Form **1120**
Department of the Treasury
Internal Revenue Service

U.S. Corporation Income Tax Return

For calendar year 2007 or tax year beginning Jul 1 , 2007, ending Jun 30 , 2008

► See separate instructions.

OMB No. 1545-0123

2007

A Check if:
1 a Consolidated return (attach Form 851) ☐
b Life/nonlife consolidated return ☐
2 Personal holding co (attach Sch PH) ☐
3 Personal service corp (see instr) ☐
4 Schedule M-3 attached ☐

Use IRS label. Otherwise, print or type.

Name: HealthCare Partners, Inc.

Number, street, and room or suite number. If a P.O. box, see instructions.: P.O. Box 800788

City or town: Charlottesville — state: VA — ZIP code: 22908

B Employer identification number: 54-1775289

C Date incorporated: 05/24/1995

D Total assets (see instructions): $ 1,595.

E Check if: (1) ☐ Initial return (2) ☐ Final return (3) ☐ Name change (4) ☐ Address change

INCOME	1 a Gross receipts or sales	b Less returns & allowances	c Balance ►	1 c	
	2 Cost of goods sold (Schedule A, line 8)			2	
	3 Gross profit. Subtract line 2 from line 1c			3	
	4 Dividends (Schedule C, line 19)			4	
	5 Interest			5	
	6 Gross rents			6	
	7 Gross royalties			7	
	8 Capital gain net income (attach Schedule D (Form 1120))			8	
	9 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)			9	
	10 Other income (see instructions — attach schedule) .See.Other.Income.Statement			10	128,505.
	11 **Total income.** Add lines 3 through 10		►	11	128,505.
DEDUCTIONS (SEE INSTRUCTIONS FOR LIMITATIONS ON DEDUCTIONS)	12 Compensation of officers (Schedule E, line 4)			12	
	13 Salaries and wages (less employment credits)			13	
	14 Repairs and maintenance			14	
	15 Bad debts			15	
	16 Rents			16	
	17 Taxes and licenses			17	
	18 Interest			18	
	19 Charitable contributions			19	
	20 Depreciation from Form 4562 not claimed on Schedule A or elsewhere on return (attach Form 4562)			20	20,646.
	21 Depletion			21	
	22 Advertising			22	
	23 Pension, profit-sharing, etc, plans			23	
	24 Employee benefit programs			24	
	25 Domestic production activities deduction (attach Form 8903)			25	
	26 Other deductions (attach schedule) . .See.Other.Deductions.Statement			26	25,680.
	27 **Total deductions.** Add lines 12 through 26		►	27	46,326.
	28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11			28	82,179.
	29 **Less:** a Net operating loss deduction (see instructions)	29 a	82,179.		
	b Special deductions (Schedule C, line 20)	29 b		29 c	82,179.
TAX AND PAYMENTS	30 **Taxable income.** Subtract line 29c from line 28 (see instructions)			30	0.
	31 **Total tax** (Schedule J, line 10)			31	
	32 a 2006 overpayment credited to 2007	32 a			
	b 2007 estimated tax payments	32 b			
	c 2007 refund applied for on Form 4466	32 c	d Bal ►	32 d	
	e Tax deposited with Form 7004			32 e	
	f Credits: (1) Form 2439 (2) Form 4136			32 f	32 g
	33 Estimated tax penalty (see instructions). Check if Form 2220 is attached ► ☐			33	
	34 **Amount owed.** If line 32g is smaller than the total of lines 31 and 33, enter amount owed			34	
	35 **Overpayment.** If line 32g is larger than the total of lines 31 and 33, enter amount overpaid			35	
	36 Enter amount from line 35 you want: Credited to 2008 estimated tax ►		Refunded ►	36	

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 — Date — ► Interim President & CEO Title

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

Paid Preparer's Use Only

Preparer's signature ► — Date 9/12/08 — Check if self-employed ☐ — Preparer's SSN or PTIN P00045082

Firm's name (or yours if self-employed), address, and ZIP code ► ROBINSON, FARMER, COX ASSOCIATES
530 WESTFIELD RD
CHARLOTTESVILLE VA 22901-1726

EIN 54-1896113

Phone no. (434) 973-8314