

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e)) 1806

OMB No 1545-0687

For calendar year 2017 or other tax year beginning 07/01, 2017, and ending 06/30, 2018.

2017

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

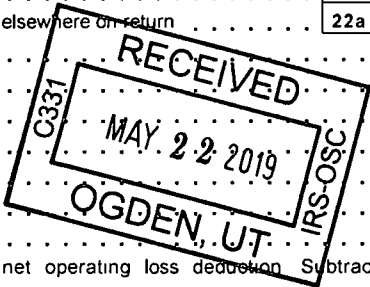
Open to Public Inspection for 501(c)(3) Organizations Only

Form 990-T header section including: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets at end of year; D Employer identification number; E Unrelated business activity codes; F Group exemption number; G Check organization type.

Section I: Describe the organization's primary unrelated business activity. I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ATTACHMENT 1 MERC 43-1423050

Part I Unrelated Trade or Business Income table with columns (A) Income, (B) Expenses, (C) Net. Rows 1a-13 including Gross receipts, Cost of goods sold, Capital gain net income, etc.

Part II Deductions Not Taken Elsewhere table with rows 14-34 including Compensation of officers, Salaries and wages, Charitable contributions, etc.



SCANNED JUL 10 2019

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Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here See instructions and

a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
 (1) \$ _____ (2) \$ _____ (3) \$ _____

b Enter organization's share of (1) Additional 5% tax (not more than \$11,750) \$ _____
 (2) Additional 3% tax (not more than \$100,000) \$ _____

c Income tax on the amount on line 34. **35c**

36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from Tax rate schedule or Schedule D (Form 1041). **36**

37 Proxy tax. See instructions **37**

38 Alternative minimum tax **38** 45.

39 Tax on Non-Compliant Facility Income. See instructions **39**

40 Total. Add lines 37, 38, and 39 to line 35c or 36, whichever applies. **40** 45.

Part IV Tax and Payments

41 a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116). **41a**

b Other credits (see instructions). **41b**

c General business credit. Attach Form 3800 (see instructions). **41c**

d Credit for prior year minimum tax (attach Form 8801 or 8827). **41d**

e Total credits. Add lines 41a through 41d **41e** 46

42 Subtract line 41e from line 40. **42** 45.

43 Other taxes. Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule). **43** 45.

44 Total tax. Add lines 42 and 43. **44** 45.

45 a Payments. A 2016 overpayment credited to 2017 **45a**

b 2017 estimated tax payments **45b**

c Tax deposited with Form 8868. **45c**

d Foreign organizations. Tax paid or withheld at source (see instructions) **45d**

e Backup withholding (see instructions) **45e**

f Credit for small employer health insurance premiums (Attach Form 8941) **45f**

g Other credits and payments Form 2439 Form 4136 Other _____ Total **45g**

46 Total payments. Add lines 45a through 45g. **46**

47 Estimated tax penalty (see instructions). Check if Form 2220 is attached. **47**

48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed. **48** 45.

49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid. **49**

50 Enter the amount of line 49 you want credited to 2018 estimated tax Refunded **50**

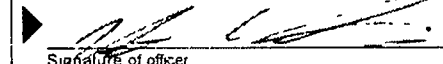
Part V Statements Regarding Certain Activities and Other Information (see instructions)

51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here X

52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? X
 If YES, see instructions for other forms the organization may have to file

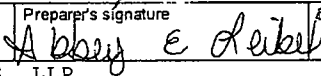
53 Enter the amount of tax-exempt interest received or accrued during the tax year \$

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.

Sign Here  **VP-FINANCE**
 Signature of officer Date Title

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

Paid Preparer Use Only

Print/Type preparer's name: ABBEY E LEIBEL
 Preparer's signature:  Date: 5/15/19
 Firm's name: ERNST & YOUNG U.S. LLP
 Firm's address: 312 WALNUT STREET, STE 1900, CINCINNATI, OH 45202
 Check if self-employed PTIN: P01517527
 Firm's EIN: 34-6565596
 Phone no: 513-612-1400

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

Table with 8 rows and 4 columns. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4a Additional section 263A costs, 4b Other costs, 5 Total, 6 Inventory at end of year, 7 Cost of goods sold, 8 Do the rules of section 263A...

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

Table with 4 rows for property description (1-4).

2. Rent received or accrued

Table with 3 columns: (a) From personal property, (b) From real and personal property, 3(a) Deductions directly connected with the income. Includes rows (1-4) and Total.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A).

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B).

Schedule E - Unrelated Debt-Financed Income (see instructions)

Table with 5 columns: 1. Description of debt-financed property, 2. Gross income from or allocable to debt-financed property, 3. Deductions directly connected with or allocable to debt-financed property, 4. Amount of average acquisition debt, 5. Average adjusted basis, 6. Column 4 divided by column 5, 7. Gross income reportable, 8. Allocable deductions. Includes rows (1-4) and Totals.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)

Totals

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A)	Enter here and on page 1, Part I, line 9, column (B)	

Totals

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 26

Totals

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2. Gross advertising income	3 Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I. ▶						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) ▶						

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2. Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2) ATTACHMENT 3		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14 ▶			

Alternative Minimum Tax - Corporations

Department of the Treasury
Internal Revenue Service

▶ Attach to the corporation's tax return.

2017

▶ Go to www.irs.gov/Form4626 for instructions and the latest information.

Name MERCY CLINIC SPRINGFIELD COMMUNITIES	Employer identification number 43-1560263
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Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e)

1 Taxable income or (loss) before net operating loss deduction		1	4,448
2 Adjustments and preferences:			
a Depreciation of post-1986 property		2a	
b Amortization of certified pollution control facilities		2b	
c Amortization of mining exploration and development costs		2c	
d Amortization of circulation expenditures (personal holding companies only)		2d	
e Adjusted gain or loss		2e	
f Long-term contracts		2f	
g Merchant marine capital construction funds		2g	
h Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)		2h	
i Tax shelter farm activities (personal service corporations only)		2i	
j Passive activities (closely held corporations and personal service corporations only)		2j	
k Loss limitations		2k	
l Depletion		2l	
m Tax-exempt interest income from specified private activity bonds		2m	
n Intangible drilling costs		2n	
o Other adjustments and preferences		2o	
3 Pre-adjustment alternative minimum taxable income (AMTI) Combine lines 1 through 2o		3	4,448
4 Adjusted current earnings (ACE) adjustment:			
a ACE from line 10 of the ACE worksheet in the instructions	4a		
b Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount. See instructions	4b	-4,448	
c Multiply line 4b by 75% (0.75). Enter the result as a positive amount	4c	3,336	
d Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments. See instructions. Note: You <i>must</i> enter an amount on line 4d (even if line 4b is positive)	4d		
e ACE adjustment <ul style="list-style-type: none"> • If line 4b is zero or more, enter the amount from line 4c • If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount 		4e	
5 Combine lines 3 and 4e. If zero or less, stop here, the corporation does not owe any AMT.		5	4,448
6 Alternative tax net operating loss deduction. See instructions		6	4,003
7 Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions		7	445
8 Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c)			
a Subtract \$150,000 from line 7. If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0-	8a		
b Multiply line 8a by 25% (0.25)	8b		
c Exemption. Subtract line 8b from \$40,000. If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0-		8c	0
9 Subtract line 8c from line 7. If zero or less, enter -0-		9	445
10 Multiply line 9 by 20% (0.20)		10	89
11 Alternative minimum tax foreign tax credit (AMTFTC). See instructions		11	0
12 Tentative minimum tax. Subtract line 11 from line 10. SEE ATTACHMENT 3		12	45
13 Regular tax liability before applying all credits except the foreign tax credit		13	0
14 Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return		14	45

For Paperwork Reduction Act Notice, see separate instructions.

ATTACHMENT 2

PART I - LINE 12 - OTHER INCOME

QUALIFIED TRANSPORTATION FRINGE BENEFITS

4,448.

PART I - LINE 12 - OTHER INCOME

4,448.

MERCY CLINIC SPRINGFIELD COMMUNITIES
EIN: 43-1560263

FORM 4626: FISCAL YEAR CORPORATION TAX COMPUTATION APPLYING BLENDED TAX RATE

1 AMT, Line 9		445
2 Tax on line 1 figured using the 20% rate	20%	89
Multiply Line 2 by the number of days in corporations tax		
3 year before 1/1/2018	184	16,376
4 Divide Line 3 by total numer days in corporations tax year	365	44.87
5 Tax on line 1 using the 0% rate	0%	-
Multiply Line 5 by the number of days in corporations tax		
6 year before 1/1/2018after 12/31/2017	181	-
7 Divide Line 6 by total numer days in corporations tax year	365	-
8 Add lines 4 and 7: Total tax for the fiscal year		<u><u>45</u></u>

MERCY CLINIC SPRINGFIELD COMMUNITIES

EIN 43-1560263

STATEMENT ATTACHED TO AND MADE PART OF EXEMPT
ORGANIZATION BUSINESS INCOME TAX RETURN FORM 990-T
FOR THE YEAR ENDED JUNE 30, 2018

LINE 31, NET OPERATING LOSS

YEAR	AMOUNT GENERATED	AMOUNT UTILIZED IN PRIOR YEAR	AMOUNT UTILIZED IN CURRENT YEAR	NOL CARRYFORWARD	EXPIRATION DATE
6/30/2002 & PIOR	(883,934)	-	(4,448)	(879,486)	6/30/2022
6/30/2003	(273,252)	-	-	(273,252)	6/30/2023
6/30/2004	(468,529)	-	-	(468,529)	6/30/2024
6/30/2005	(599,130)	-	-	(599,130)	6/30/2025
6/30/2006	(777,242)	-	-	(777,242)	6/30/2026
6/30/2007	(713,932)	-	-	(713,932)	6/30/2027
6/30/2008	(635,454)	-	-	(635,454)	6/30/2028
6/30/2009	(629,200)	-	-	(629,200)	6/30/2029
6/30/2010	(309,298)	-	-	(309,298)	6/30/2030
6/30/2011	(290,851)	-	-	(290,851)	6/30/2031
6/30/2012	-	-	-	-	6/30/2032
6/30/2013	-	-	-	-	6/30/2033
6/30/2014	-	-	-	-	6/30/2034
6/30/2015	-	-	-	-	6/30/2035
6/30/2016	-	-	-	-	6/30/2036
6/30/2017	-	-	-	-	6/30/2037
6/30/2018	-	-	-	-	6/30/2038
	(5,580,822)	-	(4,448)	(5,576,374)	

MERCY CLINIC SPRINGFIELD COMMUNITIES

EIN 43-1560263

STATEMENT ATTACHED TO AND MADE PART OF EXEMPT
ORGANIZATION BUSINESS INCOME TAX RETURN FORM 990-T
FOR THE YEAR ENDED JUNE 30, 2018

AMT NET OPERATING LOSS

YEAR	AMOUNT GENERATED	AMOUNT UTILIZED IN PRIOR YEAR	AMOUNT UTILIZED IN CURRENT YEAR	NOL CARRYFORWARD	EXPIRATION DATE
6/30/2002 & PIOR	(883,934)	-	(4,003)	(879,931)	6/30/2022
6/30/2003	(273,252)	-	-	(273,252)	6/30/2023
6/30/2004	(468,529)	-	-	(468,529)	6/30/2024
6/30/2005	(599,130)	-	-	(599,130)	6/30/2025
6/30/2006	(777,242)	-	-	(777,242)	6/30/2026
6/30/2007	(713,932)	-	-	(713,932)	6/30/2027
6/30/2008	(635,454)	-	-	(635,454)	6/30/2028
6/30/2009	(629,200)	-	-	(629,200)	6/30/2029
6/30/2010	(309,298)	-	-	(309,298)	6/30/2030
6/30/2011	(290,851)	-	-	(290,851)	6/30/2031
6/30/2012	-	-	-	-	6/30/2032
6/30/2013	-	-	-	-	6/30/2033
6/30/2014	-	-	-	-	6/30/2034
6/30/2015	-	-	-	-	6/30/2035
6/30/2016	-	-	-	-	6/30/2036
6/30/2017	-	-	-	-	6/30/2037
6/30/2018	-	-	-	-	6/30/2038
	(5,580,822)	-	(4,003)	(5,576,819)	

Name(s) shown on return

MERCY CLINIC SPRINGFIELD COMMUNITIES

Identifying number
43-1560263

Part I Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT)
(See instructions and complete Part(s) III before Parts I and II)

1	General business credit from line 2 of all Parts III with box A checked	1	
2	Passive activity credits from line 2 of all Parts III with box B checked	2	
3	Enter the applicable passive activity credits allowed for 2017. See instructions.	3	
4	Carryforward of general business credit to 2017. Enter the amount from line 2 of Part III with box C checked. See instructions for statement to attach.	4	11,000
5	Carryback of general business credit from 2018. Enter the amount from line 2 of Part III with box D checked. See instructions.	5	
6	Add lines 1, 3, 4, and 5.	6	11,000

Part II Allowable Credit

7	Regular tax before credits	7	
	<ul style="list-style-type: none"> Individuals Enter the sum of the amounts from Form 1040, lines 44 and 46, or the sum of the amounts from Form 1040NR, lines 42 and 44. Corporations Enter the amount from Form 1120, Schedule J, Part I, line 2, or the applicable line of your return. Estates and trusts Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b, or the amount from the applicable line of your return. 		
8	Alternative minimum tax	8	89
	<ul style="list-style-type: none"> Individuals Enter the amount from Form 6251, line 35. Corporations Enter the amount from Form 4626, line 14. Estates and trusts Enter the amount from Schedule I (Form 1041), line 56. 		
9	Add lines 7 and 8.	9	89
10a	Foreign tax credit	10a	
b	Certain allowable credits (see instructions).	10b	
c	Add lines 10a and 10b.	10c	
11	Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16.	11	89
12	Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0-.	12	
13	Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000 (see instructions).	13	
14	Tentative minimum tax	14	89
	<ul style="list-style-type: none"> Individuals Enter the amount from Form 6251, line 33. Corporations Enter the amount from Form 4626, line 12. Estates and trusts Enter the amount from Schedule I (Form 1041), line 54. 		
15	Enter the greater of line 13 or line 14.	15	89
16	Subtract line 15 from line 11. If zero or less, enter -0-.	16	
17	Enter the smaller of line 6 or line 16.	17	
	C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or reorganization.		

For Paperwork Reduction Act Notice, see separate instructions.

Part II Allowable Credit (Continued)

Note: If you are not required to report any amounts on lines 22 or 24 below, skip lines 18 through 25 and enter -0- on line 26

18	Multiply line 14 by 75% (0.75). See instructions	18	
19	Enter the greater of line 13 or line 18	19	
20	Subtract line 19 from line 11. If zero or less, enter -0-	20	89
21	Subtract line 17 from line 20. If zero or less, enter -0-	21	89
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	
23	Passive activity credit from line 3 of all Parts III with box B checked <input type="text" value="23"/>	23	
24	Enter the applicable passive activity credit allowed for 2017. See instructions	24	
25	Add lines 22 and 24	25	
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25	26	
27	Subtract line 13 from line 11. If zero or less, enter -0-	27	89
28	Add lines 17 and 26	28	
29	Subtract line 28 from line 27. If zero or less, enter -0-	29	89
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	
31	Reserved	31	
32	Passive activity credits from line 5 of all Parts III with box B checked <input type="text" value="32"/>	32	
33	Enter the applicable passive activity credits allowed for 2017. See instructions	33	
34	Carryforward of business credit to 2017. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach	34	
35	Carryback of business credit from 2018. Enter the amount from line 5 of Part III with box D checked. See instructions	35	
36	Add lines 30, 33, 34, and 35	36	
37	Enter the smaller of line 29 or line 36	37	
38	Credit allowed for the current year. Add lines 28 and 37. Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return <ul style="list-style-type: none"> • Individuals Form 1040, line 54, or Form 1040NR, line 51 • Corporations Form 1120, Schedule J, Part I, line 5c • Estates and trusts Form 1041, Schedule G, line 2b 	38	

Name(s) shown on return MERCY CLINIC SPRINGFIELD COMMUNITIES	Identifying number 43-1560263
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Part III General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below (see instructions)

- | | |
|---|---|
| <p>A <input type="checkbox"/> General Business Credit From a Non-Passive Activity</p> <p>B <input type="checkbox"/> General Business Credit From a Passive Activity</p> <p>C <input checked="" type="checkbox"/> General Business Credit Carryforwards</p> <p>D <input type="checkbox"/> General Business Credit Carrybacks</p> | <p>E <input type="checkbox"/> Reserved</p> <p>F <input type="checkbox"/> Reserved</p> <p>G <input type="checkbox"/> Eligible Small Business Credit Carryforwards</p> <p>H <input type="checkbox"/> Reserved</p> |
|---|---|

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III

(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
Note. On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity		
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Reserved	1b	
c Increasing research activities (Form 6765)	1c	
d Low-income housing (Form 8586, Part I only)	1d	
e Disabled access (Form 8826) (see instructions for limitation)	1e	
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j	
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Enhanced oil recovery credit (Form 8830)	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon dioxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa Employee retention (Form 5884-A)	1aa	11,000
bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb	
zz Other Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	11,000
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586, Part II)	4d	
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Reserved	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	11,000

FORM 3800 DETAIL

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LINE 1AA - CARRYFORWARD OF NEW HIRE RETENTION CREDIT

TAX YEAR	AVAILABLE	UTILIZED	CARRYFORWARD
06/30/2011	11,000.		11,000.
TOTALS	11,000.		11,000.

TOTAL CARRIED FORWARD FROM PRIOR YEARS 11,000.