

* See attached statement for additional information.

Part I Information About the Corporation

A Corporation's employer identification number
8010

B Corporation's name, address, city, state, and ZIP code
DANTRA HEALTHCARE, INC.
PO BOX 845
FREDERICKSBURG VA 22404

C IRS Center where corporation filed return
E-FILE

Part II Information About the Shareholder

D Shareholder's identifying number
[REDACTED]

E Shareholder's name, address, city, state, and ZIP code
DANA & TRACY TATE (TEN ENT)
8701 PLEASANT SUMMERS LANE
FREDERICKSBURG VA 22407

F Shareholder's percentage of stock ownership for tax year **100.000000 %**

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Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

OMB No. 1545-0184

2012

Attachment Sequence No. 27

Form 4797

Department of the Treasury
Internal Revenue Service

Information about Form 4797 and its separate instructions is at www.irs.gov/form4797.

Attach to your tax return.

Name(s) shown on return

Identifying number

DANTRA HEALTHCARE, INC.

8010

1 Enter the gross proceeds from sales or exchanges reported to you for 2012 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions)

1

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

Table with 7 columns: (a) Description of property, (b) Date acquired, (c) Date sold, (d) Gross sales price, (e) Depreciation allowed or allowable since acquisition, (f) Cost or other basis, plus improvements and expense of sale, (g) Gain or (loss). Row 1: MISC FURNITURE & FIXTURES, 11/01/09, 12/31/12, 720, 1,230, 1,950.

- 3 Gain, if any, from Form 4684, line 39
4 Section 1231 gain from installment sales from Form 6252, line 26 or 37
5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824
6 Gain, if any, from line 32, from other than casualty or theft
7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows: 0

Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

- 8 Nonrecaptured net section 1231 losses from prior years (see instructions)
9 Subtract line 8 from line 7. If zero or less, enter 0. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions)

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

- 11 Loss, if any, from line 7
12 Gain, if any, from line 7 or amount from line 8, if applicable
13 Gain, if any, from line 31
14 Net gain or (loss) from Form 4684, lines 31 and 38a
15 Ordinary gain from installment sales from Form 6252, line 25 or 36
16 Ordinary gain or (loss) from like-kind exchanges from Form 8824
17 Combine lines 10 through 16

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below:
a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions

b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14

For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2012)

THERE ARE NO AMOUNTS FOR PAGE 2

8010

Federal Statements

FYE: 12/31/2012

Statement 1 - Form 1120S, Page 1, Line 5 - Other Income (Loss)

<u>Description</u>	<u>Amount</u>
SENIORCARE GERIATRIC MEDICAL	\$ -305
SOUTHPOINTE OBGYN, LLC	-20,481
TOTAL	<u>\$ -20,786</u>

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C0405 DANTRA Healthcare, Inc.
8010
FYE: 12/31/2012

Federal Statements

4/6/2013 3:23 PM

Statement 2 - Form 1120S, Page 1, Line 5 - Other Income (Loss) Pass-Through Information

EIN	Name of Entity	Address	City	State	Zip Code	Country
[REDACTED]	SENIORCARE GERIATRIC MEDICAL CENTER	PO BOX 845	FREDERICKSBURG	VA	22404	
[REDACTED]	SOUTHPOINTE OBGYN, LLC	PO BOX 845	FREDERICKSBURG	VA	22404	

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8010

Federal Statements

FYE: 12/31/2012

Statement 3 - Form 1120S, Page 1, Line 19 - Other Deductions

<u>Description</u>	<u>Amount</u>
BANK SERVICE CHARGES	\$ 115
COMPUTER AND INTERNET EXPENSE	937
DUES AND SUBSCRIPTIONS	981
HEALTH INSURANCE	2,733
INSURANCE	2,634
JANITORIAL	2,860
LICENSES AND PERMITS	100
MALPRACTICE INSURANCE	4,057
MEDICAL RECORDS AND SUPPLIES	224
OFFICE SUPPLIES	2,760
PAYROLL SERVICE FEE	1,158
PROFESSIONAL FEES	3,746
TELEPHONE EXPENSE	5,164
TRAVEL EXPENSE	760
UTILITIES	3,424
AMORTIZATION	2,267
50% OF MEALS & ENTERTAINMENT	-27
TOTAL	\$ <u>33,893</u>

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Federal Statements

FYE: 12/31/2012

Statement 4 - Form 1120S. Page 4. Schedule L, Line 18 - Other Current Liabilities

Description	Beginning of Year	End of Year
INTERCOMPANY WITH KG PEDS	\$ 1,289	\$
INTERCOMPANY WITH SA MEDICAL	91,079	
INTERCOMPANY WITH KGMC	26,779	
PAYROLL LIABILITIES WITHHELD	1,525	3,330
INTERCO WITH SOUTHPOINTE OBGY	403	403
SHARE OF DEFICIENCY IN ASSETS	376,042	396,579
SHARE OF DEFICIENCY OF ASSETS	2,232	3,177
TOTAL	\$ 499,349	\$ 403,489

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8010

Federal Statements

FYE: 12/31/2012

Statement 5 - Form 1120S, Page 5, Schedule M-1, Line 3 - Expenses on Books Not on Return

<u>Description</u>	<u>Amount</u>
PASS THROUGH ENTITY (SCH K-1)	\$ 697
TOTAL	\$ 697

Statement 6 - Form 1120S, Page 5, Schedule M-2, Line 5(a) - Other Reductions

<u>Description</u>	<u>Amount</u>
DISALLOWED ENTERTAINMENT EXP	\$ -26
PASS THROUGH ENTITY (SCH K-1)	697
TOTAL	\$ 671

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Federal Statements

FYE: 12/31/2012

Statement 7 - Form 1125-A, Line 5 - Other Costs

<u>Description</u>	<u>Amount</u>
SIMPLE IRA - DIRECT	\$ 6,243
TOTAL	\$ 6,243

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8010

Federal Statements

FYE: 12/31/2012

Dana & Tracy Tate (TEN ENT)
083-58-6137

Schedule K-1, Box 16, Code C - Nondeductible Expenses

<u>Description</u>	<u>Shareholder Amount</u>
PASS THROUGH ENTITY (SCH K-1)	\$ 697
PAGE 1 MEALS/ENTERTAINMENT	-26
TOTAL	<u>\$ 671</u>

Schedule K-1, Box 17, Code U - Other Information

<u>Description</u>	<u>Shareholder Amount</u>
GAIN ON EXCESS DISTRIBUTION	143,973

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Form 1120S	Schedule K-1 Summary Worksheet	2012
-------------------	---------------------------------------	-------------

Name **DANTRA HEALTHCARE, INC.** Employer Identification Number **8010**

Shareholder Name **DANA & TRACY TATE (TEN ENT)** SSN/EIN **[REDACTED]**

Column A
Column B
Column C
Column D

Schedule K Items	Column A	Column B	Column C	Column D	SCH K TOTAL
1 Ordinary income	27				27
2 Net rental RE inc					
3c Net other rental inc					
4 Interest income					
5a Ordinary dividends					
5b Qualified dividends					
6 Royalties					
7 Net ST capital gain					
8a Net LT capital gain					
8b Collectibles 28% gain					
8c Unrecap Sec 1250					
9 Net Sec 1231 gain					
10 Other income (loss)					
11 Sec 179 deduction					
12a Contributions					
12b Invest interest exp					
12c Sec 59(e)(2) exp					
12d Other deductions					
13a,c Low-inc house 42j5					
13b,d Low-inc house other					
13e Qualif rehab exp					
13f Rental RE credits					
13g Other rental credits					
13h Fuel alcohol credit					
13i Other credits					
14b Gross inc all src					
14d-f Total foreign inc					
14g-k Total foreign deds					
14l Total foreign taxes					
14m Reduct in taxes					
15a Depr adjustment	56				56
15b Adjusted gain (loss)	-232				-232
15c Depletion					
15d Inc-oil/gas/geoth					
15e Ded-oil/gas/geoth					
15f Other AMT items					
16a Tax-exempt interest					
16b Other tax-exempt					
16c Nonded expense	671				671
16d Total property dist	144,000				144,000
16e Shr loan repmts					
17a Investment income					
17b Investment expense					
18 Income (loss)	27				27

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Form 1120S	Retained Earnings Reconciliation Worksheet	2012
For calendar year 2012 or tax year beginning _____, ending _____		Employer Identification Number
Name DANTRA HEALTHCARE, INC.		8010

Schedule L - Retained Earnings

Retained Earnings - Unappropriated	-157,900
Accumulated Adjustments Account	-453,449
Other Adjustments Account	0
Undistributed Previously Taxed Income	0
 Schedule L, Line 24 - Retained Earnings	 -611,349

Schedule M-2 - Retained Earnings

	Accumulated Adjustments Account	Other Adjustments Account	Undistributed Previously Taxed Income	Retained Earnings Unappropriated/ Timing Differences	Total Retained Earnings
Beg Yr Bal	-452,805	0	0	-13,900	-466,705
Ordinary Inc (Loss)	27				27
Other Additions					
Other Reductions	671				671
Distributions				144,000	144,000
End Yr Bal	-453,449	0	0	-157,900	-611,349

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Two Year Comparison Worksheet Page 1

2011 & 2012

Form 1120S				2011	2012	Differences
Name DANTRA HEALTHCARE, INC.				Employer Identification Number 8010		
Income	Gross profit percentage			9.0958	31.0785	21.9827
	Gross receipts less returns and allowances			264,144	360,535	96,391
	Cost of goods sold			240,118	248,486	8,368
	Gross profit			24,026	112,049	88,023
	Net gain (loss) from Form 4797					
	Other income (loss)			-181,565	-20,786	160,779
	Total income (loss)			-157,539	91,263	248,802
Deductions	Compensation of officers					
	Salaries and wages less employment credits			28,610	27,277	-1,333
	Repairs and maintenance					
	Bad debts					
	Rents			17,395	20,874	3,479
	Taxes and licenses			2,740	4,315	1,575
	Interest			2,541	2,645	104
	Depreciation			984	668	-316
	Depletion					
	Advertising				538	538
	Pension, profit-sharing, etc., plans			277	1,026	749
	Employee benefit programs					
	Other deductions			44,399	33,893	-10,506
	Total deductions			96,946	91,236	-5,710
Ordinary business income (loss)			-254,485	27	254,512	
Tax and Payments	Excess net passive income or LIFO recapture tax					
	Tax from Schedule D					
	Total tax				0	0
	Estimated tax and prior year overpayment credited					
	Tax deposited with Form 100					
	Credit for federal tax paid on fuels					
	Refund applied for on Form 4466			()	()	
	Total payments and credits					
	Tax due (overpayment)			0	0	0
	Estimated tax penalty from Form 2220					
Penalties and interest						
Net tax due (overpayment)			0	0	0	
Overpayment credited to next year's estimated tax						
Overpayment refunded						

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Form 1120S				2011 & 2012
Name DANTRA HEALTHCARE, INC.			Employer Identification Number 8010	
		2011	2012	Differences
Income (Loss)	Ordinary business income (loss)	-254,485	27	254,512
	Net rental real estate income (loss)			
	Other net rental income (loss)			
	Interest income			
	Dividends			
	Royalties			
	Net short-term capital gain (loss)			
	Net long-term capital gain (loss)			
	Net Section 1231 gain (loss)			
	Other income (loss)			
Deductions	Section 179 deduction			
	Charitable contributions			
	Investment interest expense			
	Section 59(e)(2) expenditures			
	Other deductions			
Credits	Low-income housing credit (Section 42(j)(5))			
	Low-income housing credit (other)			
	Qualified rehabilitation expenditures (rental real estate)			
	Other rental real estate credits			
	Other rental credits			
	Alcohol and cellulosic biofuel fuels credit			
Other credits				
Foreign Transactions	Total foreign gross income			
	Total foreign deductions			
	Total foreign taxes			
	Reduction in taxes available for credit			
AMT Items	Post-1986 depreciation adjustment	165	56	-109
	Adjusted gain or loss		-232	-232
	Depletion (other than oil and gas)			
	Oil, gas, and geothermal properties-gross income			
	Oil, gas, and geothermal properties-deductions			
	Other AMT items			
Items Affecting S/H Basis	Tax-exempt interest income			
	Other tax-exempt income			
	Nondeductible expenses	752	671	-81
	Distributions	5,900	144,000	138,100
	Repayment of loans from shareholders			
Other Information	Investment income			
	Investment expenses			
	Dividend distributions paid from accumulated E&P			
	Income (loss) (if Schedule M-1 is required)	-254,485	27	254,512

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Form 1120S	Two Year Comparison Worksheet Page 3	2011 & 2012
-------------------	---	------------------------

Name **DANTRA HEALTHCARE, INC.** Employer Identification Number **8010**

		2011	2012	Differences
Schedule L	Beginning assets	123,404	74,725	-48,679
	Beginning liabilities and equity	123,404	74,725	-48,679
	Ending assets	74,725	31,572	-43,153
	Ending liabilities and equity	74,725	31,572	-43,153
Schedule M-1	Net income (loss) per books	-255,237	-644	254,593
	Taxable income not on books			
	Book expenses not deducted	752	671	-81
	Income on books not on return			
	Return deductions not on books			
	Income (loss) per return	-254,485	27	254,512
Schedule M-2 AAA	Balance at beginning of year	-197,568	-452,805	-255,237
	Ordinary income (loss) from page 1	-254,485	27	254,512
	Other additions			
	Other reductions	752	671	-81
	Distributions other than dividend distributions			
	Balance at end of year	-452,805	-453,449	-644
Schedule M-2 OAA	Balance at beginning of year			
	Other additions			
	Other reductions			
	Distributions other than dividend distributions			
	Balance at end of year			
Schedule M-2 PTI	Balance at beginning of year			
	Distributions other than dividend distributions			
	Balance at end of year			
Schedule M-3	Total income (loss) items:			
	Income (loss) per income statement			
	Temporary difference			
	Permanent difference			
	Income (loss) per tax return			
	Total expense/deduction items:			
	Expense per income statement			
	Temporary difference			
	Permanent difference			
	Deduction per tax return			
	Other items with no differences:			
	Income (loss) per income statement			
	Income (loss) per tax return			
	Reconciliation totals:			
	Income (loss) per income statement			
Temporary difference				
Permanent difference				
Income (loss) per tax return				

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Form 1120S	Tax Projection Worksheet	2012 & 2013
--------------------------	---------------------------------	------------------------

Name **DANTRA HEALTHCARE, INC.** Employer Identification Number **8010**

		2012	2013	Differences
Form 1120S Income	Net receipts	360,535	360,535	
	Cost of goods sold	248,486	248,486	
	Gross profit	112,049	112,049	
	Net gain (loss) from Form 4797			
	Other income (loss)	-20,786	-20,786	
	Total income (loss)	91,263	91,263	
Form 1120S Deductions	Officer compensation	27,277	27,277	
	Salaries and wages			
	Repairs and maintenance			
	Bad debts			
	Rents	20,874	20,874	
	Taxes and licenses	4,315	4,315	
	Interest	2,645	2,645	
	Depreciation	668	668	
	Depletion			
	Advertising	538	538	
	Pension, profit-sharing	1,026	1,026	
	Employee benefit programs			
	Other deductions	33,893	33,893	
	Total deductions	91,236	91,236	
	Ordinary business income (loss)	27	27	
Form 1120S Tax and Payments	Excess net passive income or LIFO recapture tax			
	Tax from Schedule D			
	Total tax		0	0
	Estimated tax, prior year overpayment, Form 7004 deposit			
	Credit for federal tax paid on income			
	Total payments and credits		0	0
	Tax due (overpayment)	0	0	0
Schedule K Income (Loss)	Net rental real estate income (loss)			
	Other net rental income (loss)			
	Interest income			
	Dividend income			
	Royalties			
	Net short-term capital gain (loss)			
	Net long-term capital gain (loss)			
	Net Section 1231 gain (loss)			
Other income (loss)				
Schedule K Deductions	Section 179 deduction			
	Contributions			
	Investment interest expense			
	Section 59(e)(2) expenditures			
	Other deductions			
Schedule K Credits	Low-income housing credit			
	Qualified rehabilitation expenditures (rental real estate)			
	Other rental and rental real estate credits			
	Alcohol and cellulosic biofuel fuels credit			
	Other credits			
Foreign Tax	Total foreign taxes			
Schedule K AMT Items	Post-1986 depreciation adjustment	56	56	
	Adjusted gain or loss	-232	-232	
	Depletion (other than oil and gas)			
	Oil, gas, and geothermal properties-gross income			
	Oil, gas, and geothermal properties-deductions			
	Other AMT items			

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Form **1120S**

Tax Return History Report Page 1

2012

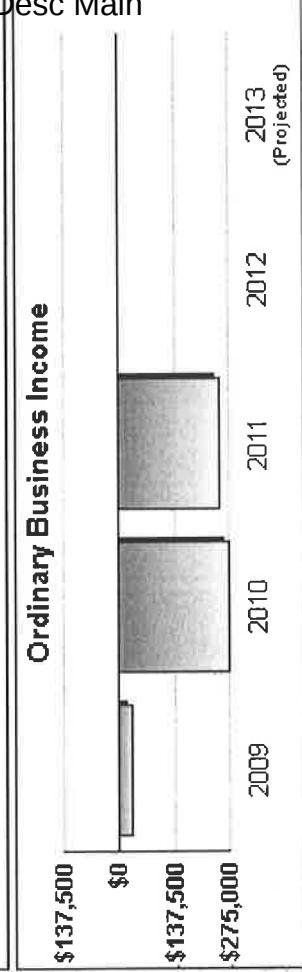
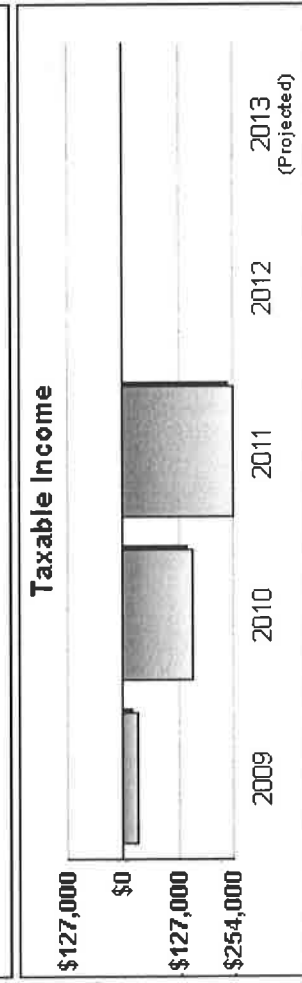
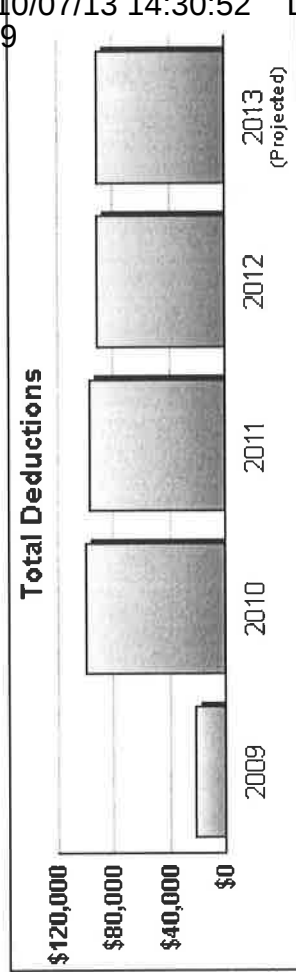
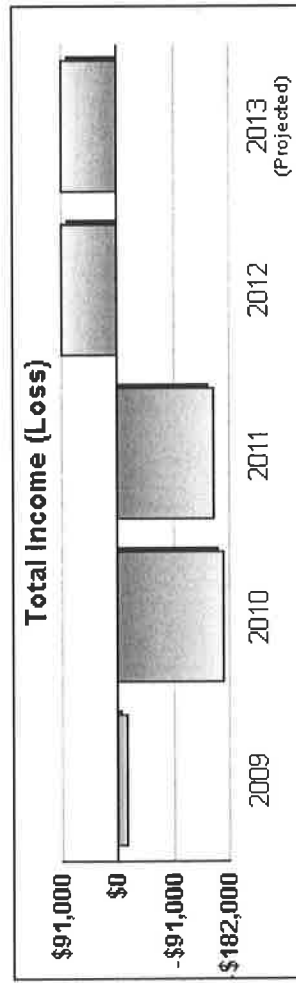
Name
DANTRA HEALTHCARE, INC.

Employer Identification Number
██████████ **8010**

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	2009	2010	2011	2012	2013 PROJECTED
Net receipts	17,372	258,299	264,144	360,535	360,535
Cost of goods sold	32,342	237,534	240,118	248,486	248,486
Gross profit	-14,970	20,765	24,026	112,049	112,049
Gross profit percentage	-86.1732	8.0391	9.0958	31.0785	31.0785
Other income (loss)	-14,970	-195,641	-181,565	-20,786	-20,786
Total income (loss)	3,568	26,910	28,610	27,277	27,277
Officer compensation					
Salaries and wages					
Bad debts					
Taxes and licenses	394	1,995	2,740	4,315	4,315
Interest	1,129	4,705	2,541	2,645	2,645
Depreciation	179	1,377	984	668	668
Depletion (other than oil and gas)		746	277	1,026	1,026
Pension and employee benefits	3,213	65,132	66,774	55,305	55,305
Other deductions	19,189	100,865	96,646	91,236	91,236
Total deductions	23,459	275,741	254,485	27	27
Ordinary business income (loss)					

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Form **1120S**

Tax Return History Report Page 2

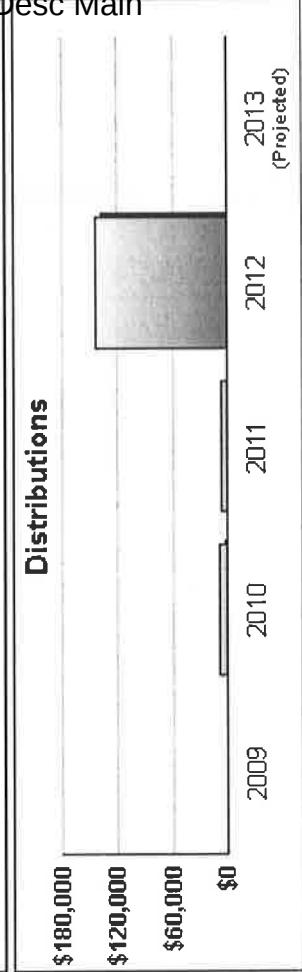
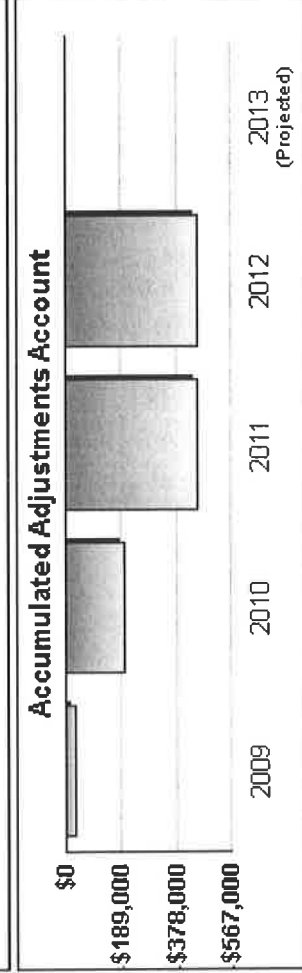
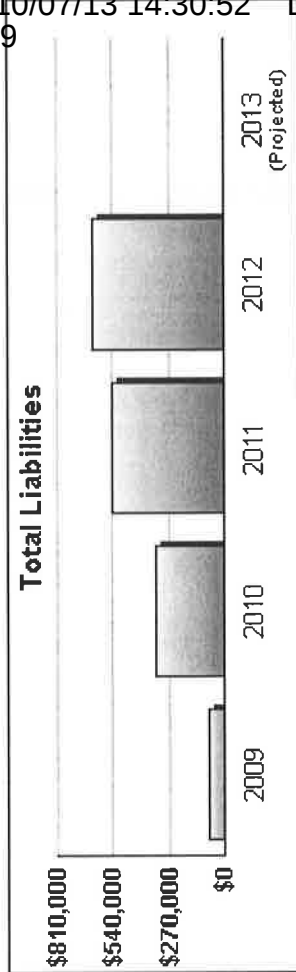
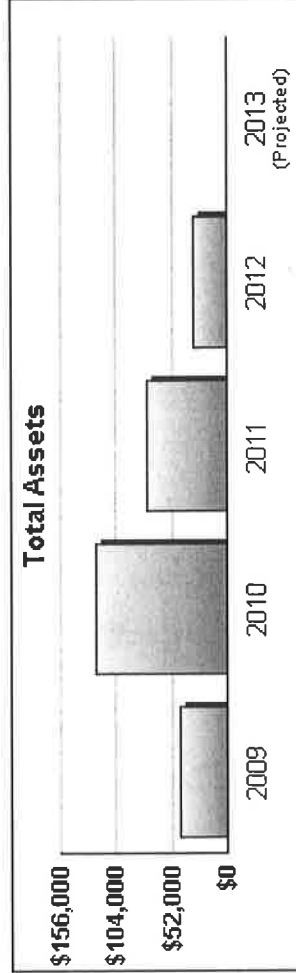
2012

Name
DANTRA HEALTHCARE, INC.

Employer Identification Number
██████████ **8010**
2013 PROJECTED

	2009	2010	2011	2012	2013 PROJECTED
Ordinary business income (loss)	-35,459	-275,741	-254,485	27	27
Total rental income (loss)					
Interest, dividends and royalties					
Total capital gain (loss)		114,000			
Section 1231 gain (loss)					
Other income (loss)					
Section 179 deduction					
Charitable contributions					
Other deductions					
Total foreign taxes					
S Corporation taxable income (loss)	-35,459	-161,741	-254,485	27	27
Total assets	43,578	123,404	74,725	31,572	
Total liabilities	79,037	328,872	541,330	642,821	
Net equity	-35,459	-205,468	-466,605	-611,249	
S Corporation book income (loss)	-35,459	-162,109	-254,277	-644	
Accumulated adjustments account	-35,459	-197,568	-52,905	-453,449	
Retained earnings unappropriated		-8,000	-13,900	-157,900	
Distributions from S Corporation earnings		8,000	5,900	144,000	
Dividend distributions					

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Form 1120S	Shareholder's Distributive Share From Pass-Through Entities Rpt	2012
Schedule K-1		

Name DANA & TRACY TATE (TEN ENT) DANTRA HEALTHCARE, INC.	Taxpayer Identification Number [REDACTED] 8010
--	---

Pass Through Entity Name	EIN	Entity Type	Activity Disposed
A SENIORCARE GERIATRIC MEDICAL CENTER	[REDACTED]	Partnership	
B SOUTHPOINTE OBGYN, LLC	[REDACTED] 5938	Partnership	
C			

	A	B	C
Income (Loss):			
Ordinary business income (loss)	-305	-20,481	
Net rental real estate income (loss)			
Other net rental income (loss)			
Guaranteed payments			
Interest income			
Ordinary dividends			
Qualified dividends			
Royalties			
Net short-term capital gain (loss)			
Net long-term capital gain (loss)			
Collectibles (28%) gain (loss)			
Unrecaptured Section 1250 gain			
Net section 1231 gain (loss)			
Other income (loss)			

Other Deductions:

Section 179 expense deduction

Charitable contributions

Investment interest expense

Section 59(e)(2) expenditures

Other deductions

Credits:

Low-income housing credit:

Sec 42(j)(5) partnerships, pre-2008 buildings

Other property, pre-2008 buildings

Sec 42(j)(5) partnerships, post-2007 buildings

Other property, post-2007 buildings

Qualified rehab. expenditures (rental real estate)

Other rental real estate credits

Other rental credits

Other credits

Alternative Minimum Tax (AMT) Items:

Post-1986 depreciation adjustment

Adjusted gain or loss

Depletion (other than oil and gas)

Oil, gas, or geothermal properties - gross income

Oil, gas, or geothermal properties - deductions

Other AMT items

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Note: The amounts included on this worksheet are already included on Schedule K-1 and are provided for informational purposes only.

Form 1120S Schedule K-1	Shareholder's Distributive Share From Pass-Through Entities Rpt	2012
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Name DANA & TRACY TATE (TEN ENT) DANTRA HEALTHCARE, INC.	Taxpayer Identification Number [REDACTED] 8010
--	---

Pass Through Entity Name	EIN	Entity Type	Activity Disposed
A SENIORCARE GERIATRIC MEDICAL CENTER	[REDACTED]	Partnership	
B SOUTHPOINTE OBGYN, LLC	[REDACTED] 5938	Partnership	
C			

	A	B	C
Foreign Transactions:			
Gross income from all sources			
Gross income sourced at partner level			
Foreign gross income sourced at partnership level			
Deductions allocated and apportioned at partner level:			
Interest expense			
Other			
Deductions allocated and apportioned at partnership level to foreign source income			
Total foreign taxes			
Reduction in taxes available for credit			
Other foreign tax information			
Tax-Exempt Income and Nondeductible Expenses:			
Tax-exempt interest income			
Other tax-exempt income			
Nondeductible expenses	641	56	
Other Information:			
Investment income			
Investment expense			

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Note: The amounts included on this worksheet are already included on Schedule K-1 and are provided for informational purposes only.

Shareholder's Basis Worksheet Page 1

Form 1120S		2012
Schedule K-1	For calendar year 2012 or tax year beginning _____, ending _____	
Name DANTRA HEALTHCARE, INC. DANA & TRACY TATE (TEN ENT)		Taxpayer Identification Number 8010

Stock Basis

1. Beginning of year stock basis		
2. Capital contributions		
Additions:		
3. Ordinary business income		27
4. Net rental income		
5. Interest, dividends, royalties and net capital gains		
6. Net section 1231 gain		
7. Tax-exempt interest and other income		
8. Other income		27
9. Other increases		
10. Subtotal (Add line 1 through line 9)		27
Subtractions:		
11. Distributions	TOTAL DISTRIBUTIONS	144,000
12. Total losses and deductions applied against stock basis (See Shareholder's Basis Worksheet Page 2)		27
13. Other decreases		
14. Amount used to restore loan basis		
15. End of year stock basis (Subtract the sum of lines 11 through 14 from line 10)		0

Loan Basis

16. Beginning of year loan basis		208,839
17. Loans to corporation		
18. Loan basis restored - amount used in prior years to offset losses		
19. Other increases		
20. Loan repayments		
21. Total losses and deductions applied against loan basis (See Shareholder's Basis Worksheet Page 2)		208,839
22. Other decreases		
23. End of year loan basis (Subtract the sum of lines 20 through 22 from the sum of lines 16 through 19)		0
24. End of year stock and loan basis (Add line 15 and line 23)		0

Principal amount of loan owed to shareholder at end of the year 208,839

Gain Recognized on Excess Distributions

25. Distributions	144,000
26. Stock basis before distributions and loss items	27
27. Gain recognized on excess distributions (Subtract line 26 from line 25)	143,973

Gain Recognized on Repayment of Shareholder Loan

28. Loan basis at beginning of tax year	
29. Loan basis restored - amount used in prior years to offset losses	
30. Loan basis before loan repayment (Add line 28 and line 29)	
31. Shareholder loan at beginning of tax year	
32. Loan repayments to shareholder during tax year	
33. Nontaxable return of loan basis ((Line 30 divided by line 31) multiplied by line 32)	
34. Gain recognized on repayment of shareholder loan (Subtract line 33 from line 32)	

Note to shareholder: This worksheet was prepared based on corporation records. Please consult with your tax advisor for adjustments.

For calendar year 2012 or tax year beginning _____, ending _____

Taxpayer Identification Number
8010

Name DANTRA HEALTHCARE, INC.
DANA & TRACY TATE (TEN ENT)

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Loss Allocated to Stock and Loan Basis

	Suspended Losses	Current Year Loss	Total Loss	Percent	Allowed Stock Loss	Disallowed Stock Loss	Percent	Allowed Loan Loss	Disallowed Loss to Carryforward	Total Allowed Loss
Nondeductible noncap expenses	752	671	1,423	100.00		1,423	100.00	1,423		1,423
Deductible items:										
Ordinary business loss	459,953		459,953	100.00		459,953	100.00	207,416	252,537	207,416
Net rental real estate loss										
Other net rental loss										
Short-term capital loss										
Long-term capital loss										
Net section 1231 loss										
Other portfolio loss										
Other losses										
Section 179 expense										
Cash contributions (50%)										
Cash contributions (30%)										
Noncash contributions (50%)										
Qual conserv contrib (50%)										
Noncash contributions (30%)										
Cap gain prop 50% org (30%)										
Cap gain prop (20%)										
Qual conserv contrib (100%)										
Portfolio deductions (2% floor)										
Portfolio deductions (other)										
Investment interest expense										
Deductions-royalty income										
Section 59(e)(2) expend										
Preproductive period exp										
Commercial revitalization ded										
Reforestation expense ded										
Other deductions										
Foreign taxes										
Total deductible items	459,953	671	459,953	100.00		459,953	100.00	207,416	252,537	207,416
Total nonded and deductible items	460,705		461,376			461,376		208,839	252,537	208,839

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Note to shareholder: This worksheet was prepared based on corporation records. Please consult with your tax advisor for adjustments.

8010

FYE: 12/31/2012

Federal Statements

Form 1120S, Page 1, Line 1a - Gross Receipts or Sales

<u>Description</u>	<u>Amount</u>
FEE FOR SERVICE INCOME	\$ 216,535
NONMEDICAL INCOME	144,000
TOTAL	\$ <u>360,535</u>

Form 1120S, Page 1, Line 12 - Taxes and Licenses

<u>Description</u>	<u>Amount</u>
PAYROLL EXPENSES	\$ 2,357
TAXES	1,958
TOTAL	\$ <u>4,315</u>

Form 1120S, Page 1, Line 13 - Interest

<u>Description</u>	<u>Amount</u>
INTEREST EXPENSE	\$ 2,562
INTEREST EXPENSE	83
TOTAL	\$ <u>2,645</u>

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8010

Federal Statements

FYE: 12/31/2012

Form 1120S, Page 3, Schedule K, Line 16c - Nondeductible Expenses

<u>Description</u>	<u>Amount</u>
PASS THROUGH ENTITY (SCH K-1)	\$ 697
PAGE 1 MEALS/ENTERTAINMENT	-26
TOTAL	<u>\$ 671</u>

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8010

Federal Statements

FYE: 12/31/2012

Form 1120S, Page 4, Schedule L, Line 17 - Mortgages, Notes, Bonds Payable in Less Than One Year

Description	Beginning of Year	End of Year
CURRENT PORTION OF LONG TERM STELLARONE LINE	\$ 8,081	\$ 8,663
	17,560	14,149
TOTAL	\$ 25,641	\$ 22,812

Form 1120S, Page 4, Schedule L, Line 19 - Loans from Shareholders

Description	Beginning of Year	End of Year
SHAREHOLDER LOAN	\$	\$ 208,839
TOTAL	\$ 0	\$ 208,839

Form 1120S, Page 4, Schedule L, Line 20 - Mortgages, Notes, Bonds Payable in One Year or More

Description	Beginning of Year	End of Year
STALLARONE PURCHASE LOAN	\$ 24,427	\$ 17,374
LESS CURRENT PORTION OF LONG TERM	-8,081	-8,663
TOTAL	\$ 16,346	\$ 7,581

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8010

Federal Statements

FYE: 12/31/2012

Form 1125-A, Line 3 - Cost of Labor

Description	Amount
COST OF LABOR	\$ 242,243
TOTAL	\$ 242,243

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Virginia Form 502 Return Summary

For calendar year 2012 or tax year beginning ending
DANTRA HEALTHCARE, INC. ██████████ 8010

Distributive or Pro Rata Income and Deductions

Total of taxable income amounts	27
Total of deductions	
Tax-exempt interest income	

Allocation and Apportionment

Income allocated to Virginia	
Income allocated outside of Virginia	
Apportionable Income	27
Apportionment percentage	100.0000

Additions and Subtractions

Total additions	
Total subtractions	

Tax Credits

Total nonrefundable credits	
Total refundable credits	

Withholding tax

=====

Payment / Penalties

Withholding tax paid	
Penalties and interest	
Total payments and penalties	

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=====

Total payment due

=====

Overpayment credited to next year

=====

Refund

=====

Composite Taxable Income

=====

Composite Income Tax

=====

Composite Next Year's Estimates

1st quarter	
2nd quarter	
3rd quarter	
4th quarter	
Total	=====

Apportionment

Property factor	
Payroll factor	
Sales factor	
Apportionment percentage	100.0000

=====



2012 Virginia Form 502

Pass-Through Entity Return of Income and Return of Nonresident Withholding Tax

Department of Taxation P.O. Box 1500 Richmond, VA 23218-1500

FISCAL or SHORT Year Filer: Beginning Date ; Ending Date

Official Use Only

Preparer's FEIN, PTIN or SSN Check if VK-1s filed by Web Upload

By checking the box to the right, I (we) authorize the Department of Taxation to discuss this return with the undersigned preparer.

Check if: Initial return Amended return Final return Name change Address change Change in fiscal year Unified nonresident return filed Electing large partnership Subject to Bank Franchise Tax

Table with 3 columns: Federal Employer ID Number, Date of Formation, Entity Type, Entity Name, Date Operations Began in Virginia, NAICS, Number and Street, State or Country Where Incorporated or Organized, Description of Business Activity, City or Town, State and ZIP Code.

Number And Types Of Owners

Count all owners that were issued a federal Schedule K-1 for the taxable year and enter:

- a. The total number of owners (Include individuals and any other entity types) 1
b. The total number of nonresident owners (See instructions) 0
c. Total amount withheld for nonresident owners (Total of Line e from all Schedules VK-1) .00
d. If entity is exempt from withholding, enter exemption code (See instructions)

Distributive Or Pro Rata Income And Deductions - See instructions.

- 1. Total of taxable income amount 27.00
2. Total of deductions .00
3. Tax-exempt interest income .00

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Allocation And Apportionment - Check if electing manufacturer's alternative weighted sales computation

- 4. Income allocated to Virginia (From Schedule 502A, Section C, Line 2) .00
5. Income allocated outside of Virginia (From Schedule 502A, Section C, Line 3(e)) .00
6. Apportionable income (from Schedule 502A, Section C, Line 4) 27.00
7. Virginia apportionment percentage (From Schedule 502A, Section B, percent from Line 1 or Line 2(g) or 100%) 100.0000 %

Virginia Additions - See Schedule 502ADJ For Other Additions

- 8. Fixed-date conformity - depreciation .00
9. Fixed-date conformity - other .00
10. Net income tax or other tax used as a deduction in determining taxable income (See instr.) .00
11. Interest on municipal or state obligations other than from Virginia .00
12. Total additions from attached Schedule 502 ADJ, Section A, Line 5 .00
13. Total additions (Add Lines 8-12) .00

Virginia Subtractions - See Schedule 502ADJ For Other Subtractions

- 14. Fixed-date conformity - depreciation .00
15. Fixed-date conformity - other .00
16. Income from obligations of the United States .00
17. Total subtractions from attached Schedule 502ADJ, Section B, Line 5 .00
18. Total subtractions (Add Lines 14-17) .00

Virginia Tax Credits And Related Information From Schedule 502ADJ

- 19. Total nonrefundable credits (From attached Schedule 502ADJ, Section C, Line 35) .00
20. Total refundable credits (From attached Schedule 502ADJ, Section C, Line 43) .00

2012 Va. Form 502

Name DANTRA HEALTHCARE, INC.

Document Page 47 of 49



Page 2 Federal Employer ID Number [redacted] 8010

Section 1: Withholding Payment Reconciliation

Table with 2 columns: Line number and Amount. Line 1: Total withholding tax due for nonresident owners 0.00. Line 2: Total withholding tax paid (Entity's own payments only - see instructions) .00. Line 3: Overpayment (If Line 2 is greater than Line 1, subtract Line 1 from Line 2) .00. Line 4: Balance of tax due (If Line 2 is less than Line 1, subtract Line 2 from Line 1) 0.00.

Section 2: Penalty and Interest Charges on Withholding Tax

Table with 2 columns: Line number and Amount. Line 5: Extension penalty (will apply if Line 4 is more than 10% of Line 1 and return is filed within extension period) .00. Line 6: Late filing penalty (may apply if there is a balance due on Line 4 and Form 502 is being filed more than six months after the original due date). Enter 30% of the amount on Line 4 .00. Line 7: Interest (may apply if there is a balance due on Line 4) .00. Line 8: Total penalty and interest charges due (add Line 5 or Line 6 (whichever applies) to Line 7) .00.

Section 3: Penalty for Late Filing of Form 502

Table with 2 columns: Line number and Amount. Line 9: If Form 502 is being filed more than six months after the original due date, or more than 30 days after the federal extended due date, enter \$1,200 .00.

Section 4: Disposition of Overpayment

Table with 2 columns: Line number and Amount. Line 10: Net overpayment. Compare Line 6 and Line 9. If Line 6 is greater than Line 9, subtract Line 8 from Line 3. If Line 9 is greater than Line 6, subtract Line 7 and Line 9 from Line 3. If Line 8 or Line 9 exceeds Line 3, go to Line 13 below .00. Line 11: Amount of overpayment to be credited to 2013 .00. Line 12: Amount of overpayment to be refunded .00.

Section 5: Total Payment Due With Form 502

Table with 2 columns: Line number and Amount. Line 13: Balance of tax due from Line 4 plus extension penalty on Line 5, if applicable 0.00. Line 14: Interest charges on withholding tax from Line 7 .00. Line 15: Late filing penalty. Enter the greater of Line 6 or Line 9 .00. Line 16: Total payment due (Add Line 13, Line 14 and Line 15) or (net of Line 3 and Line 8 or Line 3 and Lines 7 and 9) whichever applies. If an overpayment, enclose in parentheses. 0.00.

I, the undersigned owner and authorized representative of the pass-through entity for which this return is made, declare under the penalties provided by law that this return (including any accompanying schedules, statements and attachments) has been examined by me and is, to the best of my knowledge and belief, a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the tax laws of the Commonwealth of Virginia. A preparer other than the authorized representative declares the same, and such declaration is based on all information of which he or she has any knowledge.

PRESIDENT

(Signature and Phone Number of Owner or Authorized Representative)

(Title)

(Date)

540-368-8040

WOODCOCK & ASSOCIATES, PC
818 SOPHIA ST
FREDERICKSBURG, VA 22401

04/06/13

(Individual or Firm, Signature of Preparer, Phone Number, and Address)

(Date)

Approved Vendor Code

1022

Attach a copy of your federal return to Form 502.

If you filed a Schedule VK-1 for each owner online using Web Upload, do not attach a copy to the Form 502.

Important: Please do not attach federal Schedules K-1 for each owner.

Do Not Attach Form 765 With This Return - Mail to Address On Form 765.

2012 Virginia Schedule VK-1 (Form 502)

Owner's Share of Income And Virginia Modifications And Credits



Check If -

- Final, Amended Return, If SHORT Period Return: Beginning Date, Ending Date, Owner is Participating in an Individual Unified Nonresident Return

Owner Information

Pass-Through Entity (PTE) Information

Table with 4 columns: Name, FEIN or SSN, Address, City or Town, State And ZIP Code for both Owner and PTE.

Additional Owner Information

- a. Date Owner Acquired Interest In The Pass-Through Entity (MM/DD/YYYY) 07/28/2009
b. Owner's Entity Type (Enter code; see instructions) RES
c. Owner's Participation Type (Enter code; see instructions) SHR
d. Owner's Participation Percentage (Example: 47.35%; see instructions.) 100.000000 %
e. Amount Withheld by PTE for Owner .00
f. If Owner or Entity is exempt from withholding enter exemption code (see instructions)

Distributive or Pro Rata Income and Deductions

See instructions.

- 1. Total of Taxable Income Amounts 27.00
2. Total of Deductions .00
3. Tax-Exempt Interest Income .00

Allocation and Apportionment

- 4. Income Allocated To Virginia (Owner's Share From PTE's Schedule 502A, Section C, Line 2) .00
5. Income Allocated Outside Of Virginia (Owner's Share From PTE's Schedule 502A, Section C, Line 3(e)) .00
6. Apportionable Income (Owner's Share From PTE's Schedule 502A, Section C, Line 4) 27.00
7. Virginia Apportionment Percentage (From PTE's Schedule 502A, Section B, percent from Line 1 or Line 2(g) or 100%) 100.0000 %

Virginia Additions - Owner's Share

- 8. Fixed-date Conformity - Depreciation .00
9. Fixed-date Conformity - Other .00
10. Net Income Tax Or Other Tax Used As A Deduction In Determining Taxable Income (see instr.) .00
11. Interest On Municipal Or State Obligations Other Than From Virginia .00
12. Other additions (See Instructions for Schedule 502ADJ for Addition Codes.)

Table with 4 columns: Code, Amount, Code, Amount for lines 12a, 12b, 12c, 12d.

- 13. Total additions (add Lines 8-11 and 12a-12d) .00

Virginia Subtractions - Owner's Share

- 14. Fixed-date Conformity - Depreciation .00
15. Fixed-date Conformity - Other .00
16. Income From Obligations Of The United States .00
17. Other subtractions (See Instructions for Schedule 502ADJ for Subtraction Codes.)

Table with 4 columns: Code, Amount, Code, Amount for lines 17a, 17b, 17c, 17d.

- 18. Total Subtractions (Add Lines 14-16 and 17a-17d) .00

Form 502	VA Two Year Comparison Worksheet	2011 & 2012																					
Name DANTRA HEALTHCARE, INC.		Employer Identification Number ██████████ 8010																					
Number and Types of Owners	Total number of owners Total number of nonresident owners Total amount withheld for nonresident owners	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;">2011</th> <th style="width:33%;">2012</th> <th style="width:34%;">Differences</th> </tr> </thead> <tbody> <tr> <td style="text-align:right;">1</td> <td style="text-align:right;">1</td> <td style="text-align:right;">0</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	2011	2012	Differences	1	1	0															
2011	2012	Differences																					
1	1	0																					
Distributive/Pro Rata Income and Deductions	Total of taxable income amounts Total of Deductions Tax-exempt interest income	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td style="text-align:right;">-254,485</td> <td style="text-align:right;">27</td> <td style="text-align:right;">254,512</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	-254,485	27	254,512																		
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Allocation and Apportionment	Income allocated to Virginia Income allocated outside of Virginia Apportionable income Virginia apportionment percentage	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align:right;">-254,485</td> <td style="text-align:right;">27</td> <td style="text-align:right;">254,512</td> </tr> <tr> <td style="text-align:right;">100.0000</td> <td style="text-align:right;">100.0000</td> <td style="text-align:right;">0.0000</td> </tr> </tbody> </table>				-254,485	27	254,512	100.0000	100.0000	0.0000												
-254,485	27	254,512																					
100.0000	100.0000	0.0000																					
Additions	Fixed-date conformity - depreciation Fixed-date conformity - other Net income tax or other based on net income Interest on state obligations other than Virginia Total additions from Schedule 502 ADJ, Section A Total additions	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td style="text-align:right;">34,138</td> <td></td> <td style="text-align:right;">-34,138</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align:right;">34,138</td> <td></td> <td style="text-align:right;">-34,138</td> </tr> </tbody> </table>	34,138		-34,138							34,138		-34,138									
34,138		-34,138																					
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Subtractions	Fixed-date conformity - depreciation Fixed-date conformity - other Interest from obligations of the US Total subtractions from Schedule 502 ADJ, Section B Total subtractions	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>																					
Credits	Total nonrefundable credits Total refundable credits	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>																					
Tax and Payments	Total withholding tax due for nonresident owners Total withholding tax paid Penalty Interest Tax due (overpayment) Amount of overpayment to be credited to next year's tax Amount of overpayment refunded	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>																					

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